



Depression and Bipolar
Support Alliance
Greater Chicago

DBSA-GC Board

Officers

Judy Sturm, President
Manuel Silverman, PhD,
Vice President
Bill Cocagne, Treasurer
Miriam Silvergleid,
Secretary

Directors

Fred Friedman, JD
Khiem Huynh
John Jurowicz, PhD
Marjorie Leslie
Herbert Nelson
Mary Beth Nick
Diana Rich, MSW
John Ross, PCSS
Carol Schweiger
Hank Trenkle, PCSS

Medical Advisor

Corey N. Goldstein, MD

Facilitator Advisor

Dennis Chan

Inside This Issue

President's Letter	2
Calendar of Events	3
Book Review: <i>Breaking Free from Depression</i>	4
Health Tips: <i>Boosting Brainpower</i>	4
Ask the Doctor: <i>Moral Obligations?</i>	5
May Educational Meeting: <i>Volunteering for Self-Esteem</i>	6
<i>The Job of Getting a Job</i>	6
July 9th Educational Meeting: <i>Yoga and Emotional Wellness</i>	7
August 13th Educational Meeting: <i>Peer Support Specialist</i>	7

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

Mindful Decisions: The Promise of Productive Living DBSA-GC's 13th Annual Symposium Held April 22, 2012 By Carol Schweiger

This Mindfulness program delivered a wide range of subject matter, giving participants tools and information to:

Complete Mindfulness introductory training, from the personal and professional perspective, including:

- Exposure to present moment emotional self-control skills used in treatment and recovery,
- Introductory guidance on how these skills could be used to regulate mood, thinking, emotions and subsequent behavior.
- Perspectives on living and coping with mood disorders,
- Medications and treatment methods for treating mood disorders, and
- How these tools form the backbone of mindful decision-making and development and maintenance of healthy, productive lifestyles.
- Presentations that included new developments in law enforcement crisis intervention, medication management, recovery and treatment, pediatric brain research, studies of bipolar minors and their families, and mindfulness workshops.

The Symposium program opened with the keynoter, **Julie Joyce**, Chicago Police officer and volunteer for the Child & Adolescent Bipolar Foundation, and mother of a 19-year old bipolar son. Her work includes development of a crisis prevention training program for police officers in the Chicago Police Department. Their Crisis Intervention Team (CIT) is geared toward a successful outcome of crisis calls involving people with mental illness.

She also gave a riveting summary of her struggle to get her now 19-year-old son properly diagnosed and educated, while maintaining employment as a single mother. Her take-away message was **"Reinvent**

your Normal".

Next, **Dr. Sally Weinstein, PhD**, an Assistant Professor in the Pediatric Brain Research and Intervention Center in the Department of Psychiatry at the UIC School of Medicine, recited key points from research from her studies on Pediatric Brain Disorders. Pediatric and juvenile emotional illness symptoms usually do worsen without treatment. The goals and results of her current research and treatment program, RAINBOW, for children aged 7 -13 and their families, were recounted. The 10-year study including individual and group therapy, has been found to have lasting effects in a 3-year follow-up. A study goal is to determine if early intervention and treatment can reduce the risk of suicide in these children.

Dr. Cory Goldstein, MD, a psychiatrist, is on the faculty of Rush Medical College. He does research in psychopharmacology, including evaluating new and established medication and their efficacy for use in the treatment of depression. He critically evaluates their potential side effects for patient health and welfare. Dr. Goldstein reviewed research indicating initial treatment with two medications can be more effective than one, but obtaining the right pair and minimal effective dosage is crucial for patient welfare. He explained the difficulty in obtaining government funding for medication trials, then discussed types of medication trials, their methods and funding sources, as well as the subsequent information they provided and limitations. Dr. Goldstein stressed critical evaluation before entering a trial.

Dr. Michael Maslar, PsyD, is a faculty member at Northwestern University Medical School and Director of Mindfulness and Behavioral Therapies at the Family Institute

Please see **Symposium** on page 2

President's Letter



Dear Members and Friends,

Prepare yourselves for a good news/bad news scenario. Permit me to back track a bit to our annual Symposium, Sunday, April 22 last. The good news is that it was an excellent program and the reviews of those attending were quite excellent much to the gratification of our board who worked so diligently. The bad news is that our attendance was down quite a bit, and we have decided not to ever do a Sunday program again! That really was, we think, the game-changer. In previous years the attendance has grown steadily, and it was a disappointment that that was not the case this year. The few negative comments we received: The Q&A period should have gone longer. There should have been hot coffee for the afternoon break. The CEU fees were too high. And despite the fact that we served breakfast, morning break snacks and lunch, one person felt there should have been food for the afternoon break. Next year, the Q&A will go to the allotted time or until all questions are answered, whichever comes first. The hot coffee issue will be

resolved by bringing our own coffee makers for the after- breakfast times. The CEU fees are up for debate. However, I would like to remind you that this is a source of fund-raising for us. We do not hound you all year long with mailings and begging letters. Personally, I find that alone is worth the price of the CEUs. Afternoon snacks are actually not a part of our planned event. Whatever does not "go" at lunch is the snack aka leftovers. Besides, we do not want to spoil your dinner,

Bad news is still rampant when it comes to our mental health funding or really, growing lack thereof. The only good news is that people are rallying to the cause and all efforts put in by groups such as DBSA, NAMI, NextSteps and other grass roots efforts are not to be dismissed. But, it takes everyone to bring pressure to bear on the federal, state and local levels. Each of you has a circle around you: family, friends, co-workers, neighbors, doctors, lawyers, etc. etc. You may feel that your "one" voice will not make a difference. But this is not a solo; this is to be a chorus. Your voice will be amplified within and by your circle. Get your people together. Start a petition, hand out leaflets, just plain talk about it. Donate to the organizations that are doing the heavy lifting! Awareness is so important. Whether you are a consumer, family member or a professional you have skin in the game. Really, everyone does. If the mentally ill cannot get help, the burden will fall on all of society in a huge way down the line. But if people get help early on, then it will not be a burden but merely a societal responsibility which is a big difference. Reach out. Remember, everyone knows someone with a mood disorder. Sometimes that someone looks back at us in the mirror.

Peace,

Judy Sturm

Romaine Friedman Remembered

Romaine Friedman was a DBSA-GC Board member for many years. A very active woman, she was a major force in organizing the consumers and family members when they joined together at the Devon Bank for group meetings. Romaine personally supported any and all, and was involved in so many personal phone calls at all hours to discuss family problems. We fondly remember her and her contributions to ourselves and our members.

Symposium *continued from page 1*

at the university. Dr. Maslar explained that mindfulness practice can decrease symptoms of depression, anxiety, and many mood disorders. It is an obtainable skill used to:

- Increase mood and thought awareness and accuracy,
- Improve coping with intense emotions, and
- Improve impulse control.

Leading several mindfulness sessions for clinicians in attendance, he focused on how a daily mindfulness practice can be the key to changing behaviors and

interpersonal relations.

Dr. Manuel Silverman, Ph.D., is the Vice President of DBSA-GC and a psychologist leading a private practice. He organized this symposium and obtained the noteworthy speakers for it. Dr. Silverman opened the meeting with a brief discussion on mindfulness, later led a mindfulness session for consumers, and moderated a Q&A panel of the speakers at the end of the symposium. Reading questions from the audience, each speaker answered and further educated attendees. This was an effective end of a valuable day of learning.

The Spectrum Staff

Editor: John Jurowicz

Copy and Layout Editor: Herbert Nelson

Contributors: Khiem Huynh, John Jurowicz, Carol Schweiger, Manny Silverman, Judy Sturm, Hank Trenkle

The Spectrum, Volume 26, Number 4, July-August, 2012, © Depression and Bipolar Support Alliance–Greater Chicago, 6666 N. Western Avenue, Chicago, Illinois 60645, published bi-monthly, all rights reserved.

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 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.

July 2012

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2 Evanston Support Group 6:30 pm	3 Evanston Hospital Support Group 3:00 pm	4 INDEPENDENCE DAY HOLIDAY (no support grp.)	5 Northwestern Support Group 6:30 pm	6 NEW ↓ Brookfield Support Groups 7:00 pm	7
8	9 Chicago Educational Meeting 7:15 pm	10	11 NEW Chicago-North Support Groups 6:30 pm	12	13 Brookfield Support Groups 7:00 pm	14
15	16 DBSA-GC Board Meeting 7:00 pm	17 Evanston Hospital Support Group 3:00 pm	18 Palatine Support Group 7:00 pm	19 Northwestern Support Group 6:30 pm	20 Brookfield Support Groups 7:00 pm	21
22	23 Chicago-North Support Groups 6:30 pm	24	25	26 NEW Chicago-South Support Group 7:15 pm	27 Brookfield Support Groups 7:00 pm	28
29	30	31				

August 2012

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

Event Locations

Chicago–North at Devon Bank, 6445 N. Western Ave., (Lower Level), Chicago, Illinois
Educational Meeting–2nd Monday of the month
Support Groups–4th Monday and (**NEW**) 2nd Wednesday

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–4th Thursday of the month

Evanston Hospital, 2650 Ridge Ave., Evanston, Illinois
Support Groups–1st Monday (Room G-952) and 1st & 3rd
Tuesdays of the month [check main desk for room].

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

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

Brookfield (IL) Village Hall (**NEW**)

8820 Brookfield Ave–Police
Entrance–Stay Left–Downstairs–
Conference Room C, Contact
John Ross (708) 856-1992
Veteran & Family Outreach Groups
7-8 pm, Every Friday night

For More Information

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

Contact DBSA–GC

Address: 6666 N. Western Ave.
Chicago, Illinois 60645
Phone: (773) 465-3280
Fax: (773) 465-3385
E-mail: wecanhelp@dbsa-gc.org

Breaking Free From Depression

By John Jurowicz, PhD



Here is a new book (2012) with 371 pages of very worthwhile material for new and chronic sufferers of depression. The authors, a father and daughter, both with medical degrees, have put together a manual filled with information, worksheets, and suggestions (tips) to help the sufferer along the paths of recovery. Research shows a multiplicity of possible causes of depression and that one treatment does not work for all. The result of this research led the authors to conclude that there are six important paths along the road to recovery that can help make the way smoother for the sufferer to take. The six paths include mindfulness, spirituality, thoughts and actions (cognitive theory), biology, lifestyle, and relationships. "Each path is based on a different way of understanding depression and overcoming it." (p ix).

This book is **not** meant to be a substitute for either medication nor talk-therapy but rather as an adjunct to the current treatment. The authors state that "We've developed the book to help facilitate effective professional treatment." (p. x) Additionally, this book can be useful for the interested non-consumer to learn about effective therapies and coping skills for depression.

The first chapter covers the basics about depression. It provides key actions "that you can take to break out of depression and regain control of your life." (p. 2). The key actions include skill building, developing a recovery plan, monitoring your symptoms, and measuring progress. Quick tips such as giving treatment enough time and opportunity to work and choosing a scientifically proven approach to treatment are given. Also found are a skill checklist, some cases illustrating effective strategies for planning, a checklist of ways to fight depression, more quick tips, a patient health questionnaire and a way to interpret the questionnaire's results. In addition, information about depression itself and its diagnosis are found in this chapter.

The second chapter covers the medical illness-depression connection, exploring pain, sleep apnea, hypothyroidism, and other possible medical conditions associated with depression. The case study of Trisha is presented as she develops a plan for physical wellness that may impact her attempt to control depression. Subsequent chapters are similarly arranged, giving lots of information coupled with personalized charts and activities.

There are a number of workbook-type books that deal with mental disorders on the market, but this one is in a class of its own. It has everything that anyone interested in depression and recovery could possibly use, all presented in a comfortable and eminently readable volume. *Breaking Free from Depression: Pathways to*

Wellness (2012) is written by Jesse H. Wright, M.D., Ph.D. and his daughter Laura W. McCray, M.D. It is published by the Guilford Press and costs about \$22, a cost well worth paying for what the book has to offer. Consider buying one for yourself, a family member, or a friend; you won't be sorry.

Health Tips

Mind, Mood, and Memory

Boosting Brainpower

By Miriam Silvergleid



Some very smart rats and gerbils may have a lesson to teach humans. They have shown that eating a diet that includes plenty of choline may positively affect brainpower. Choline is grouped within the vitamin B-complex, and it can be made in the liver. It is also found in such foods as meat, fish, nuts, beans, peas, spinach, eggs and liver. A combination of choline, uridine monophosphate (UMP), and omega-3 fatty acid (DHA) may boost the brain's processing speed.

A series of studies appearing in the *World Review of Nutrition and Dietetics* suggest that feeding normal rats and gerbils the above combination of nutrients results in biochemical and anatomical changes to their cognitive abilities. In one study, gerbils fed a combination of DHA and UMP for four weeks showed significant gains in learning and memory skills, while gerbils fed a normal diet did not improve. Whether these findings will translate to humans will require further research providing human data. In previous studies, researchers demonstrated that human brain cells exposed to UMP show increased growth and branching of neuronal axons and dendrites that are involved in communication.

To promote brain health, Dr. Bradford Dickerson, a staff neurologist at Massachusetts General Hospital, suggests that we:

- learn something new every day; play games and puzzles, tackle demanding tasks, memorize a poem, maintain an active social life to keep the brain stimulated.
- practice stress-reduction techniques such as yoga, deep breathing, meditation and get at least seven hours of sleep per day.
- exercise regularly to keep the brain well nourished and oxygenated and to encourage the growth of new brain cells.
- eat a healthy, low-fat diet with plenty of omega-3 fats and B vitamins with a minimum of processed foods and saturated fats.
- seek treatment for depression and medical conditions that can interfere with memory.

Ask the Doctor

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

Q: As an active DBSA member, many of my acquaintances suffer from mood disorders. One of my friends recently mentioned to me that she was considering suicide. As a member of society, as well as a person with a mood disorder, what are my moral obligations in a case like this? I understand what happens if I call the police, but what should I do as a friend? Call the police? Call some mutual friends for support? Or what?

A: Thank you for this most important and thought provoking question. Whenever a family member or friend gives you information to even suggest that they are considering suicide, you cannot help but feel overwhelmed with the disclosure. It can be a very scary time for you. I refer you to an excellent resource, the website for the American Foundation for Suicide Prevention: www.afsp.org. This particular site has a wealth of information about suicide. I have taken much of my following answer about suicide recognition, treatment and prevention from the AFSP website.

According to the American Foundation for Suicide Prevention, it is important to note that over 90 percent of people who kill themselves are suffering from one or more psychiatric disorders. In fact, between 25 and 50 percent of persons who do kill themselves have made a previous attempt. In other words, those who have made suicide attempts are at a much greater risk for actually taking their own lives. This information offers clues as to the assessment of suicide risk. Does your friend have a psychiatric disorder? Has she made a previous attempt and has she given some warning signs to family or friends?

With these facts in mind, what can you do to help your acquaintance? First of all it is crucial to recognize some of the warning signs of suicide. While some suicides occur without any outward warning, most people who are suicidal do give warnings. Actually, there are a number of warning signs to be particularly tuned into. These warning signs may include a low mood, pessimism, hopelessness, desperation, anxiety, withdrawal, sleep problems, increased substance abuse, recent impulsiveness and taking unnecessary risks, suicide threats or expressing a strong wish to die, giving away prized possessions, sudden purchase of a firearm and

obtaining other means such as poisons or medications.

Since 50 to 75 percent of all suicides give some warning of their intentions to a friend or family member, these signs must be taken seriously. You ask about a "moral" obligation. If your feelings are to preserve life at all costs, you would probably be aggressive in your reaction. If you believe that a person has a right to take his or her own life, you would be less concerned about the person's actions. However, the most important question to be addressed is: What can you do? The most important thing you can do is listen. Tell the person that you are concerned and give her examples from her behavior. Don't be afraid to ask if she is contemplating suicide. Ask if she

has a plan. Ask if she is seeing a psychiatrist for medication and also seeing a therapist. Do not attempt to "talk her out of it" or tell her "how much she has to live for" or other such platitudes. While it may seem extremely difficult, just listen and let her know she is not alone.

If the situation is an acute crisis, do not leave her by herself. Remove all firearms, drugs or sharp objects that could be used for suicide. As noted above, take the person to an emergency room or walk-in clinic at a psychiatric hospital. If none of these options are available, call 911 and ask for an officer with mental health training. You might also call the National Suicide Prevention Lifeline at **(800)-273-TALK**. In addition to support, this source can also recommend on-line and in-person support groups.

Finally, it is also imperative that she seek professional help. If she is not in treatment, you can become actively involved in seeking it out. You can be useful to her in finding a knowledgeable mental health professional or a reputable treatment facility. If needed, I encourage you to physically accompany her to treatment. I might also note that friends and family members of persons who have committed suicide are also at risk for psychological difficulties. It is often important for those close to the situation also to seek out counseling to deal with the emotions that are stirred by the situation. The national DBSA website www.dbsalliance.org includes a referral list of professionals who have been recommended by their patients. This is an excellent place to start.

Dr. Manuel S. Silverman



Educational Meetings Report

Volunteering for Self-Esteem, May 14, 2012

John Jurowicz, PhD



Our own Hank Trenkle took over the speaking duties for our May Educational Meeting. Hank is our meetings chairman and is an unwavering volunteer in many, many places. He spoke about his own avocation of volunteering and what it has done for him. Clinically depressed since 1973 and now retired,

Hank spends most of his days doing volunteer work, which he does not actually consider work at all. He sees all of this as an opportunity to enhance self-esteem and self-image. It gives a sense of purpose to one's life, a feeling of accomplishment, and fulfilling one's moral duties. Volunteer activity can give a person something to look forward to, something to help one to "get out of bed in the morning." Hank mentioned that people who have depression need structure, activity, and the company of other people. Volunteering provides an opportunity for all three of these needs to be met. In addition, he cited examples of people who ended up with paying jobs at the location where they had been working for free.

Hank volunteers for many organizations, including a human shelter, food depository, animal welfare organization, political campaigns, and DBSA-GC as a Board member and facilitator. He encouraged all of us in the audience to consider adding volunteer activity to our lives. There are so many opportunities in the Chicago area that a directory exists listing most of them. Some locations have specific requirements and an application procedure while others are more casual. Hank mentioned the Lincoln Park Community Shelter and the Greater Chicago Food Depository as just two of the many opportunities that exist. One list of volunteer locations can be found at:

www.Chicagocares.org

Questions and discussion followed the talk, homing in on why not all volunteers may meet the specific requirements of one location. Hank encouraged audience members to keep looking since there are many volunteer positions that require only the willingness and time to serve yourself and others.

Is this something for you to think about doing?

Healthy Preoccupation: The Job of Getting a Job

Khiem Huynh

For individuals with depression, mood disorder, and/or other mental illnesses, getting a job can be an unhealthy preoccupation. This is a daunting task when such an individual is not realistically ready to hold a job. Family, friends, and professionals who want to support the job hunter with mental illness gain employment often are frustrated with this goal because they have unreasonable expectations for success. People who suffer illness may then berate themselves for perceived failings on their own part and also on the part of those who try to help. In addition, people who readily stigmatize these job hunters will reinforce these perceptions and use failure as further fuel for stigmatization.

Just because well-meaning family, neighbors, friends, or associates of a mentally ill person expect him or her to get a job, he or she should still evaluate whether such an outcome is practical. When people affected by mental illness cannot decide whether to tackle the task of getting a job, mental health professionals can help by simply pointing out that job hunting requires career preparation and high functioning. This requires that mental health professionals clarify available options in care plans. When clinical evidence shows an individual is not ready to gain employment, the clinician must have wherewithal to present clients with the facts. Below a certain level of functioning, obtaining employment becomes daunting if not impossible for many afflicted by mental illness.

Examples of basic functional abilities required to

hold a job include stress management, concentration, and listening. These skills would be a challenge for individuals not yet firm in recovery. Even so, feelings of loss ought not to follow. Mental illness does not mean doors to employment are forever shut. All is not doom and gloom.

While possessing realistic goals is important to having a healthy outlook about the job of getting a job, it does not mean individuals should not have hopes, dreams, and visions for a life beyond illness. On the contrary, motivation is a first step to achieving almost anything. Yet, it is not the only step. The key is being prepared. When one is ready, there are professionals, such as career counselors, who will help. They will certainly look for candidates with ability to function at a high level; therefore, it is imperative to strive to reach those levels before spending psychic energy on self-defeating ruminations.

All else being said, legitimate reasons for unemployment should be validated when appropriate. These reasons should not be excuse for lack of preparation. For the individual who becomes excessively preoccupied with stress-inducing job hunting, supportive family, friends, and professionals should intervene, to reassure him or her that there will be "work," even while there is no job, *per se*. In other words, job hunting may not be possible for the time being but work still exists. There remain healthy ways to have preoccupations which balance reality with personal wishes.



July & August Educational Meetings

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

July 9th Educational Meeting

Yoga and Emotional Wellness

Our Monday, July 9th Educational Meeting will feature Shiva Singh and Shabad Kaur Khalsa, both teachers from the Spirit Rising Yoga Foundation located on the north side of Chicago. They will focus on introducing people to something real that will give our membership a path to emotional wellness. Anyone can do yoga. It can help shed layers of tension and heal old wounds of the mind and body. Yoga has become a popular approach to relaxation and exercise. This will be an opportunity for us to get a first-hand look at yoga and what it can do for you.

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

August 13th Educational Meeting

Becoming a Peer Support Specialist

Our Monday, August 13th Educational Meeting speaker will be Hank Trenkle, a member of DBSA-GC's Board of Directors. Hank, who is a very active volunteer and support group leader, recently went through training to become a Certified Peer Support Specialist. The training is designed with recovery as the core value. It is a very specific approach to helping a person achieve wellness and what to do when a person falls back into illness. The trainee gains new knowledge, develops new skills, increases personal awareness, and has his or her personal recovery enhanced. Hank will discuss how to get trained and what can be done with the training after it is accomplished.



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

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

If a donation, please check:

For new membership or renewal, please check one:

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

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

DONATION \$ _____
* TOTAL \$ _____

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____ EMAIL: _____

COMMENTS: _____

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

We need and appreciate your generosity.

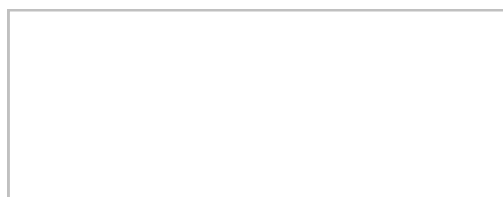




DBSA - Greater Chicago
6666 N. Western Avenue
Chicago, Illinois 60645-5024

ADDRESS
SERVICE
REQUESTED

Nonprofit Organization
U.S. Postage
P A I D
Chicago, Illinois
Permit No. 7061



THE SPECTRUM

July-August 2012

Published six times each year by DBSA-Greater Chicago

Tel: (773) 465-3280

6666 N. Western Avenue, Chicago, IL 60645-5024

E-mail: wecanhelp@dbsa-gc.org

Volume 26, Number 4

Web: www.dbsa-gc.org

NEW CHICAGO-SOUTH SUPPORT GROUP ANNOUNCED

Thanks to the work of Hank Trenkle, we are thrilled to announce that a new support group has been started on Chicago's South Side. The Chicago-South Support Group will meet the 4th Thursday of every month at 7:15 pm at St. Benedict the African (East) Church, 6550 S. Harvard, (773) 776-3316. Hank will be the facilitator and can be reached on (847) 293-7136. (See page 3 for more detail.)

EVANSTON HOSPITAL 3:00 PM SUPPORT GROUP NOW TWICE A MONTH

We are happy to announce that in January our Evanston Hospital afternoon Support Group expanded to two afternoon groups per month. We now meet on both the 1st and 3rd Tuesdays of each month at 3:00 pm. Check at the hospital's main desk for the room assignment. (More information is on page 3.) Note that this is in addition to the Evanston Hospital 1st Monday evening group.

CHICAGO-NORTH SUPPORT GROUPS AT DEVON BANK NOW AT 6:30 PM

Please change your schedule: The Devon Bank support groups will now start at 6:30 pm. And we are happy to announce that we have added a 2nd support group at the Devon Bank in Chicago. This new group will be meeting on the 2nd Wednesday of every month at the new time, 6:30 pm at the bank, 6666 N. Western Ave., Lower Level. Our original group will continue to meet at the bank on the 4th Monday of every month also at the new time, 6:30 pm. (More information is on page 3.)