



Depression and Bipolar
Support Alliance

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[Check our website, www.dbsa-gc, for the Feb. meeting topic]	

The Depression and Bipolar Support Alliance—Greater Chicago (DBSA–GC)
publication for members, friends and family, and health professionals

Research in Mental Health: Your Chance to be Part of Something Great

By John Jurowicz, PhD

What else can be done for me? Are there any new medications or treatment methods that have been developed? Where did this come from; how did I come to this? What can I do to get better? These are typical questions asked by many of our members. The answers to these and other important questions for both physical and mental disorders are best answered through research. We have come to our current understanding of causes and treatment approaches through research and will increase that understanding through more research.

Research for mental and physical health matters is highly regulated. When such research is done at the university, a committee of professors must give approval before the research is attempted. The reason is obvious – people's lives are involved and possibly at stake. People used in research must be protected for approval of the research to proceed.

Physical and mental health research generally use the scientific method to obtain results. This means that the researcher asks a question or states a hypothesis. An hypothesis is kind of a guess at what the result might be. A research question might involve the effectiveness of a specific medication or what brings about a specific disorder. To answer the question, an experiment is set up, and the result of the experiment hopefully answers the question. For some of the experiments, animals can initially be used. For some issues, for example those concerned with human perceptions and emotions, humans must be used throughout.

Although there can be dangers involved in research, there always are safeguards prepared to protect the subjects. Ongoing research in physical and mental health is critical for us to eventually arrive at better un-

derstanding, prevention, and treatment of our many physical and mental disorders. Such research is being carried on in universities close to our communities. Some of the research is very relevant to our consumer membership, since it involves depression and bipolar disorders.

You can participate in one research program currently being conducted through the University of Illinois at Chicago. This research program is known as B-SNIP which stands for Bipolar-Schizophrenia Network on Intermediate Phenotypes. It is a research program funded by the National Institute of Health that involves several university medical centers. The purpose of this research is to learn more about risk for such serious mental disorders as bipolar, schizophrenia, and schizoaffective. Quoting from a brochure, "The purpose of the B-SNIP program is to discover how the genetic risk for these illnesses and their associated biological and behavioral traits (called *intermediate phenotypes*) is transmitted in families. This will help us better understand the causes of these illnesses and develop better treatments." Also of interest to this research is how the disorders are inherited and the fact that "patients suffering from these illnesses often have overlapping symptoms and other associated traits. The reasons for this overlap are unclear."

The B-SNIP program needs volunteers. You as a consumer and a family member could volunteer and also "receive monetary reimbursement for participating in the research program."

Who is needed? You must be between 15 and 65 years of age and diagnosed with bipolar, schizoaffective, or schizophrenic

Please see **Research** next page

President's Letter



Dear Members and Friends,

Helloooo! Are you out there? Sometimes I wonder. I had it in my mind at one point to instigate a new feature in our Spectrum, asking you to write, e-mail, call in, send smoke signals about whatever you fancied. Whether mood disorder related or not I thought a forum for your opinions would very cool, indeed. The idea fell flat in mind because we seem to have a very laid back readership. On the rare occasions where we have requested feedback, the response is usually barely there.

So, I asked myself: Is the non-response due to the fact many of our readers are too busy with their lives, their recovery, their care-taking? Or, are they exploring the other options now available for expressing oneself? Facebook and the rest offer much more by way of space and immediacy and range. Perhaps I am too attached to *The Spectrum* to be really objective but, to me, all of the wide open spaces of the Internet do not have the intimacy of our relatively small clique of readers. We all share a bond. Something in our lives whether as a consumer, family member or professional brings *The Spectrum* to us. We may read it immediately upon arrival, we may wait to study it, search the title articles for "the one" we especially are interested in. The main focus of *The Spectrum* is to inform, educate. Schedules abound now that we have 4 separate support groups and our monthly educational meeting. Many anticipate the annual Symposium as the aorta of our educational heart. Attendance there grows each year.

This past 10/10/10 brought some recognition and fundraising through the Chicago Marathon where we had a maiden run and felt the bumps of being the new kid on the block. We worked hard and hope that next year's efforts will be less bumpy and even more successful. Our runners were few compared to the "big boy" charities but they were no less dedicated to "Stomp Out Stigma", our team name and motto. We are grateful for their efforts and contributions and hope they will join us again next year with even more participants. Our thanks also to the volunteers who helped the effort get off the ground!

So, now it is back to you. Are we doing what you hope for? What you need? What you like? Would you let us know, please? We are starting a New Year and our wish for all is good health, happiness and above all, we wish you all,

Peace,

Judy Sturm

Research continued from page 1

disorder. In addition, one of your first-degree relatives, such as brother, sister, mother, father, or child between 15 and 65 years, who may or may not have a disorder must also volunteer. What will be done? You will receive, free of charge, a clinical interview, neuropsychological test, EEG, eye tracking, MRI, and blood sample analysis.

We encourage our readers who are eligible to become part of this significant research. The results could lead to life improvements for our consumer members for generations to come. You and your family can make a valuable contribution to improving mental disorders understanding by joining the B-SNIP research program. Contact information is:

B-SNIP Research Study Line

Center for Cognitive Medicine, Suite 235

Department of Psychiatry (MC 913)

University of Illinois at Chicago

912 S. Wood St.

Chicago, Illinois 60612

Phone: 312-355-5549

bsnip@psych.uic.edu

ccm.psych.uic.edu/Research/ResearchProgram/B-SNIP/B-SNIP.aspx

Volunteer today and you will become part of an important research study.

The Spectrum Staff

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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 person familiar with the detailed circumstance in which the problem arises. Please direct submissions including "Ask the Doctor" questions to 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.

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, fulfilled, and with as much enjoyment as possible.

January 2011

Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2	3 Evanston Hospital Support Groups 6:30 pm	4	5	6 Northwestern Support Group 6:30 pm	7	8
9	10 Chicago Educational Meeting 7:15 pm	11	12	13	14	15
16	17 Board Meeting 7:00 pm	18	19 Palatine Support Group 7:00 pm	20 Northwestern Support Group 6:30 pm	21	22
23	24 Chicago Support Groups 7:15 pm	25	26	27	28	29
30	31					

February 2011

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3 Northwestern Support Group 6:30 pm	4	5
6	7 Evanston Hospital Support Groups	8	9	10	11	12
13	14 Chicago Educational Meeting 7:15 pm	15	16 Palatine Support Group 7:00 pm	17 Northwestern Support Group 6:30 pm	18	19
20	21 Board Meeting 7:00 pm	22	23	24	25	26
27	28 Chicago Support Groups 7:15 pm					

Event Locations

Chicago—Devon Bank, 6445 N. Western Avenue (Lower Level), Chicago, Illinois
 Educational Meeting—2nd Monday of month
 Support Groups—4th Monday of month
 Evanston Hospital, 2650 Ridge Ave., Rm. G952 and Rm. G954, Evanston, Illinois
 Support Groups—1st Monday of month
 Northwestern Hospital, Feinberg Pavilion, 251 E. Huron St., Rm. 2-716, Chicago, Illinois
 Support Group—1st & 3rd Thursdays of month
 Palatine Public Library, 700 N. North Court, Palatine, Illinois
 Support Group—3rd Wednesday of month

For More Information

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

Contact DBSA—GC

Phone (773) 465-3280
 Fax (773) 465-3385
 E-mail wecanhelp@dbsa-gc.org

DBSA—GC appreciates the generosity of the Devon Bank for donating space for many of our programs, Northwestern Memorial Hospital, Evanston Hospital, Palatine Public Library, and Chicago Lakeshore Hospital for providing meeting places for monthly meetings, and Evanston Hospital for the use of their Frank Auditorium for our annual Symposium. We thank you all.

Why Suicide?

A Book Review and More

By John Jurowicz, PhD



Our October 11 educational meeting prompted me to spend some time re-searching current theories regarding suicide. As a result, I came across a relatively recent book entitled

Why People Die By Suicide, written by

Dr. Thomas Joiner, published in 2005 by Harvard University Press. Dr. Joiner's father committed suicide in 1990. Looking back at his father, Dr. Joiner, a psychologist, realized that his father, although undiagnosed, had all the signs of bipolar disorder. His father's suicide and Dr. Joiner's dissatisfaction with existing suicide theories led to the writing of this book. The purpose of the book is to explore various theories of suicide and to integrate these theories in a new model that takes into account current research.

The statistics for suicide are staggering. 500,000 people world-wide with 30,000 people in the U.S. commit suicide each year, one every 18 minutes. These figures do not include the unsuccessful suicide attempts.

Among the many factors that are commonly listed as influencing suicidal behavior, genes and mental disorders are included. It appears to be commonly believed that not all people who attempt or are successful at suicide have diagnosed mental disorders. However, Dr. Joiner believes that this is a small number, if that. Citing a study from 2003, he writes that "approximately 95 percent of people who die by suicide experienced a mental disorder at the time of death" (p. 191). He believes that the remaining 5 percent have a disorder that is not severe enough to be diagnosed.

Theories about suicide go back to 1897 with the work of Emile Durkheim. This book presents a selection of these theories along with the author's own comprehensive theory of suicidal behavior. Dr. Joiner believes that there are three elements that primarily contribute to a suicide attempt. These three elements are an acquired capability for lethal self-injury, feelings of being a burden to others, and failure to belong. Space prohibits a thorough explanation of each element in this article, but the book does provide it.

Regarding treatment for suicide prone patients, Dr. Joiner and his colleagues favor Interpersonal Psychotherapy (IPT) and the Cognitive Behavioral Analysis System of Psychotherapy (CBASP). Again, these talk-therapies are explained in the book.

Another technique used is the crisis card, which is a plan that can be written on an index card. An example given in the book on page 212 is as follows:

When I'm upset and thinking of suicide, I'll take the following steps:

1. Use what I've learned in therapy to try to identify what is upsetting me, focusing especially on feeling I'm a burden on others and like I don't belong;
2. Write down and review some reasonable, nonsuicidal responses to what is bothering me;
3. Try to do things that, in the past, have made me feel better (e.g. music, exercise, etc.);
4. If the suicidal thoughts continue and get specific, or I find myself preparing for suicide, I'll call the emergency call person at
(312) 996-5535,
(800) SUICIDE
(800) 273-TALK
5. If I feel that I cannot control my suicidal behavior, I'll go to the emergency room or call 911.

This is a book that can be useful by anyone interested in mental health and suicide, both professional and consumer alike. It has sparked my interest to do more research in this area as I hope it will do for you.

Health Tips



Racing Heart? Anxieties?

By Miriam Silvergleid

A rapid heart rate of 100 or more beats per minute, an increased appetite that is accompanied by unexplained weight loss of 5 to 15 lbs. over several weeks time, sweating, anxiety, a mild tremor of hands or fingers, and fatigue can all indicate a number of health problems.

So, it is not surprising that many physicians fail to identify these symptoms as red flags for hyperthyroidism. An overactive thyroid can exhibit subtle symptoms, especially in older adults.

Hyperthyroidism is most commonly caused by Graves' disease, an auto-immune disorder in which the antibodies that normally protect against bacteria and other invaders that attack the thyroid gland stimulate an excessive production of thyroid hormones. Graves' disease can lead to heart rhythm disorders, congestive heart condition, and osteoporosis.

There are three main treatments to control the symptoms of Graves' disease: antithyroid medication to lower the levels of thyroid hormones, radioactive iodine to shrink the thyroid gland, and surgery to remove the thyroid gland.

Graves' disease also can affect the eyes. The eyelids swell, and the eyes become dry, irritated, inflamed, and sensitive to light. If the latter, the eyes may develop a bulging appearance. Treatment for Graves' eye disease consists of using steroids to decrease inflammation or surgery to remove the excess tissue behind the eyes to reduce bulging. Researchers are hopeful that drugs such as rituximab (Rituxan), a monoclonal antibody, will block the inflammatory reaction that causes eye damage.

Ask the Doctor

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

Q: Does depression ever go away?
Will meds be needed forever?

A: My patients suffering from depression often ask if their condition will go away by itself over time. They also frequently inquire as to whether medication will be needed for a limited length of time or for a lifetime.



The answers can be very tricky, as there are a number of forms of depression, ranging from mild situational depression to the severe chronic variety. With mild situational depression there is some environmental trigger, such as a death, divorce or other negative life event that contributes to a feeling of sadness and/or hopelessness. While symptoms of depression such as problems with sleep, concentration and memory might occur, they are temporary. For example, recently much situational depression has come about as a result of the economy. Many people are out of work, and many are in danger of losing their homes as well as their livelihood. With this level of anxiety, mild depression is quite prevalent. Often, these people do not seek out professional treatment and their depression lifts over time, usually when they “accept” the life situation or the life situation improves. Some do seek out professional help. With appropriate medication and cognitive-behavioral psychotherapy the depression is usually alleviated in six to nine months.

However, with chronic depression, especially severe, the depression is of a physiological as well as psychological nature. In these cases, the triggers occur more often, the negative thoughts and feelings

are more severe, and the person is far less able to function adequately. A person suffering from severe depression might also suffer from sleep deprivation, free floating anxiety, OCD and other symptomatic behavior patterns. Many of these people will have been hospitalized one or more times. Persons with severe depression of a chronic nature will most likely need to take medication indefinitely, usually for their entire life.

So, early differential diagnosis of depression is a most important first step in treatment. This diagnosis leads to an appropriate treatment regimen. With mild depression, especially situational, cognitive-behavioral therapy may be the only recommendation for treatment. With moderate to severe depression, with a physiological component, medication will be recommended, as well as individual and group therapy.

There also may be a family component to depression, either situational and environmental, or hereditary. A differential diagnosis will also assess the advent of such additional stressors and their contribution to the type and severity of the depression. In many cases, family treatment is also highly recommended to alter the toxic environment.

So, a simple question becomes complicated. Early adequate differential diagnosis will initiate the process of a proper comprehensive treatment paradigm, leading to decisions about how long depression might last and how long medication is recommended. As always, I continue to recommend the national DBSA website (DBSAlliance.org) plus the many DBSA support groups to gather further information and learn of the experiences of others with similar questions and concerns.

Dr. Manuel S. Silverman

Funding to Improve the Employment Outlook for People with Disabilities

The Illinois Department of Human Services (IDHS) has announced a new program to help people with disabilities pay for college. The state can offer up to \$2,500 to help qualified individuals with disabilities with the costs associated with their education at 40 community colleges in Illinois. The \$3 million funding this program is from the American Recovery and Reinvestment Act.

Interested persons may contact their local Illinois Department of Human Services, Division of Rehabilitation Services office for details. And more information is also available online at:

<http://www.dhs.state.il.us/page.aspx?item=51686>

October Educational Meeting Suicide Prevention Through Movement

By John Jurowicz, PhD



At our October 11 educational meeting, Laura Downey and several of her students introduced a method of using kinesthetic empathy as a way of understanding people's feelings. The presenters are part of a suicide prevention program connected with Columbia College in Chicago. Ms. Downey is a dance movement therapist and movement analyst. Such therapists work anywhere where psychotherapists work. Dance therapists use their whole selves to help people use their whole selves. Dance, itself, is useful in mood elevation.

The presenters demonstrated kinesthetic empathy through an exercise. Empathy means actually feeling what another person is feeling. Kinesthetic refers to the ability to feel body movement. The idea is that when we watch someone dance, we also experience the movements that we are watching. This leads to the possibility that we, the observers, may be sharing the same feelings that the dancer is expressing. The observer (therapist) relating these feelings to the dancer (client) can create an opening for empathic dialog to occur. Simply put in personal terms, I don't know what the other person is feeling, but I know what I am feeling when I do what the other person is doing. By being in touch with my own feelings, I can explore if the other person is feeling the same as I am feeling. My body can provide me with information through movement about what another person is feeling.

The topic of suicide actually was the primary focus of the presentation. Several hand-outs containing suicide information were distributed among the audience. In addition, information about the Suicide Prevention Resource Center (SPRC) was presented. The SPRC is a young organization, created in 2002 to provide information, consultation, and support to various suicide prevention programs across the country. It is the only federally funded suicide prevention organization in the U.S., supported by a grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) of the U.S. Department of Health and Human Services. The SPRC sponsors training, an online library, and an e-newsletter through their website at www.sprc.org. This important information plus learning about kinesthetic empathy made this presentation a worthwhile experience for the October educational meeting audience.

We hope that this brief synopsis will encourage our readers to seek further information regarding these topics. Please also note that specific suicide information can be found on page 4 in this *Spectrum* issue.

In Memoriam

Christine A. Hayes

Wife, Mother, Friend, Veteran (WAF)

DBSA-GC Lifetime Member

She left us too soon.

A Big Thank You To Phyllis Loundy

We asked and she answered. In the November-December issue, Judy Sturm in her President's column asked all of our members to donate past issues of this publication so that we could get our archives in better order.

Phyllis Loundy came through in a big way and we all wish to say 'Thanks.'

November Educational Meeting Looking Good on the Outside—Feeling Better on the Inside

By Judy Sturm

Our November 8 educational event was a huge success. The Ulta coordinator, Adeeba Rahman, stylist, John Sanchez and skin care therapist (esthetician), Holly Schulz, all donated their time and were really wonderful with the group. Our theme was "Look Good on the Outside-Feel Better on the Inside". DBSA-GC thought, with Ulta's help, this would be an opportunity to address the therapeutic importance of appearance for everyone, especially those with issues due to side-effects of medications on hair and skin. John and Holly addressed that very well and recommended various products to alleviate those symptoms. Both did some mini and major makeovers that were quite impressive! Their North Avenue store in Chicago was generous in providing samples and literature. Our thanks to the talented professionals and to Ulta corporate for supporting their employees in this very worthwhile endeavor that went more than skin deep.



January & February Educational Meetings

DEVON BANK (LOWER LEVEL) 6445 N. WESTERN AVE. AT 7:15 PM

January 10th Educational Meeting—Silverman Returns

Long time board member and vice president of DBSA-GC, Dr Manuel S. Silverman will address our educational meeting on January 9, 2011. His topic will be: Mood Disorders and Decision Making.

Silverman states: "Making decisions is an ongoing process with ramifications for the future. As persons with mood disorders, we must be ever-vigilant about our moods and levels of comfort, tension or anxiety when faced with important decisions." While there are a number of therapeutic approaches to decision making, Silverman has developed the "Dialectical Decision Therapy Model" for approaching difficult decisions. This model closely resembles the Dialectical Behavior Therapy model, while putting more emphasis on the element of making choices. Participants will be exposed to the internal dynamics involved in decision making and the part that choice always plays in the process. It is anticipated that participants will gain new insights into their own decision making processes and gain skills that will further the possibility of successful choices.

Refreshments will follow the program and Dr Silverman will be available to answer questions and sign copies of his new book, *Stormy Weather: My Bipolar Journey*.

[PLEASE NOTE: ONE CEU IS AVAILABLE AT EACH EDUCATIONAL MEETING TO PROFESSIONAL ATTENDEES FOR A \$5.00 DONATION.]

February 14th Educational Meeting Topic To Be Announced

The February 14th Educational Meeting will cover a current topic that will be of interest to all of our members and guests who are tuned in to current and future treatments in the field of mental health. Some treatments are primary, i.e. pharmacological, while some are more oblique, dance and movement to reduce depression, and DBSA-GC will continue to invite experts in the fields of research and treatment to share their theories and practical experiences. Please check our website, dbsa-gc.org, for the topic for the February 14th Educational Meeting.



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

Please mail with your check to: DBSA-GC, 6666 N. Western Ave., Chicago, IL 60645

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

If a donation is included, please check:

For new membership or renewal, please check one:

- DBSA-GC may publicly acknowledge my gift
- Please keep my gift anonymous.

INDIVIDUAL \$ 20 _____
 FAMILY \$ 30 _____
 PROFESSIONAL \$ 50 _____
 LIFETIME \$ 250 _____

DONATION \$ _____
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NAME: _____

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CITY, STATE, ZIP: _____

PHONE: _____ EMAIL: _____

COMMENTS: _____

*** DBSA-GC is a 501(c)(3) organization. No material goods or services are provided in return for your donation. Your entire check is tax-deductible.**

We need and appreciate your generosity.

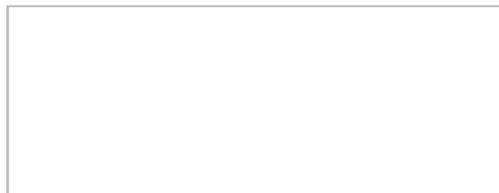




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MEMBERSHIP AND FUNDING

DBSA-GC is a growing organization. During this past year our membership has increased from 650 to 843 members. We hope to continue this growth so that we can provide services for as many people as need. them. Although we rely on the volunteer services of our board members, speakers, and the generous organizations cited below, there are many expenses associated with our activities. The renting of a small office, our utilities, the printing and mailing of *The Spectrum*, and our annual Symposium are expenses that require funding. Since we are a not-for-profit organization, we rely on contributions from membership dues, grants, Symposium fees, and, of course, donations. We are happy to report that the \$250 Lifetime Membership has been a well-received opportunity.

We look to you, our readers and members, to help DBSA-GC continue our vital mental health work by helping us make our services available to the largest possible community. We know lots of others ask, but will you help us just a little more?

(Please use the form on page 7)

NEW VETERANS' SUPPORT GROUP ANNOUNCED

DBSA-GC is proud to welcome a new veterans' support group that will join our Chicago Devon Bank program. It will meet on the 4th Monday of each month. Hank Trenkle, also a veteran, will be the facilitator.