

DBSA



Depression and Bipolar
Support Alliance
Greater Chicago

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Inside This Issue

President's Letter	2
Calendar of Events	3
Participating in DBSA-GC Group Meetings	4
Health Tips: <i>Happiness & Serotonin</i>	
Ask the Doctor: 5 <i>Medication and Tremors</i>	
June Educational Meeting: 6 <i>Clutter Control</i>	
July Educational Meeting: 6 <i>Pet Therapy to Support Mood Disorders</i>	
September 12th 7 Educational Meeting: <i>DBSA National– Services & Training</i>	
October 10th 7 Educational Meeting: <i>Steps a Persona Can Take When Depression Strikes</i>	

The Depression and Bipolar Support Alliance–Greater Chicago [DBSA–GC]
publication for members, friends and family, and health professionals

Electroconvulsive Therapy in the Treatment of Mental Illness

By Herbert Nelson

What is ECT?

Electroconvulsive Therapy (ECT) is a treatment for mental illness and is used primarily for major depression. It involves applying an electric current to a patient's head in order to cause a seizure and for reasons that doctors don't completely understand, this seizure helps relieve the symptoms of depression. For some people with severe or hard-to-treat depression, ECT is the best treatment, the so-called *gold standard*. This treatment (sometimes referred to as "electroshock therapy") has a bad reputation and is incorrectly viewed as a harsh, cruel treatment. (Remember *Some Flew Over the Cuckoo's Nest*?) However, it can be effective and sometimes lifesaving.

ECT works quickly, which is why it's ideal for people with particularly intense or suicidal depressions. In these cases, waiting for antidepressants or therapy to work might be dangerous; however, the drawback is that the effects of ECT usually don't last, and further treatments will likely be necessary. ECT is generally not an effective treatment for anxiety disorders, personality disorders, chronic pain, obsessive disorders, and bipolar type II (alternating episodes of mild mania and severe depression). It can be used in the treatment of bipolar disorder when the episodes of depression are extremely severe, lasting for long periods of time.

ECT itself requires a stay in the hospital. During the procedure, the patient will be under general anesthesia, be given a muscle relaxant, and electrodes applied to the scalp which deliver an electric current and cause a brief seizure. The seizure is controlled with medications so the body doesn't move. The patient will wake up a few minutes lat-

er without any memory of the treatment. The most common side effect of ECT is short-term memory loss, but some people report that they have long-term memory loss as well as cognitive impairment. Since ECT can trigger a heart attack or stroke in very rare cases, for people with heart disease the benefits must be carefully weighed against the risks. The good news is that ECT works very quickly; the bad news is that 50% of the people relapse within a year. The number of required sessions varies. Many people have six to 12 sessions over a period of several weeks and after initial treatment, further ECT and anti-depression medicine may be used to prevent relapse.

The rest of the story.

Most people might be quicker to associate electroshock therapy with torture rather than healing. But since the 1980s, the practice has been quietly making a comeback. The number of patients undergoing ECT has tripled to 100,000 a year according to the National Mental Health Association. Psychiatrists readily admit that in the early days, ECT absolutely was a cruel procedure. And because the treatment has lingered in the shadows of psychiatry for decades, many people still associate it with its sketchy past. Convulsive therapy was introduced in the mid-1930s when scientists discovered that by triggering a seizure, they were able to shock psychiatric patients back into a functioning state of mind. It was designed to be a treatment for curing schizophrenia, but doctors found it also seemed to benefit patients with depression, bipolar disorder and catatonia. During the '40s and '50s, it was one of the only available methods for treating mental illness, so it was often overused.

Please see **ECT** on next page

President's Letter



Dear Members and Friends,

What goes around, comes around: Karma, cosmic justice. Don't be mean to others on your way up; you may just meet them again on your way down. Do unto others.... Are you catching my drift? Religion and society like to put a bit of fear into us to make us behave, to be good. There are moral and ethical ramifications to our lives, our actions and their consequences. This is all well and good, and in most cases the lessons learned in childhood carry into adulthood and act as a compass for us. But, one day out of the blue, a person is totally unable to carry out the work ethic such as getting up and going to work or to class. The usually competent dependable employee misses deadlines and appointments. A loving mother is suddenly irritable and hyper-critical of her kids, her husband. Your favorite aunt suddenly laughs too loud and cries too often. These are examples of people who have not lost their ethos but are people who have lost their

grip.

People with mood disorders present in very different ways and may not be aware of how serious these out-of-character symptoms really are. Often it will be a friend or family member who will try to point the person to a doctor or a therapist. There may be resistance, denial, belligerence, hopelessness, and/or deceit in return. If you are the person who needs help, do not turn away good counsel. If you are the loved one, do not give up your efforts. There is almost always what I call a "window of opportunity" in the quest to save another. Despite the resentment and stubbornness, the person will have that moment of clarity at some point that, yes, there really is something wrong. It is not an easy task. I have been on both sides of this dilemma, and neither seems tolerable for long. But we must never give up on each other, because the fine line of sanity is a delicate thread that can easily be broken. Someone has to be there to know when to make the decision. Sometimes that decision is to call 911. Please do not be afraid to use it. Sometimes this may be the only option to save a treasured friend or relative. Yes, whether right or wrong, there will be consequences, and we can only do our best. But just remember to "Do unto others as you would have them do unto you." The old lessons still hold true.

Peace,

Judy Sturm

ECT *continued from previous page*

Even when doctors adhered to the standards of the day, it was a harrowing procedure. As patients were shocked with electricity, they were wide awake, feeling their bodies' convulsions, which were sometimes severe enough to break bones. At its peak of popularity during the early 1960s, about 300,000 U.S. patients a year received shock therapy.

Because so much of ECT is still not understood, and because of its stigma, some psychiatrists treat ECT as a dire last resort. Instead of being considered a last option, proponents of ECT wish that it was considered a next option. Today it can be considered much earlier for those patients who suffer with the disease who show partial or no response to antidepressants, and who have limped along for years with bout after bout of depression. While there are certainly patients who perceive the treatment as terrifying and shameful, and some who report distress about persistent memory loss, many speak positively of the benefits. An article entitled "Are Patients Shocked by ECT?" reported on interviews with 72 consecutive patients treated with ECT. The patients were asked whether they were frightened or angered by the experience, how they looked back at the treatment, and whether they would do it again. Of the patients interviewed, 54% considered a trip to the dentist more distressing, many praised the treatment, and 81% said they would agree to have ECT again. Those are comforting statistics about a procedure that has an ugly name and ugly connotations, but successful and even life-changing results.

As with most treatments, there are negatives as well as positives. Short-term memory loss, long-term memory loss, foginess, cognitive damage—all can occur. Relapse is very common. On the plus side, as one patient said, "It was like a kick start, like starting over. When I was done with the treatments and the fog started to clear, it was like waking up from a bad dream."

The website, <http://www.psycom.net/epression.central.ect.html>, provides a wealth of information on this topic.

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, to be fulfilled, and with as much enjoyment as can be achieved.

September 2011

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

October 2011

Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2	3 Evanston Hospital Support Group 6:30 pm	4	5 Palatine Support Group 7:00 pm	6 Northwestern Support Group 6:30 pm	7	8
9	10 Chicago Educational	11	12	13	14	15
16	17 Board Meeting 7:00 pm	18 Evanston Hospital Support Group 3:00 pm	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					

Event Locations

Chicago—Devon Bank, 6445 N. Western Ave., (Lower Level), Chicago, Illinois
 Educational Meeting—2nd Monday of the month
 Support Groups—4th Monday of the month
 Evanston Hospital, 2650 Ridge Ave., Evanston, IL
 Support Groups—1st Monday (Room G-952) and 3rd Tuesday (Room G-958) of the month
 Northwestern Hospital, Feinberg Pavilion, 251 E. Huron St., Room 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

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.

Participating in DBSA-GC's Group Meetings

By Khiem Huynh



I regularly attend the many peer support groups offered by DBSA-Greater Chicago. These groups are useful resources for individuals with depression and/or mood disorders. Given that these groups do help participants cope and manage illness, there should be some suggestions participants can use to get the most out of the time spent and invested. What characterizes effective group participation in the context of peer support? What makes a good group experience? To answer such questions, I went to the last several DBSA support meetings not only for personal benefit but also to observe effective engagement from participants in these group settings.

Before discussing good group behavior and effective participation, a most important factor contributing to rewarding support group experiences should be noted. That is the need for a qualified group facilitator who must remain respectful of all participants. In peer support, the facilitator must remain cognizant of the fact that he or she is neither above nor below other group members. Misusing this role is all too easy. The most difficult part of facilitating can be giving up one's own need for support.

By definition, peer facilitators have had similar experiences with depression and/or mood disorders. As far as DBSA support groups are concerned, I notice that respect for the leader of the group results when the person in charge knows how it is to need support or even knows he or she needs support at that particular meeting. An effective peer facilitator can use this knowledge to lead a group by communicating his or her own need for support and knowingly giving up this time to group members.

So, common sense tells us that a good group experience requires an empathic peer facilitator who sacrifices his or her need for support, while remaining in touch with past personal experiences with illness. With an effective leader, participants have a center from which to anchor themselves as the meeting progresses.

For the most part, DBSA's support meetings are good places to share common and also not-so-common experiences in a safe setting. Confidentiality is always stressed. In going to many of the recent meetings over the past few months, I have made some observations and taken home some useful information about them.

Introductions at the beginning of the meetings are opportunities not only to provide one's name but also to express what is uppermost in one's thoughts. Sometimes, this can be conveyed by putting a topic on the table for discussion. However, it is all right to defer this chance to introduce a topic if one prefers to wait and see how the discussion might relate to one's own concerns and/or experiences.

With introductions out of the way, the facilitator will often direct the group members to use "I" statements. In other words, they are encouraged to speak for themselves from a personal perspective. If one wants advice or suggestions in general or in particular, one should and can always ask explicitly from other people in the group. Of course, there is no side talking. After these simple introductions and directions, DBSA support meetings usually progress smoothly. Each group encounter is unique. No two meetings are the same. In my opinion, this makes each one a rewarding and worthwhile experience.

There are some suggestions that participants can use to make DBSA support meetings particularly effective and worth the investment in time and effort. For instance, share experiences about coping. Mirror other speakers. Respect each other's turn at speaking. Listen without judging. Share success. Give the little ideas that go a long way. Be positive and supportive. Use your sense of humor. Participate and respond nonverbally. Finally, pass on references and information. These are only some suggestions for people who attend future meetings.

Often, individuals with depression and or mood disorders lack opportunities to interact. In essence, effective group participation at DBSA's support meetings entails interaction. Attending these meetings by itself communicates need and want for supportive conversation. A group is worthwhile as long as peers can effectively engage in therapeutic conversation together. For the most part, DBSA's support meetings can be characterized as worthwhile in this way.

Health Tips



Happiness & Serotonin By Miriam Silvergleid

Researchers have discovered the reason some people seem happier than others may be because they are genetically predisposed toward happiness. A study published in the May 2011 issue of the *Journal of Human Genetics* found that people tend to be happier if they possess a particular version of the 5-HTT gene, which regulates the transport of serotonin in the brain. Serotonin is a brain chemical that transmits certain signals from nerve cells to other cells in the body. It is known as a key component in boosting mood.

The study, led by London School of Economics researcher Jan DeNeve, is the first to show a direct link between a specific gene condition and a person's happiness. Study participants answered questions about how satisfied they were with their lives. Participants who were dissatisfied or very dissatisfied had a less efficient functioning 5-HTT gene. Variations in the

Please see **Happiness** on next page

Ask the Doctor

Q: I recently attended my first DBSA support group. I noticed that some of the people there trembled. Their hands and feet shook and it was very hard for them to hold a cup of coffee or sit still without shaking their legs. I am very worried that I will develop this uncontrollable shaking. Are these tremors symptoms of depression or bipolar disorder? Am I destined to have these tremors, too?

A: I can only imagine how frightening this experience must have been for you.

You were able to get up the courage to attend your first support group meeting and then you see people there with the “shakes.” How depressing and anxiety provoking!

There are a number of physical symptoms of mood disorders, which might include unintended weight gain or weight loss, developing a sleep disorder and/or experiencing discomfort or pain, such as migraine headaches or unaccounted for muscle aches.

People with certain physical diseases, particularly Parkinson’s, do develop what is known as tardive dyskinesia (involuntary shaking, usually of hands or feet or legs). Among persons with mood disorders, the tremors are most often caused by prescribed medication and/or use of stimulants or depressants. For instance, too much caffeine, too much nicotine or alcohol use or abuse can all influence the development of tremors. Of major importance, a number of medications that are routinely prescribed for mood disorders, can and do induce these tremors. Extended, high dose and/or long term use of anticonvulsants (like depakote) and mood stabilizers (like lithium) are well known agents that contribute to the development of tremors.



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

Unfortunately, these medications are often the first line of defense in the treatment of bipolar disorders. Sometimes MAO inhibitors, a relatively last line of antidepressant treatment is prescribed. Tremors are included among a number of side effects of MAO inhibitors. Beta blockers are also sometimes prescribed. They lower the heart rate and often limit tremors. So, what can we do to better control the development of tardive dyskinesia?

Maintaining a healthy lifestyle will help. Regular sleep habits are most important, as being tired, especially exhausted, can and will exacerbate the tremors. A good sleep pattern is to go to bed and get up at the same time (within an hour) each day. While this might seem difficult, it will definitely help. The best case scenario is to eliminate alcohol, caffeine and tobacco. If you can’t, at least don’t drink or smoke too much, limit your caffeine intake, exercise regularly and be careful what and how much you eat. Routine medication management with a qualified psychiatrist is most important in monitoring any medications that may contribute to the tremors. Individual or group cognitive-behavioral psychotherapy will also be helpful to address symptoms and develop ways to minimize their negative effects. Finally, I would strongly encourage you to continue attending the DBSA support group. I am sure that seeing others with obvious life-limiting symptoms can be depressing to you. However, the recognition that you are not alone and that there are others for you to support in their struggles as well as their lending support to you in your own struggles cannot be overemphasized. Continued group attendance will be an important facet in your own recovery process.

Dr. Manuel S. Silverman

Happiness *continued from previous page*

shape and size of the gene affects its ability to deliver serotonin.

DeNeve contends that our happiness is not just determined by this one gene. Other genes, and especially experiences through life, will continue to explain the majority of variations in individual happiness. Also, being dissatisfied does not condemn a person to a life of unhappiness and having the best form of 5-HTT does not guarantee happiness. Conditions such as depression and anxiety also can affect feelings of happiness and satisfaction.

While there is no way to manipulate the 5-HTT gene toward greater serotonin delivery, there are steps

that can be taken to help maintain serotonin production. Some steps include getting at least seven hours of sleep a night, exercising daily, and eating a healthy diet. Include foods that contain tryptophan, such as turkey, chicken, eggs, fish, beans and nuts. Tryptophan is an amino acid that helps raise serotonin levels.

Other steps to increase the odds of happiness are: practice positive thinking, see obstacles as opportunities, list simple things you enjoy doing and do them on a regular basis, volunteer for a worthy cause, and eat healthy meals or snacks every 4 to 5 hours to keep the body and brain well fueled without drastic changes in blood sugar levels.



Clutter Control, June 13, 2011

Our June 13 speaker was Erin Kelly of *Arranged by Erin*, a company devoted to helping people to organize their lives by being clutter free. She explained and educated the members of the audience how people can have more control over their lives by practicing good habits to keep clutter to a minimum and keeping like items arranged together. In our age this is a very important tool, that if practiced well can add valuable time to a person's lifestyle. People today are bombarded by paper and electronic input that can severely tax a person's valuable time. As a result, organizational skills are needed more than they were even a few short years ago. Erin stated that some universities are considering adding courses to help people be better organized.

Erin stated the 70-80% of all paper should be read immediately and then recycled. Mail should be sorted every day. People should have filing systems and file by like subject matter. Paying bills online can save \$80 to \$100 per year. Old tax documents and medical bills need to be saved up to seven years and then discarded. Scanning with a computer to save documents and eliminate paper can be fun if maintained. Limit and organize the information that comes from the internet and other electronic sources; keep this to a minimum as you really do not have to know everything. Have a shredder or tear up mail well so your identity is safe. Spend 15 minutes in the morning and 15 minutes in the evening to keep organized. Don't do it all at once, since it can become discouraging. Before going to bed every night, write a "to do" list for the next day. These are just some of the suggestions that Erin made.

People with ADD, ADHD, and mood disorders often have problems with organization. There are many reasons for this, among them being low energy levels. Erin gave a very worthwhile and relevant presentation. Members of the audience went away with valuable tools to help them in their daily lives. Erin Kelly can be reached at www.arrangedbyerin.com

Pet Therapy to Support Mood Disorders, July 11, 2011



Our July 11th speaker was Peter Ashenden, the former director of DBSA National. His subject was pet therapy and its role in dealing with mood disorders. Mr Ashenden takes his dog, a shitzu, with him wherever he goes, and the dog was with him on this occasion. He stated he can take her on plane trips and get her admitted to hotels. He has a letter that states it is important that the dog be with him at all times. In addition Bella wears a sweater that states it is a "therapy dog", an animal that has been trained for two years and which has become a vital part of Peter's recovery. People are encouraged not to ask why the dog travels with him and he is protected by the Americans with Disabilities Act. This is nothing new, and, in fact, there was a recent conference in Washington D.C. regarding the use of therapy dogs. For more information contact Therapy Dogs International at: www.tdi-dog.org.

There is a tremendous benefit for the use of a therapy dog and a tremendous benefit for having a pet in the home. It has been proven that blood pressure and anxiety levels go down when a person has a pet. Mr. Ashenden stated there is a big difference in his wellness when his dog is present. The dog offers more immediate support as well, letting him know when his anxiety levels are high and when he has forgotten to take his meds. She knows when it is okay to rest and when she is working. She has to be alert at all times for Mr. Ashenden. He said that he continues to teach Bella through the use of love and reward.

In addition to lowering anxiety levels and helping with a person's mood, there is something about having a dog or a pet in the home. The animal is a friend and is always there for its master. In addition, a pet can teach responsibility in that it needs to be cared for. If a person is having trouble getting started for the day, just looking at your friend/your pet and knowing that it depends on you can help in your struggle with illness. Caring for the animal gives a person confidence and a sense of satisfaction and accomplishment. The use of professionally trained therapy dogs is a perfect extension of this idea. It was uplifting to see Mr. Ashenden and Bella there and working together.



September & October Educational Meetings
DEVON BANK (LOWER LEVEL) 6445 N. WESTERN AVE. AT 7:15 PM

September 12th Educational Meeting
DBSA National: Services and Training Programs

Our September 12th speaker will be Ms. Lisa Goodale, who is Vice President of Training for DBSA National. She is project director for the Peer-to-Peer Resource Center, responsible for working with and training hundreds of mental health consumers to work as part of recovery teams. Lisa has worked to create an association, the Peer Specialists Alliance of America, to promote the emerging profession of peer specialists. She will explain these and other DBSA National programs that may benefit many of our members. Join us in learning about these relevant and innovative services.

*PLEASE NOTE: ONE (1) CEU IS AVAILABLE AT EACH EDUCATIONAL MEETING
 TO PROFESSIONAL ATTENDEES FOR A \$5.00 DONATION.*

October 10th Educational Meeting
Steps a Person Can Take When Depression Strikes

Our October 10th speaker will be DBSA-GC's own Board member Mr. Hank Trenkle. He is a very active Board member, coordinating our monthly educational meetings, facilitating support groups, and performing many of the tasks that keep our organization vibrantly involved. In addition, Hank volunteers in the community with animal shelters and two homeless people shelters. Although Hank has suffered with depression for a number of years, he is always positive, upbeat, and full of life. He is a model of living a rewarding and successful life while being affected by periods of depression. Hank will share with us how he has managed his own depression and suggest ways to handle ours.



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:

DBSA-GC may publicly acknowledge this gift.

INDIVIDUAL **\$ 20** _____

Please keep my gift anonymous.

FAMILY **\$ 30** _____

PROFESSIONAL **\$ 50** _____

DONATION \$ _____

LIFETIME **\$250** _____

* TOTAL \$ _____

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COMMENTS: _____

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We need and appreciate your generosity.

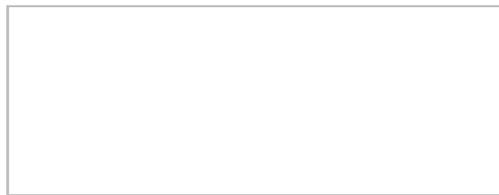




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Web: www.dbsa-gc.org

Volunteers Needed for TV Program

DBSA-GC has the opportunity to present a weekly informational call-in Ask the Doctor talk show on local public television. We need several volunteers to help produce the show. One would be a troubleshooter, and the other would answer the phone.

The time commitment is for a 2 hour training period on a Wednesday evening in September. Then there is the actual production, which would mean a 1 hour commitment every Tuesday evening (sometime between 4 and 8 PM). The studio location is 322 S. Green street, one block west of Halsted (a block from the Halsted or Congress St. bus). If you are interested in this exciting opportunity, contact Manny Silverman at (773) 497-2711.

DAYTIME SUPPORT GROUP IS UP & RUNNING

DBSA-GC is proud to have added a new 3:00 pm SUPPORT GROUP that joins our Evanston Hospital program. It meets on the 3rd Tuesday of each month at Evanston Hospital , Room G-958. Marj Leslie is the facilitator.