



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**

## ***Psychologists Prescribing Drugs?***

**By John Jurowicz, PhD**

It is generally agreed that since the 1950s more and more psychotropic medication is being prescribed for mental illnesses. There is some question today whether such extensive medicating is necessary and effective. The prescribing of such medication traditionally has been the purview of medical practitioners, traditionally physicians and now nurse practitioners. Although psychiatrists seem to be the most appropriate providers, due to their medical and mental health training, any physician may do so. Recently there is a movement for psychologists to be licensed as prescribers of psychiatric medication.

The state is responsible for issuing licenses of various kinds. The purpose of this arrangement is to protect citizens from illicit and possibly dangerous practices. Professional mental health service providers and their services are licensed accordingly, as well as are many other professionals and skilled workers. The prescribing of medication falls within this licensing system. Psychologists who are licensed by the state to provide diagnosis and treatment for mental health consumers are seeking to expand their services to include the prescription of psychotropic medication. New Mexico and Louisiana are the only states that now issue such a license. There are approximately 300 psychologists in the nation who have the license to prescribe. These "medical psychologists" are limited to prescribing only medication that is suitable for treating mental disorders, and some have the re-

quirement of maintaining a collaborative relationship with physicians.

Not all branches of psychology focus on mental illness diagnosis and treatment. The medication proposal in Illinois is designed for clinical psychologists educated at the doctoral level. Additional course work in clinical psychopharmacology, physiology, clinical pharmacotherapeutics, and physical and laboratory assessment along with supervised field experience and passing a rigorous exam would be required. Such a bill was introduced in the Illinois legislature last year, but it did not become law. The proposal is still being reconsidered.

Psychologists who are interested in prescribing medication maintain that such authority would enhance their neuropsychological knowledge base and enable them to work more effectively with other care providers. However, there remain some pros and cons about this change in policy. The pros point out that there is a significant lack of accessibility to mental health medication among the consumer population. There is a shortage of mental health professionals who are trained to prescribe medication in Illinois which results in inadequate treatment. Patients reportedly meet on the average of 15 minutes per session with psychiatrists because of the small number of psychiatrists and the large number of patients. There are more psychologists than psychiatrists, which could then add to medication availability. Psychologists spend more time with

**Psychologists** *continued on the next page*

**PLEASE DON'T FORGET—THE DBSA-GC 15TH ANNUAL SYMPOSIUM WILL BE HELD ON SATURDAY, MAY 3RD, AT EVANSTON HOSPITAL'S FRANK AUDITORIUM. THIS YEAR'S TOPIC WILL BE *EXPECTING RECOVERY*. CEUs ARE AVAILABLE FOR PROFESSIONALS. THIS WILL BE AN OUTSTANDING DAY OF EDUCATION.**

## President's Letter



Dear Members and Friends,

YEA! Winter is over. We have withstood one of the worst ever. Each of us has a winter related story to tell which will lose its oomph momentarily. The sun will shine, the temperatures will rise to comfy levels, and winter will be gone from memory as new and better memories are made. Much of this is quite similar to dealing with illness whether physical or mental. We contend with the aches, the pain, the uncertainty of what diagnosis will bring. How serious is my illness? What treatment is available? Will I be ok? Is this going to be a lifelong condition? Can I continue to work, to play, to care for my kids, my family... myself?

No matter how young or old, anytime an injury or an illness arrives at our personal doorstep, uncertainty and fear of the future comes with it. Sports injuries bring strong athletes to a halt. With any luck (and good care), this may be temporary. Sometimes not. Some of us may have injuries not apparent. The intrusion of mood disorders can be subtle or dramatic. It can be temporary. Or, it can be permanent requiring a correct diagnosis and treatment plan in order to be effective. This varies so much from person to person that it is a very real challenge for all concerned. The truth is that it is hard work! To find the right doctor, the right diagnosis, treatment, medications that may or may not work is not fun. The time and effort is difficult, arduous. The regimen required to regain and maintain good health is a constant work in progress. But, once attained, once accepted, once put into practice....life can be wonderful, once again. Recovery! That is the goal for all and almost everything. Think about it. Health, the economy, politics, life disappointments - all of these and more- need "recovery" at some point, at many points. Life is never stagnant. It moves on, up, down, and around. We must adapt and recover our own hopes, dreams and, goals by being pro-active in all that we do. Missteps are part of the process of learning. How many times do toddlers fall? One day, they don't. Consider trial and error as vital in achieving personal goals. Nothing worthwhile comes without effort and mindfulness.

Let Spring open our hearts and minds to positivity and put Winter behind us. And always, I wish you,

Peace,

*Judy Sturm*

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### Psychologists *continued from the front page*

clients and are more in touch with their lives, living conditions, and mental requirements. The ability of clinical psychologists to prescribe medication would enable them to provide a more holistic treatment of both psychotherapy and medication. This could also reduce the cost of mental health treatment and increase convenience and efficiency for the consumer resulting from this "one stop shopping" service

The cons argue that the potential effects of medication are more than mental, often affecting the entire physical body, as well. Even with additional training and experience, will psychologists have the medical expertise to deal with such effects? The psychotherapeutic services offered by psychologists could also be negatively affected by the presence of medication prescription. Time may be taken away from talk therapy to medication talk, changing the focus of psychothera-

py and leading to its decline. Other opponents point out that typical training for psychologists emphasizes the social and behavioral models over the medical model.

The National Alliance on Mental Illness has expressed some concerns about the proposed Illinois law, stating that a broad enough dialog has not yet occurred among the various stakeholders. NAMI calls for the creation of an integrated mental health system of psychiatrists, psychologists, and other service personnel to provide for both primary care and behavioral health no matter where the consumer seeks help. DBSA-GC has taken a neutral position on this issue but strongly advocates for accessible complete coverage services for anyone who may be in need of mental health consultation and treatment. What is your opinion?

## 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 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.

Su	Mon	Tue	Wed	Thu	Fri	Sat
				1 Northwestern Hospital Support Group 6:30 pm	2 Brookfield Support Groups 7:00 pm	3 15th ANNUAL SYMPOSIUM 8:00 am at Evanston Hospl.
4	5 Evanston Hospital Support Group 6:30 pm	6 Evanston Hospital Support Group 3:00 pm	7 Palatine Support Group 7:00 pm	8	9 Brookfield Support Groups 7:00 pm	10 MacNeal Hospital, Berwyn Support Group Noon-1:30 pm
11	12 No Educational Meeting this month (due to Symposium)	13	14 Chicago- North Support Groups 6:30 pm	15 Northwestern Hospital Support Group 6:30 pm	16 Brookfield Support Groups 7:00 pm	17 MacNeal Hospital, Berwyn Support Group Noon-1:30 pm
18	19 DBSA-GC Board Meeting 7:00 pm	20 Evanston Hospital Support Group 3:00 pm	21 Chicago-South Support Group 3:00-4:30 pm ***** Palatine Support Group 7:00 pm	22	23 Brookfield Support Groups 7:00 pm	24 MacNeal Hospital, Berwyn Support Group Noon-1:30 pm
25	26 MEMORIAL DAY HOLIDAY	27	28	29	30 Brookfield Support Groups 7:00 pm	31 MacNeal Hospital, Berwyn Support Group Noon-1:30 pm

## June 2014

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

## Event Locations

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

**Chicago-South (NEW)** 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-3<sup>rd</sup> Thursday of the month at 3:00-4:30 pm

**Evanston Hospital**, 2650 Ridge Ave., Evanston, Illinois  
Support Groups-1<sup>st</sup> Monday (6:30 pm) and 1<sup>st</sup> & 3<sup>rd</sup> 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-1<sup>st</sup> & 3<sup>rd</sup> Thursdays of the month at 6:30 pm

**Palatine Public Library**, 700 N. North Court, Meeting Room 3,  
Palatine, Illinois - Support Group-  
1<sup>st</sup> & 3<sup>rd</sup> 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 (NEW)**  
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  
www.dbsalliance.org

## Childhood Depression

by John Jurowicz, PhD



Some time ago, the mental health professional community questioned whether children could be diagnosed with depression. Today it is generally accepted that children can be depressed to the extent of needing treatment. The symptoms that children manifest are somewhat different than those of adult depression. Children “tend to show depressive symptoms in more behavioral ways. Examples are joyless facial responses, listless body posture, unresponsive eye gaze, slowed physical reactions, irritable fussy mannerisms, just to name a few” (p. 19).

Having experienced depression during her own childhood, Dr. Deborah Serani has written *Depression and Your Child: A Guide for Parents and Caregivers* (2013, Rowan & Littlefield). Her book is a comprehensive handbook that presents a breadth of information and suggestion for understanding childhood mood disorders. Although the focus of the book is on depression, the author points out that in addition to depression, about 40% of children who come for professional help because of depression become diagnosed with bipolar disorder.

There still is hesitancy for childhood depression diagnosis, since the symptoms are thought to possibly be a reflection of a developmental stage that may be outgrown with time. Also, mental illness carries a stigma that can remain with the person past childhood into adulthood. The author points out, however, that “emerging research shows that diagnosing early interrupts the negative courses of some of the mental illnesses, improves recovery, and increases the likelihood of complete remission” (p. 35). Dr. Serani explains the diagnostic process as well as the various mood disorders and their symptoms. Pages also are devoted to child development, since depression can manifest itself differently in the infancy stage, preschool years, middle childhood, and adolescence.

Once diagnosed, treatment may be the next step. The various talk therapy approaches appropriate for children are presented and briefly explained. Some of the more current therapies such as attachment-based family therapy (ABFT), behavior therapy (BT), dialectical behavior therapy (DBT), interpersonal therapy (IPT), and mindfulness-based cognitive therapy for children (MBCT-C) are included. Holistic approaches that incorporate light, color, smell, taste, touch, and hearing also are explained. Caution is recommended when using holistic methods, since some of what is used can cause problems with prescribed medication. The author points out that “holistic approaches are generally not recommended solely as a treatment for moderate and severe depression” (p. 79).

Dr. Serani’s book covers a number of other topics including myths about depression, self-harm, planning for

the future, and tips for parenting the depressed child. Medication side effects checklist, a listing of high profile people with mood disorders, and resources for various related issues are all found in three appendices. These are followed by a glossary of terms and an excellent multi-page bibliography. Case studies are included at the end of each chapter as is a summary of important “things to remember.”

A set of questions is included to help parents and caregivers determine the possibility of depression in their child.

1. Is my child free from any medical illness at this time? This needs to be ruled out before anything else.
2. Is my child’s behavior age-specific? Developmental factors need to be considered.
3. Has my child gone through any recent traumatic events? Could be any number of things such as death or divorce in the family, accident, new school, move of residence.
4. Does my child’s behavior interfere with age-related tasks? Grades in school, for example.
5. What is the intensity of these behaviors?
6. How long have I noticed these behaviors?
7. What is the duration of these experiences/behaviors and do they happen in other places? Only at home, only at school?
8. Do my child’s symptoms remind me of anyone in my family? Depression can be hereditary.
9. At this moment am I worried about my child?
10. How would I feel if my child is diagnosed with depression? (pp. 28-30)

*Depression and Your Child* is an easy reading reference for anyone who is dealing with possibly depressed children. It is filled with pertinent information designed to give a complete picture of childhood mood disorder, focusing on depression.

Here are some additional books regarding mood disorders and children. These books are generally available at any good public library:

- Fristad, M.A., & Goldberg Arnold, J.S. (2004). *Raising a moody child: How to cope with depression and bipolar disorder*. New York: The Guilford Press.
- Lombardo, G.T. (2006). *Understanding the mind of your bipolar child: The complete guide to the development, treatment, and parenting of children with bipolar disorder*. New York: St Martin’s Press.
- Olfman, S. (Ed.). (2007). *Bipolar children: Cutting-edge controversy, insights, and research*. Westport, CT: Praeger Publishers.
- Papolos, D. & Papolos, J. (2006). *The bipolar child* (3<sup>rd</sup> ed). New York: Broadway Books.
- Pavuluri, M. (2008). *What works for bipolar kids: Help and hope for parents*. New York: The Guilford Press.

# Ask the Doctor

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

**Q:** I love my wife dearly...she is my closest friend. She was diagnosed with bipolar II disorder three years ago. She attends therapy, takes her medication, implements good sleep hygiene, and avoids alcohol. When she is hypomanic, she becomes irritable and berates me. Intellectually I know that it is the bipolar talking. While I love her, it is challenging to endure the rants. What can I do?

**A:** It sounds like you and your wife have a good relationship independent of the bipolar disorder. However, being married to someone with bipolar disorder causes additional marital stress. If you have not already done so, I suggest that you find your own therapist to help you through these challenging times. I recommend attending a support group for partners of bipolar sufferers. DBSA-GC has a family/friends support group at the Devon Bank (see page 3), or check out the "find a support group," through the Depression and Bipolar Support Alliance website:

[http://www.dbsalliance.org/site/PageServer?pagename=peer\\_support\\_group\\_locator](http://www.dbsalliance.org/site/PageServer?pagename=peer_support_group_locator).



Since you mentioned that your wife is in therapy, consider accompanying her to a few therapy sessions, or go to marital therapy, which can have a positive impact on communication. I also recommend that you implement self-care and do things that **you enjoy**, perhaps reading a good book, taking a warm bath, spending time with some close friends. In addition, I am a big advocate of exercise, as it is a good way to expel pent-up energy. It is also a good idea to do some research and reading about being in a relationship with someone who has a bipolar disorder. I highly recommend the book *Loving Someone with Bipolar Disorder* by Julie A. Fast and going to her website at <http://www.bipolarhappens.com>. By reading this you will get to become familiar with what you and your spouse are collectively battling, and strategies for how to best deal with it. And finally, while easier said than done, try not to take your wife's unpleasantness personally; as you mentioned, she is the love of your life.

**Anna Lamden, MA, MS, LPC**

(Ms. Lamden is an intern of Dr. Silverman)

## Health Tips



### *New Antibiotics on the Horizon*

(Adapted from Duke Medicine Health News)

For more than 70 years, antibiotics have been the path of most resistance against infectious disease. These drugs have transformed medical care since penicillin was discovered in 1928, reducing illness and saving lives. But not anymore—in fact, according to a 2013 report from the Center for Disease Control and Prevention, at least two million Americans annually become infected with antibiotic-resistant bacteria, and at least 23,000 people die as a direct result of those infections. As concern about bacterial resistance grows, there has been a resurgence in research and development in scientists studying new kinds of drugs to replace those that are no longer effective.

A recent study focuses on a promising new class of molecules called acyldepsipeptides (ADEPS) that kill bacteria in a way that no current antibacterial drug does. The study author, Dr. Jason Sello, a professor of chemistry at Brown University, reports that the newly

synthesized molecules are the most potent antibacterial substances ever reported. ADEPS are naturally occurring compounds that kill bacteria by binding to a protein in cells that act as a "cellular garbage disposal." Called ClpP, the protein breaks down other proteins that are no longer needed by the body or are damaged, a vital natural process. But when ClpP is bound by ADEPS, it is no longer so selective about the protein that it degrades. In essence, binding by ADEPS causes the garbage disposal to run amok and devour all kinds of proteins throughout the cell.

Generally for bacteria, a runaway ClpP is deadly; however, while natural ADEPS showed promise, killing bacteria that cause staph infections, certain kinds of pneumonia, and tuberculosis were not good drug candidates. Not to be deterred, Dr. Sello's team of researchers turned to formulating synthetic ADEPS in the hope of identifying more effective compounds. One approach involved making the ADEPS molecule more rigid. The result was a modified ADEPS molecule that is about seven times better than the standard ones at binding to ClpP. Encouraged by their results, Dr. Sello and his team are working to develop the ADEPS into next generation drugs.



## Educational Meetings Reports

**by Hank Trenkle, PCSS**

## ***PTSD for Veterans and Others***

**January 13, 2014**



Somewhat late in reporting, our January Educational Meeting speaker was Mr. John Ross, a member of DBSA-GC's Board of Directors. John spoke about Post Traumatic Stress

Disorder, a topic with which he has personal experience since his infantry service in Viet Nam. He and his troops experienced considerable action as they engaged the enemy “in the bush.” John was an officer, making his responsibilities even greater. Ever since his return home, John has dealt with the emotional effects of his wartime experiences.

John stated that the need for PTSD help is huge, as many returning veterans have the illness. However, he noted that PTSD is not only confined to veterans; anyone who experiences or witnesses a traumatic event is subject to PTSD as a result. Such traumatic events can include abuse, accidents, and natural disasters. Symptoms for PTSD include reliving or re-experiencing the original event, avoiding anything that may remind you of the original event, feeling numb, not being able to express feelings, being keyed-up (hyperarousal), on the lookout, irritability, and anger.

PTSD has a lot of similarity and symptoms as depression, since PTSD can lead to depression. It was classified as an anxiety disorder, but with the new classification system of the DSM V, PTSD has its own classification as Trauma or Stress and Related Disorders. John's talk explained how the illness begins, and the avenues it takes regarding symptoms. Many people never get over this illness, so it can become a life-long condition. As with bipolar and depressive illnesses, medications, talk therapy, and other pro-active endeavors help. John has a support dog that goes everywhere with him, since flashbacks can occur at any time.

The audience appreciated the clarifications and explanations offered in this talk. We need to be aware of and keep in mind the symptoms of PTSD as our veterans return home and as the people around us encounter traumatic events.

## *Men Get Depression*

**March 10, 2014**



At our March 10 educational meeting, we showed a DVD entitled *Men Get Depression* (available at [amazon.com](http://amazon.com)). This excellent DVD produced by the Public Broadcasting Service explores the corrosive effect that depression, bipolar disorder, and anxiety can have on men, affecting their relationships and careers. Although depression is

The effects of male depression were depicted through intimate profiles of real men and their families, including a former NFL quarterback (Terry Bradshaw), a Fortune 500 CEO, an Iraq veteran, a university professor, and a pastor, among others. Shown were normally confidential scenes of psychotherapy and interviews with therapists. Also, leading medical professionals on the illnesses offered their commentary on causes, symptoms, and treatments.

The DVD pointed out the symptoms of depression: decreased level of activity, stomach pain inability to eat, hopeless and worthless feelings, lack of energy, inability to concentrate or remember. The men who participated were shown as not having an appetite, wanting to be left alone, and thinking that they were weak for feeling the way that they did. Positive suggestions were made including: talking openly about the illness, getting support from family, friends, and support groups, eliminating self-medicating with alcohol, and exercising.

One source summarizes an approach with six steps to beating depression:

1. Omega-3 fatty acids
2. Engaged activity
3. Physical exercise
4. Sunlight exposure
5. Social support
6. Sleep

Coming to a realization that depression is not a weakness but an illness, and that a person can deal with the illness by seeking treatment, are two important steps to recovery.

I recommend this DVD to anyone who is dealing with or concerned with male depression. It is an enlightening piece of work.

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

Please mail with your check to: DBSA-GC, 6666 N. Western Avenue, Chicago, IL 60645-5024

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***We need and appreciate your generosity.***

### May and June Educational Meetings

#### **Saturday, May 3rd, 15th Annual Symposium *Expecting Recovery***

#### **Evanston Hospital, Registration and Breakfast at 8:00-8:30 am**

Because our symposium will meet in May this year, there will be **no educational meeting scheduled for May**. Please join us at our symposium which will take place on Saturday, May 3 at the Frank Auditorium of Evanston Hospital. This will be an all day affair with the topic ***Expect Recovery***. It will be an outstanding day of education. We hope to see you there.

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

#### **Monday, June 9th 7:00 pm: *Mental Health Medication***

#### **DEVON BANK (LOWER LEVEL) 6445 N. WESTERN AVE., CHICAGO**

Our June educational meeting will be held on June 9 at the Devon Bank. Dr. Marketa Marvanova will speak about mental health medication. There is always more to learn about the medications that many of our readers take. Dr. Marvanova has a Master of Science in Pharmacy, a Doctor of Pharmacy, a Doctor of Philosophy in Pathological Biochemistry and Xenobiochemistry, and another Doctor of Philosophy in Neuropharmacology. She is an Associate Clinical Professor of Pharmacy at Chicago State University and an adjunct Assistant Clinical Professor of Medicine at Vanderbilt University. She is a registered pharmacist and a certified geriatric pharmacy specialist. And these are just a few of her many accomplishments. Dr. Marvanova will speak about the various psychotropic medications, their properties, how they work, and if they interact with other medications, especially ones that may come from over the counter. She will be able to answer the many questions that you may have regarding these medications. We are certainly fortunate to have such a highly qualified speaker to share her knowledge and experiences with us. We hope that number of our readers will attend this meeting in appreciation of what Dr. Marvanova will give us and as a source of important medical information.



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## THE SPECTRUM

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6666 N. Western Ave., Chicago, IL 60645

Web: [www.dbsa-gc.org](http://www.dbsa-gc.org)

### OUR 15<sup>TH</sup> ANNUAL SYMPOSIUM

#### *Expect Recovery*

**Saturday, May 3, 2014**

**Registration 8:00 to 8:30 a.m. We'll provide breakfast and lunch.**

**Six (6) CEUs are available for professionals.**

**Evanston Hospital's Frank Auditorium**

**2650 Ridge Avenue, Evanston, Illinois**

**See us online [www.dbsa-gc.org](http://www.dbsa-gc.org) or call our office  
for more information.**