



The Thermometer Times

Published by The Depression and Bipolar Support Alliance of Riverside, California

VOL. 24 NO. 11 Out of darkness . . . November 2011

Dates to Remember

CARE & SHARE GROUPS

Clients, guests and professionals are invited to come and participate. Riverside County Mental Health Administration Building (see page 9 for address & map)

**Saturday 10:00 am - 12 noon
November 5, 12, 19 & 26**

Meetings start promptly at 10 am.
Do yourself a good turn: Be on time...visit with friends before the meeting.

If you come late, please enter quietly.

Web Site for DBSA, Riverside:
<http://DBSAtoday.com>

E-mail for DBSA, Riverside:
DBSAtoday@yahoo.com

E-mail for DBSA, California:
DBSAtoday@yahoo.com

Please include your phone #

Directions to

Jo Ann Martin's Home

Exit 91 Frwy at Van Buren. Go south 4.2 miles on Van Buren to Whispering Spur. Turn left.



2nd driveway on the right

16280 Whispering Spur
Riverside, CA 92504
951 / 780-3366

Bipolar Disorder and Migraines

It's Common For People Who Have Bipolar Disorder To Also Suffer From Migraine Headaches, But You Can Learn To Manage Both.

By Andrea Bledsoe, Ph.D.
Medically reviewed by Lindsey Marcellin, M.D., MPH



People who have bipolar disorder have a greater chance of having migraine headaches than others. While the reason for this is not fully understood, experts have learned how to manage both conditions with the same approaches.

A migraine is a very painful, recurring type of headache that's characterized by throbbing pain (often on only one side of the head), light sensitivity, nausea, and vomiting, and it's more common among women — approximately 18 percent of women get migraines, compared with 7 percent of men.

The Connection Between Bipolar Disorder and Migraine

Between 25 and 40 percent of people who have bipolar disorder also have migraines. They go side by side in the same person, but they don't cause each other," says Lawrence Robbins, M.D., an assistant professor of neurology at Rush Medical College in Chicago and a headache specialist at the Robbins Headache Clinic in Northbrook, Ill. Dr. Robbins explains that the likely link is shared inherited brain chemistry, meaning that certain aspects of brain chemistry are the same for migraines and bipolar disorder.

Although the exact chemistry involved is not yet understood, it has been speculated that serotonin plays a role. Serotonin is a neurotransmitter, a chemical in the brain that transmits messages between nerve cells, and that also constricts blood vessels. Low serotonin levels have been linked with depression.

Lifestyle Factors That Affect Both Bipolar Disorder and Migraine

Bipolar disorder and migraine are linked in another way: They share common triggers, such as stress, anxiety, and sleep disruption.

"When I see a patient [with bipolar disorder] complaining about headaches, the most common reason is sleep disruption — something changed in the patient's environment," says Suresh Sureddi, M.D., an assistant professor of psychiatry at the University of Texas Southwestern Medical Center in Dallas and a director of Lifepath Systems, a community mental health clinic in Plano, Texas. "It could be

Continued on page 2 (Bipolar and Migraines)

A Note From the Editor

As always I invite you to submit your stories, poetry and/or drawings for review and possible publication in the newsletter. Your articles allow us to get to know you in greater depth and to learn of your accomplishments and your many talents, interests and assets. They also contribute to our readers' well being and recovery.

Your work may be submitted to Jo Ann, Leroy or Lynne at DBSA Riverside meetings.

It may be mailed to: The Thermometer Times
% Jo Ann Martin
16280 Whispering Spur
Riverside, CA 92504

E-mail it to: joannmartin1@aol.com

FAX to: 951/780-5758

I look forward to your contribution. Share your wisdom and experience with your DBSA friends through *The Thermometer Times*.

Thank you.

Lynne Stewart, Sr. Ed.

Materials submitted may or may not be published, at the discretion of the editors, and may be edited.

(BIPOLAR AND MIGRAINES) *Cont'd from Pg 1*

as simple as the person has gotten extremely stressed." Identifying and dealing with the stress and the changes in the patient's sleep patterns, says Dr. Sureddi, "takes care of it most of the time."

Other environmental factors can trigger a migraine as well, such as new medications or a change in medications, a new perfume or fragrance, or a food you'd previously avoided because of your migraines. If you have bipolar disorder and your migraines suddenly worsen, it's important to let your doctor know whether you've made any such changes. Controlling these and other triggers may be a big help in managing your migraines.

How to Manage Bipolar Disorder and Migraine

Both bipolar disorder and migraine headaches can be managed with medications — and some medications can help with both conditions.

"We try to minimize medications, so with bipolar and migraines, we use treatments that could help both," says Robbins. "Comorbidities [other conditions that coexist with bipolar disorder] determine where we go with migraine medications. With hypertension, for example, we would use hypertension medications." This is because some antihypertensive medications can help prevent migraines. In addition to medications, many people see benefits from psychotherapy, exercise, cutting back on alcohol, and maintaining a regular sleep schedule.

Both mania and depression often bring with them anxiety, tension, and stress — some of the common triggers of migraines. "If your moods are unstable, address the core

The Thermometer Times **16280 Whispering Spur Riverside, CA 92504 (951) 780-3366**

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problem," says Sureddi. "Getting your moods under control may in turn control your migraines, though some patients will need migraine medications as well. "Managing your bipolar symptoms in tandem with taking migraine meds may be the answer to relieving your pain.

*Source: Everyday Health
As Seen In: Life in Balance
June/July 2010*



In Charge of Change

I was so tired of cycling in and out of depression. I was in my early 50's and had had an episode every few years since my teens. Each time I would get therapy and take medication until I reached remission, then discontinue treatment and eventually relapse.

Once again, I was in a deep state of depression. I was absolutely miserable, dragging myself through a terrific job at a large consulting firm. It was my ideal job, the one I had worked so hard to have, and I was hanging on by a thread. Anxiety, poor sleep and other symptoms were ruining my ability to concentrate and make good decisions.

When I told my therapist I was tired of relapsing, she challenged me with a question: How committed was I to my recovery? Determined to somehow be done with depression, I decided to learn everything I could about avoiding relapse.

I soon discovered that episodic depression is not uncommon. I also found that I had had enough bouts of depression to virtually assure I would have more. It seemed that physiological ruts in my brain, layered on an apparent genetic predisposition toward depression, sealed my fate. I wondered if I was destined to have my life regularly interrupted by depression no matter what I did.

Then it happened. On October 11, 2002, I read an excerpt from the book *The Mind and the Brain: Neuroplasticity and the Power of Mental Force*, by Jeffrey M. Schwartz, MD, and science writer Sharon Begley. The article appeared in the *Wall Street Journal*—about the last place I would have expected to discover hope!

The writers argued that the adult brain is “plastic”—that is, it can change in remarkable and lasting ways. This was almost the opposite of what I had been taught in my training years earlier as an organizational psychologist. Until the late 1990s, it was believed that after about age 20 you stopped growing new brain cells and your brain’s wiring was set for life. Schwartz and Begley cited research showing that adult brains could be rewired—including depressed brains.

I was elated and inspired. I now knew there were things I could do to actively help myself. It would take work and it would take time, but I could learn to relate to my depressive experiences differently and eventually my brain would adopt

healthier patterns.

I began to work with cognitive behavioral therapy (CBT) techniques and learned that dysfunctional thinking patterns could be contributing to my low moods. I found if I examined my thoughts by writing them down, I could notice common cognitive distortions like “all or nothing thinking,” self-criticism and perfectionism. Those poor thinking habits were increasing my stress level and sometimes triggering depression.

I extended my depression-fighting skill set by adding mindfulness techniques to my CBT arsenal. The research said this was a very powerful approach—and it was for me. Mindfulness helped me to be much more relaxed, accepting of life’s imperfections, and more aware of my thinking and how the distortions were getting me down.

I began by practicing every day on my own with guided meditation CDs, then formed a Mindfulness-Based Cognitive Therapy group to learn more. I also started going to spinning classes, using light therapy, and better regulating my sleep.

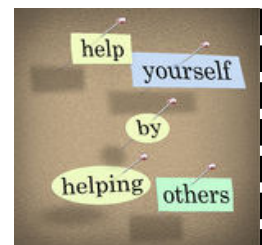
It has been nearly a decade since my epiphany and my brain is working better. Better yet, I became passionate about using what I had learned in my own journey to help others who are struggling to recover. My life now is not just free from the persistent grip of depression, but meaningful in ways that I never imagined it could be.

Vincent F. Caimano, PhD, of Oak Park, California, is president of Human Performance Consulting and founder of Depression Recovery Groups (www.depressionrecoverygroups.com).

Photo: Bundled up against pre-dawn cold, Caimano welcomes sunrise at Haleakala Volcano National Park in Hawaii.



It would take work and it would take time, but ... eventually my brain would adopt healthier patterns.



*Source: esperanza
Summer 2011*

time to revive

tips for everyday wellness

motivate

Get SMART about turning wished-for changes into reality. The SMART strategy, drawn from the field of project management, translates to:

SPECIFIC Break down an overarching goal like “eat better” — into an action plan (“Have fruit at least once a day”).

MEASURABLE Use a chart or other way to track your progress.

ATTAINABLE Aim for small changes you can sustain.

RELEVANT Pick something that truly matters to you, not just something you “should” do.

TIME-STAMPED Set concrete (but reasonable) deadlines.



grow

Don't be discouraged by stumbles and setbacks—embrace them instead, says Charlette Mikulka, LCSW, who specializes in treating psychological trauma. In her book *Peace in the Heart and Home*, she writes:

“Remember that change and growth are not linear, but tend to move in a spiral: two steps forward and one step back, three steps forward and one step back. Falling back on old habits is a normal aspect of the change process. Often it is through relapse that we learn some new aspect about our-selves that helps us handle future challenges more effectively.”

soothe

Book a massage to help your mood.

Two recent studies—one from Taiwan, the other from

Seattle—affirm that sessions of soothing

touch can ease depression and anxiety.

According to researchers, possible explanations include counteracting stress through relaxation, release of the “trust hormone” oxytocin, and establishing an “alliance” with the massage therapist.



move

The link between resilience and exercise recently got another boost from a study showing that physical activity stimulates growth in a brain circuit connected to emotional regulation and stress response.

Here are some suggestions from the Canadian Society for Exercise Physiology for how to ramp up your anti-stress activity:

- Go for a **brisk walk** around the block after dinner.
- **Mow** the lawn, then offer to do the same for a neighbor.
- Try a **favorite sport** again.

Source: *esperanza*
Summer 2011

After-care plan cuts costs

**MEDICARE PATIENTS: A
program offering follow-up care
may reduce the need to return to hospitals.**

BY LORA HINES
STAFFWRITER
lhines@pe.com

An Inland-area health management organization has launched a pilot program to help patients return home after hospital stays and reduce readmissions.

Inland Empire Health Plan, better known as IEHP, recently contracted with Partners at Home, a San Fernando company, to help some Medicare patients receive better organized care, said IEHP CEO Dr. Brad Gilbert.

IEHP, a nonprofit organization, manages health care for an estimated 500,000 residents in Riverside and San Bernardino counties.

Gilbert said he is hopeful the arrangement with Partners at Home will help patients avoid costly hospital readmissions and link them to community resources, such as Meals on Wheels and IEHP staff.

So far, an estimated 200 patients have received consultation. Some IEHP Medicare patients admitted to Arrowhead Regional Medical Center in Colton and St. Bernardino Medical Center in San Bernardino will be targeted.

The program consists of a hospital visit, home visit and at least four follow-up telephone calls by a Partners at Home employee.

Costs range between \$395 and \$450 per case, depending whether food delivery is needed in the home visit, Gilbert said.

“The overall cost of the program will depend on number of cases,” he said. “One hospital day is \$1,500 to \$3,000,” Gilbert said, depending on a patient’s illness.

IEHP sends lists of hospital patients to Partners at Home, whose employees then visit the patients in the hospital and select them for the care management program based on factors such as their homes, caregivers and illnesses, Gilbert said. Partners at Home then prepares each patient’s personal health record and medication list, with those taken at the hospital and at home and a nutritional assessment.

IEHP receives reports on each case, including need for referrals, follow-up management care, community resources and doctor appointments.

Statewide, about 20 percent of Medicare patients are readmitted to hospitals for the same problem within 30 days after being discharged.

“We can improve the health outcomes and quality of life for patients leaving the hospital and reduce costs in the process,” said June Simmons, Partners at Home president.

*Source: The Press-Enterprise
August 22, 2011*

Panel told of danger at state mental facilities

**Witnesses describe daily violence with patients who have
criminal histories.**

BY LEE ROMNEY
REPORTING FROM
SACRAMENTO
leexomney@latimes.com

At an Assembly committee hearing on safety issues at the state’s mental hospitals, lawmakers Tuesday received testimony about faulty alarm systems, daily assaults and an increasing number of patients with criminal histories.

Assemblyman Michael Allen (D-Santa Rosa) convened the Select Committee on Hospital Safety to explore solutions to violence at California’s five psychiatric facilities.

“All you need to know is that last year we had over 8,000 aggressive incidents and over 5,000 injuries,” said Allen, a former psychiatric nurse. “Every one of those incidents is a tragedy in its own right.”

The hearing came 10 months to the day after Napa psychiatric technician Donna Gross was strangled by a patient with a history of predatory violence while on the outside grounds, where alarms do not work.

Gross, 54, had spent nearly 14 years caring for the mentally ill.

A family friend read a letter Tuesday from her adult daughter, Anna Bock, that stressed that reform has not come fast enough.

“The damage by countless assaults on patients and staff has no doubt spread like a sickness to their families,” Bock wrote. “Each moment that passes without change allows another split second for an attack to take place.”

California Department of Mental Health officials testified that they were making slow progress in hiring more security and direct care staff.

With more than 90% of current patients having been arrested or convicted of crimes, said acting department Director Cliff Allenby, it is time to reconsider staffing ratios, create special units for the worst aggressors and improve the safety of the grounds.

Allen, who plans more hearings, stressed his desire to set concrete goals to reduce violence and press for the funding needed to accomplish them — not assign blame.

But the tone of the testimony was critical

Workers recounted being overburdened by paper work and forced to work overtime.

And daily assaults take staff members away from their jobs as they rush to the aid of patients or one another.

Dr. Patricia Tyler, a Napa psychiatrist, said staff members had written numerous memos to top mental health officials before Gross’ death, complaining about safety lapses and

Continued on page 6 (Danger at Mental Facilities)

Time to Revive—Tips for Everyday Wellness

Nourish Picture yourself eating better, and you will. Researchers at McGill University in Montreal used practices from sports psychology to get study participants to eat more fruit. Writing out a plan, then visualizing each step (when and where to buy the produce, how to prepare it) gets far better results than just deciding to improve your diet.

Connect Going to church can make you feel better—in more ways than one. Many people draw strength and hope from their personal connection to a higher power, but social connections with fellow congregates may be “the secret ingredient in religion that makes people happier,” according to C. Lim, PhD., an assistant professor of sociology at the University of Wisconsin-Madison.

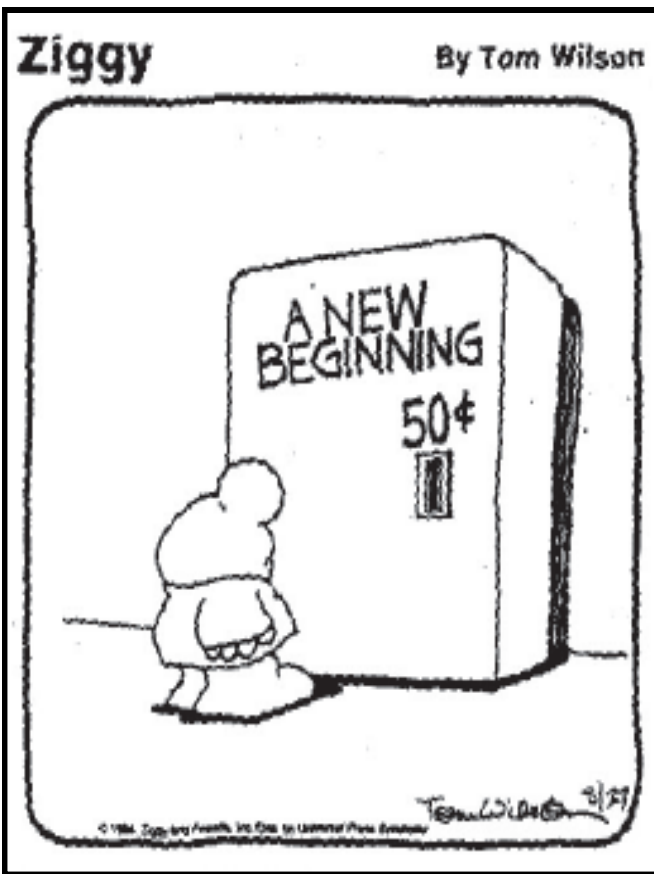
Inspire Practice gratitude on the go with a journaling app



designed for the iPod touch, iPhone and Wad. The 99 cent gratitude journal from HappyTapper.com invites you to record five positive events each day. Findings from the field of positive psychology suggest that cultivating an “attitude of gratitude” can reduce depression and counteract negative thinking.

Focus Calm is at your fingertips—literally. Ronald D. Siegel, PsyD, an assistant clinical professor of psychology at Harvard Medical School and author of *The Mindfulness Solution* (Guilford Press, 2010), has an exercise to try “whenever you find yourself stuck in a depressive chain of thought.” Bring all your attention to your right hand. Notice if the air against your skin is cool or warm, dry or rough, soft or solid? Move your hand slowly and feel how the sensations change.

Source: *Esperanza Spring, 2011, pg. 36*



**“SUCCESS IN LIFE IS NOT
A MATTER OF CHANCE;
IT’S A MATTER OF
MANAGED EMOTIONS,
FOCUSED ATTENTION AND
DELIBERATE ACTION.”**

www.warriormindcoach.com/blog

(DANGER AT MENTAL FACILITIES) *Cont’d*
from Pg 5

outlining potential fixes. Nothing was done.

Division of Occupational Safety and Health Chief Ellen Widess said the agency had cited three state hospitals in the last year: Napa for an inadequate injury prevention plan and faulty alarm system, Metro for failure to recognize known safety hazards and Atascadero for an assault that left a staff member with head trauma.

Asked by Assemblywoman Bonnie Lowenthal (D-Long Beach) why it took a staff death for the department to commit to substantial changes, Allenby was blunt and brief. “We can’t answer that,” he said.

Source: *Los Angeles Times*
August 24, 2011

Thanksgiving Day

Tour the grounds!

Come Join Your Friends

Thursday,

At Jo Ann Martin's
Franklin Park

November 24th



Enjoy!

Thanksgiving tradition with food and more...

Dinner at 12:00 Noon

Turkey and all the trimmings will be here. Bring a dish or desert, and if you can't bring a dish, come anyway.

Meat & beverages will be furnished.



Make it a family day!

Happy Thanksgiving



* Directions
Jo Ann Martin's home

Exit 91 Freeway at Van Buren
Go south 4.2 miles on Van Buren to
Whispering Spur. Turn left
2nd Driveway on the right

16280 Whispering Spur
Riverside, CA 92504
(951) 780-3366

Stay cozy inside

Or take a walk on the lawn



Have turkey and all the dressings while hanging out with friends

See You There!



Family/Friends Support Groups

Riverside County Dept. of Mental Health
Offers Support groups for families and friends
of people with severe
and persistent mental illness.
These Support Groups are offered
throughout the County of Riverside.

The County also offers the **NAMI Family-to-Family Education Program**

This program is a 12-week series of
educational meetings for
family members.

There is NO COST TO YOU.

For information on dates, times and location,
Please contact:

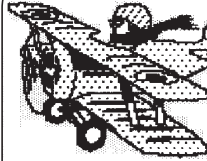
Riverside Co. Dept. of Mental Health
The Family Advocate Program
951 358-4987/1-800-330-4522

Phone Phriends

If you need someone to talk with:

Leroy 951 / 686-5047
6 a.m. to 9 p.m.

Cathy Waechter 951 / 529 - 8586
5 pm to 9 pm



ANNOUNCEMENTS

DBSA Temecula

Mark Monroe @ 951 / 551-1186

DBSA Hemet

Trinity Lutheran Church

Mondays, 5 to 7 pm.

Lyla @ 951 / 658 - 0181

DBSA Riverside (Overcomers)

Lake Hills Christian Center

12500 Indiana Avenue, Riverside

Ken Sharum @ 951 / 368-7713

DBSA Alta Loma

1st and 3rd Wednesdays

6 to 8 pm.

909 / 944-1964

DBSA Riverside (Uplifters)

Christian Grove Church

Mon 7 pm.

Corey Candelas @ 951 / 571-9090

Rancho Cucamonga DBSA

Meets Thursdays

Contact: Gena Fulmer

909 / 367 - 8944 OR

e-mail: genafulmer@yahoo.com

DBSA - Loma Linda

VA Medical Center, 2nd Floor

11201 Benton Street

Loma Linda

Thursdays, 6 to 8 pm.

909 / 327-6178

Stigma Reduction and Suicide Prevention

AdEase/Riv.Cou.Mental Health:

Julia Sullivan 619 / 243 - 2290

www.adeasonline.com

For Support People:

NAMI - Riverside Mental Health Administration Building

4095 County Circle Dr. (off Hole Ave. near Magnolia)

7:00 pm, 1st Monday each month 951 / 369 - 1913 - Rosanna

Calling all interested consumers!

NAMI—In Our Own Voice:

We are looking for consumers who are interested in sharing their personal recovery stories. In Our Own Voice: Living With Mental Illness (IOOV) is a recovery-education program conducted by trained presenters for other consumers, family members, friends, and professional and lay audiences. Individuals need not be active in mental health advocacy at this time, but

- ▶ They have "been there."
- ▶ They are able to present professionally.
- ▶ They are in recovery.
- ▶ They have the time to be trained.
- ▶ They believe in treatment, with medication as a component for recovery.
- ▶ They periodically present at 1½-2 hour workshops, during working hrs.

Stipends will be paid for presentations.



For more information, or to be put on a waiting list, please call:

Angela Sandoval, IOOV Coordinator
(951) 686-5484, ext. 120



A collaborative effort brought to you by:
—The Riverside County Mental Health Department—
—NAMI, Western Riverside County—
—Jefferson Transitional Programs—

DBSA - Riverside

Map Legend

- ★ Meeting Location
- TTTT = Parking

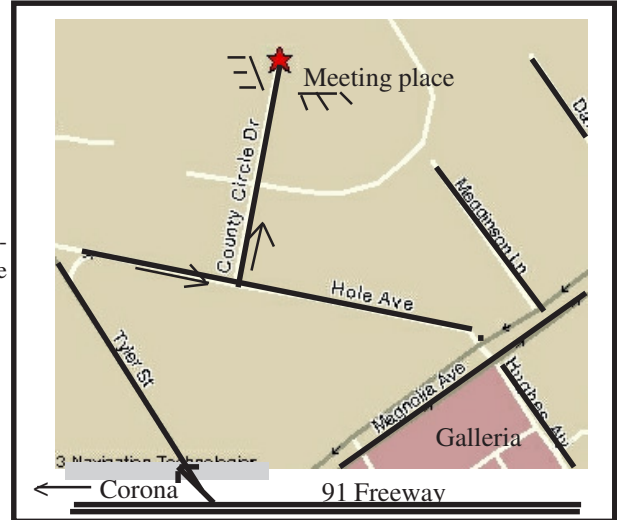
Due to route changes, no RTA regular bus crosses County Circle Drive anymore. However, several routes stop at the Galleria (Tyler Mall), which is only a three-block walk from where we meet. Those routes include Canyon Crest, Corona, Country Village, Hemet, La Sierra, Perris, Norco, and Sun City.* For meeting-day

route times, please call RTA at 800/266-6883 toll free. If you qualify for Dial-a-Ride, a door-to-door service for the handicapped, info is available at the same phone number. * as well as other parts of Riverside.


About DBSA-Riverside

DBSA of Riverside is a support group for people who have depression or bipolar (manic-depressive) disorder and who have sought or are seeking treatment for their illness. DBSA is totally patient run, which means we need volunteers like you to help with mail-outs, telephoning and planning. A work time

is held at the home of JoAnn Martin on the Saturday afternoon following the last sharing meeting of each month to assemble the newsletter for mailing. Directions are printed on the lower left corner of the front page of this newsletter. You may reach JoAnn or Leroy at 951/780-3366. **Our sharing meetings are held every Saturday of each week from 10:00 a.m. to 12:00 noon at the Riverside Mental Health Administration Building, 4095 County Circle Drive (off Hole Avenue near Magnolia), Room A.** We welcome professional care providers and adult family members and friends. Please note our new area code - 951, effective on July 17, 2004.



MEMBERSHIP INFORMATION

Individual membership for the Depression and Bipolar Support Alliance of Riverside is \$20.00 per year. This helps defray the cost of the monthly newsletter and helps pay for the cost of our meetings. Subscription to the newsletter is \$10.00 per year. If you are unable to help financially, the newsletter may be sent upon request. Volunteers are always needed. If you would like to volunteer, please indicate below. 

Mail to DBSA of Riverside, 16280 Whispering Spur, Riverside, CA 92504

DATE _____ Please Print New Renewal

NAME _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____

ZIP _____ E-MAIL ADDRESS _____

Please check one of the following:

I have: Bipolar Disorder (Manic-Depression) Depression

I am a Family Member Professional

None of the above

Birth Date (Optional) : Month _____ Day _____ Year _____

Enclosed is my payment for DBSA Membership _____ \$20.00 (includes newsletter).

Enclosed is my donation of \$ _____ to help others receive the newsletter.

I would like a subscription to the newsletter only. _____ \$10.00 (12 issues per year).

I would like to volunteer my time and talent to help.

DBSA OF RIVERSIDE
16280 Whispering Spur
Riverside, CA 92504

HELP US KEEP COSTS DOWN

We're using a computer mailing list

Please help us keep costs down by

making sure your name and address
are correct. If there is an error or if

you are receiving more than one
newsletter, please let us know.

Print legibly so that mistakes can be
avoided.

Your help and patience are greatly
appreciated.