



The Thermometer Times

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

VOL. 24 NO. 2 *Out of darkness . . . February 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

February 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:
dbsaofriv1@aol.com

E-mail for DBSA, California:
dbsaofca1@aol.com

Directions to

Jo Ann Martin's Home

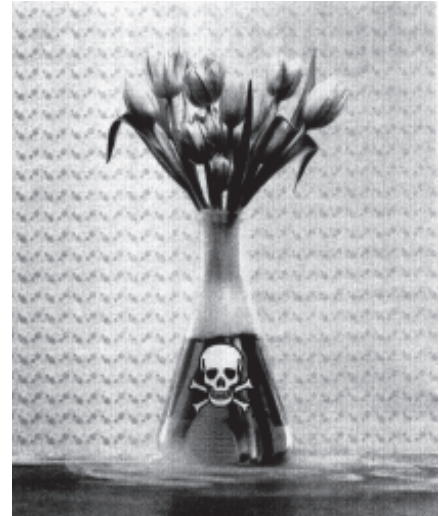
Exit 91 Frwy at Van Buren. Go south
4.2 miles on Van Buren to
Whispering Spur. Turn left.



2nd
driveway
on the right

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

When People Are Poison



Do you have a difficult relative? Here's how to detoxify the relationship— and know when to call it quits

BY MARK GOULSTON ~ PHOTOGRAPH BY JOHN LAWTON

There's no psychiatric diagnosis of "toxic personality," but if you've got a toxic person in your family, you'll know. It's the person who manages to turn every get-together into an opportunity to drive you crazy. They could be narcissistic, paranoid, or pathologically needy, and you may never be able to change that. But in my practice as a psychiatrist, I have discovered some simple tactics that could help you change the way a toxic person makes you feel.

Brain scientists have identified how such people draw you into their game: by subverting the way your brain makes decisions. Strong emotions short-circuit the brain's rational thought processes. So before you see your problem relative, prepare yourself. When they push your buttons, what will you do to stay calm? Take deep breaths? Decide on a strategy and practice it.

Then, when the person hurts or disappoints you, stay rational. Gently tell them immediately that you're hurt, and let them know what you would prefer they do in the future. "Focusing on the future, which no one has messed up yet, is always preferable to rehashing something that has already happened," says Karen Salmansohn, author of *The Bounce Back Book*.

If that softball approach hasn't worked in the past, you can try what I call the Clint Eastwood method. Take a deep breath, let it go, look them in the eye, and then...pause. Next, say something that will make them reflect. It can be as simple as "Huh?"

Continued on page 2 (Poison)

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.

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

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POISON (Cont'd from page 1)

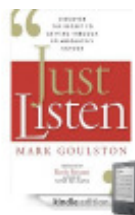
You won't cure them by channeling Clint Eastwood. But you can defuse the kind of situation that used to lead to a fight, just by refusing to engage.

Some people seem to delight in embarrassing others at gatherings. If you've got a relative like that, how do you protect yourself? The secret is knowing what drives the behavior. Most toxic people think the world doesn't respect them. So give them an important job. Ask them to serve as a cohost, making others feel comfortable. This will give them the attention they crave, but in a more helpful way.

Sometimes a family member is so damaged or cruel that no coping mechanism will make them bearable. If you have tried every avenue and still need to distance yourself, very calmly tell the person exactly which behavior you cannot tolerate and say you need to take a break. Handling them in a gracious way shows you haven't been infected with their toxicity.

Mark Goulston, M.L., is the author of *Just Listen: Discover the Secret to Getting Through to Absolutely Anyone*.

Source: *AARP The Magazine*
January/February 2011



Brain Chemical **Target for Treatment**

March 1, 2010, TORONTO, Ontario— The next advances in treating major depression may relate to a group of brain chemicals that are involved in virtually all our brain activity, new research suggests.

Researchers with the Centre for Addiction and Mental Health said their study shows that compared to people without major depressive disorder, people with depression have altered functions of the neurotransmitter GABA (gamma-aminobutyric acid). In the study, people with the most treatment-resistant forms of illness demonstrated the greatest reductions of GABA levels in the brain.

This points to the possibility that medications that correct a GABA imbalance could advance the treatment of major depressive disorder, the researchers said.

The study, which appeared in the journal *Biological Psychiatry*, was entitled "Evidence of cortical inhibitory deficits in major depressive disorder."

Source: *Esperanza*, Spring 2010

A New Age fad? No, think again

There's solid evidence that mindfulness therapy can calm anxiety and improve mood

CHRIS WOOLSTON

Of all fields of medicine, psychology seems especially prone to fads. Freudian dream analysis, recovered memory therapy, eye movement desensitization for trauma — lots of once-hot psychological theories and treatments eventually fizzled.

Now along comes mindfulness therapy, a meditation-based treatment with foundations in Buddhism and yoga that's taking off in private practices and university psychology departments across the country.

"Mindfulness has become a buzzword, especially with younger therapists," said Stefan Hofmann, a professor of psychology at Boston University's Center for Anxiety and Related Disorders.

Mindfulness therapy encourages patients to focus on their breathing and their body, to notice but not judge their thoughts and to generally live in the moment. It may sound a bit squishy and New Agey to some, but Hofmann and other experts say mindfulness has something that discredited theories of the past never had: solid evidence that it can help.

"I was skeptical at first," Hofmann said. "I wondered, 'Why on Earth should this work?' But it seems to work quite well."

Hofmann and colleagues burnished the scientific credentials of mindfulness therapy with a review article in the April issue of the *Journal of Consulting and Clinical Psychology*. After combining results of 39 previous studies involving 1,140 patients, the researchers concluded that the therapy was effective for relieving anxiety and improving mood.

The treatment seemed to help ease the mental stress of people recovering from cancer and other serious illnesses, but it had the strongest benefits for people diagnosed with mood disorders, including generalized anxiety disorder and recurring depression.

Jordan Elliott, a 26-year-old marketer for a New York publishing company, said mindfulness training had helped push his once-disabling anxiety — about work, the weather, the meaning of life — into the background. "The anxiety is still there, but it's not as bad as it was," he said.

Elliott started getting one-on-one therapy four years ago at the American Institute for Cognitive Therapy in New York. It was hard at first partly because he was skeptical of the technique and partly because he didn't feel particularly

mindful. "I was such a nervous wreck I could hardly sit still for three minutes," he said.

Now he starts every day with a 10-minute meditation.

"When a negative thought pops off in my head, I say to myself, 'There's a thought. And feelings aren't facts.'"

Elliott said he was taking Prozac before he started mindfulness therapy, but he no longer needed it.

"It's pretty clear that people can improve their health if they can encourage this practice in their lives," said David Fresco, an associate professor of psychology at Kent State University in Ohio. "But we have to be careful not to move beyond the data too quickly."

Fresco warns that mindfulness treatment is unlikely to help someone suffering from severe and ongoing depression. Those patients, he said, need a more active approach to recovery, perhaps including antidepressants and cognitive behavioral therapy, a type of counseling that encourages patients to question the validity of their negative thoughts.

Once recovery from depression begins, however, mindfulness therapy could provide a valuable defense against future episodes, said Zindel Segal, a professor of psychiatry at the University of Toronto who was one of the

pioneers behind mindfulness-based cognitive therapy, or MBCT, a treatment that combines mindfulness with cognitive behavioral therapy.

In December, Segal and colleagues published a study in the *Archives of General Psychiatry* suggesting that the treatment was as effective as antidepressants for preventing relapses of depression.

The study involved 84 patients who had recovered from at least two bouts of major depression. The patients were broken up into three groups: One had eight weekly group sessions of the therapy, one took an antidepressant and one took a placebo. Over 18 months, about 70% of patients taking a placebo suffered at least one more episode of depression. By comparison, only about 30% in the two other groups had a setback.

Segal said mindfulness therapy could help patients avoid rumination, the process of endlessly chewing on incidents from the past. Rumination is a driving force behind depression, he

Continued on page 5 (Mindfulness)



Personal Journeys and Quests

A Poem About Listening

Please, just listen.

When I ask you to listen to me, and you start giving advice,
you have not done what I asked.

When I ask you to listen to me and
you begin to tell me why I shouldn't feel that way,
you are trampling on my feelings.

When I ask you to listen to me, and
you feel you have to do something to solve my problem,
you have failed me, strange as that may seem.

Listen!

All I asked was that you listen,
not talk, or do... just hear.

Advice is cheap: twenty-five cents will get you both dear Abby and Billy Graham in the same newspaper, and
I can do that myself.

I'm not helpless. Maybe discouraged and faltering, but not helpless.

When you do something for me that I can, and need to do for myself,
you contribute to my fear and inadequacy.

But when you accept, as a simple fact, that I do feel no matter how irrational,
then I can quit trying to convince you and
get about the business of understanding what's behind this irrational feeling.
And, when that's clear, the answers are obvious and I don't need advice.
Irrational feelings make sense when we understand what's behind them.



Please listen and just hear me, and
if you want to talk wait a minute for your turn, and
I'll listen to you.

Ray Houghton, M.D.
Teen Times, November/December 1979



MINDFULNESS *(Continued from pg. 3)*

said, and it just doesn't mesh with mindful thinking. He also believes that by encouraging patients to focus on their current thoughts, mindfulness can discourage anxiety and worry — up to a point.

"If you're having panic attacks in the mall, mindfulness therapy on its own isn't going to be enough," he said.

Segal adds that mindfulness treatment changes the relationship people have with their emotions, so much so that shifts in brain activity even show up in MRI tests.

"When your mind has a thought, such as, 'My colleague just insulted me at the office,' you can explore the consequences of that thought," he said. "Thoughts have a less intense grip because you are an observer."

Hofmann said most patients could pick up mindfulness fairly easily, but it's not for everyone.

"It takes quite a bit of intelligence," he said. "It's good for people who like intellectual stimulation."

In addition, children, older people (who tend to be more set in their ways) and rigid thinkers may have trouble understanding or embracing the treatment, he said.

Hofmann hopes that the ongoing flood of mindfulness studies will help clarify the benefits and limitations of the approach and ultimately shape the way it is offered in the real world.

"Some therapists embrace these new and sexy treatments without a lot of critical thinking because they sound cool," he said.

*Source: health@latimes.com
January 9, 2011*

Woolston is a special correspondent.

Getting Help

Mindfulness therapy comes in different forms. Patients can receive it through group therapy or one-on-one sessions with a therapist. Some practitioners use CDs or books to help guide the treatment.

The precise structure of a program varies: The one at UC San Diego's Center for Mindfulness, for example, offers an eight-week plan that combines CDs, books and daily home assignments.

For more information, visit the center's website at health.ucsd.edu/specialties/psych/mindfulness.

— CHRIS WOOLSTON

Smiling has power

In a study by psychologist Ursula Hess, director of the Social Psychophysiology Laboratory at the University of Quebec at Montreal, and colleague Sylvie Blairy, participants reported feeling more happiness or more sadness/depression in response to the facial expressions of people in a video they were watching.

That's because we respond to someone's smile with a muscle-based impulse to smile as well—something known as

Tips for Brain Boosting

If you want to eat to maximize your mood and brain power, here's what experts recommend:

- **Breakfast:** Studies have provided good evidence that a healthy breakfast leads to better cognitive performance.

- **Enough Calories:** Few things make people grumpier than being calorie deprived. If you're hungry, anything with calories will help.

- **Regular Meals:** Keeping your blood sugar even by eating regularly—about every four hours—will help keep your mood level all day. Conversely, skipping meals and eating erratically will lead to highs and lows. "Your eating pattern, as well as the quality of food you eat, will have a bigger effect on your mood than any one food," says registered dietitian Elizabeth Somer.

- **A Balanced Diet:** When the brain is deficient in nutrients, mood and concentration are the first to go. "If a person has a nutritional imbalance, fixing that imbalance will make a positive difference," says John Fernstrom, professor of psychiatry and pharmacology at the University of Pittsburgh School of Medicine.

- **Exercise and Rest:** "Eating a healthy diet, exercising and getting enough sleep are what make people feel more alert, focused and energetic," says food researcher Marcia Pelchat of the Monell Chemical Senses Center in Philadelphia. "There is no magic food."

- **Believe:** "There's nothing wrong with the placebo effect," says Tufts University psychologist Robin Kanarek. "If you think eating more fruits and vegetables will make you feel better about yourself, I recommend it."

*Source: Excerpt From LA Times
November 8, 2010*

*As Seen in: The Rollercoaster Times
Winter 2010-2011*

mimicry. And when our facial muscles mimic a smile (for example, with lifted lips and squinty eyes), research shows that the body releases serotonin, dopamine and other "feel-good" markers.

"Laugh Doctor" Clifford C. Kuhn, M.D., author, speaker and physician with a focus on mind/body medicine, suggests ways to bring a smile to your lips on your own:

- Stretch your smile muscles every time you brush your teeth; athletes know warming muscles up is key for maximum use.

- Surround yourself with props or cues that will make you chuckle,

- Develop an internal "smile file" of images and thoughts to recall at any time, regardless of your circumstances.

*Source: esperanza
Summer 2010*

*As Seen in: The Rollercoaster Times
Winter 2010-2011*

SAMHSA Launches 10 x 10 Wellness Campaign

Sad but true: people with mental illness have a lower life expectancy than the rest of society. For this reason the federal government has spearheaded the SAMHSA 10 x 10 Wellness Campaign, to promote the importance of addressing all parts of a person's life in hopes of increasing life expectancy for persons with mental health problems by 10 years over the next 10 years. More than 2,000 organizations and individuals have expressed their commitment to promoting wellness by signing the Pledge for Wellness, and the campaign is guided by a multidisciplinary Steering Committee representing consumers, providers, and researchers.

The new focus on wellness highlights the importance of recovery from mental health problems. By pursuing wellness, we can reduce the disparity in early mortality for people with mental health problems, which is far greater than for any other population.

Wellness means overall well-being. It incorporates the mental, emotional, physical, occupational, intellectual, and spiritual aspects of a person's life. Each aspect of wellness can affect overall quality of life, so it is important to consider all aspects of health. This is especially important for people with mental health problems, because wellness directly relates to the quality and longevity of your life.

The Eight Dimensions of Wellness

Social—developing a sense of connection and a well-developed support system

Physical—recognizing the need for physical activity, diet, sleep, and nutrition, while discouraging the use of tobacco, drugs, and excessive alcohol consumption

Emotional—developing skills and strategies to cope effectively with stress, challenges, and conflict

Spiritual—searching for meaning and purpose in human existence

Occupational—deriving personal satisfaction and enrichment from one's work

Intellectual—recognizing creative abilities and finding ways to expand knowledge and skills

Environmental—fostering good health by occupying pleasant, stimulating environments that support well-being

Financial—feeling satisfied with current and foreseeable future financial situation

*Source: Prosumer News, Aug. 2010
VISIT THE SITE: http://www.promoteacceptance.samhsa.gov/1_Obyl/0/default.aspx*

*As Seen In The Initiative
Fall 2010*

Bipolar and Borderline Personality Disorder

Are Bipolar and Borderline Personality Disorder related? Borderline Personality Disorder (BPD) has been a controversial diagnosis when it was first recognized in the Diagnostic and Statistical Manual of Mental Disorders in 1980. One controversy that still has not been resolved is whether BPD is actually just a variation of bipolar disorder.

How are Bipolar and Borderline Personality Disorder Similar?

The Primary reason that some experts have proposed the BPD and bipolar disorder may be related is that they share the common feature of mood instability. Bipolar disorder is associated with shifts from depression to mania (a mood characterized by elation, decreased need for sleep, and an increase in activity) or hypomania (similar to mania but less severe). BPD is also associated with mood changes (sometimes called 'emotion deregulation' or affective instability). People with BPD can frequently change from feeling fine to feeling extremely distressed in a matter of minutes. Impulsive behavior is also frequently experienced both by people with bipolar disorder and by people with BPD.

Continued on page 7 (Bipolar and BPD)

DBSA-Riverside and friends

*At Jo Ann Martin's**

for the

Holidays

Picnics or dinners

at noon (3 pm on Christmas)

Swimming, badminton, spa, food and more...
during summer months.

Friendly sharing during the winter.

Bring a salad, main dish, or dessert.

If you can't bring a dish, come anyway.

Meat & beverage will be furnished.

~
Holidays include:

Memorial Day, 4th of July, Labor Day, Halloween,

Thanksgiving, & Christmas

**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

951 / 780-3366

Placebos work, even when patients are in the know

A simple sugar pill may help treat a disease — even if patients know they're getting fake medicine.

The finding, reported on-line Wednesday in the journal *PloS One*, may point the way to wider — and more ethical applications of the well-known “placebo effect.”

“The conventional wisdom is you need to make a patient think they're taking a drug; you have to use deception and lies,” said lead author Ted Kaptchuk, an associate, professor of medicine at Harvard Medical School. And, Kaptchuk added, it seems many doctors do this: In one report, as many as half of rheumatologists and internists surveyed said they had intentionally given patients ineffective medication in the hopes it would have a positive result.

Kaptchuk, however, wondered whether the deception was needed. When he first tried to persuade fellow researchers to explore a sort of “honest” placebo, “they said it was nuts,” he said. After all, didn't the whole effect hinge on people believing they were getting real treatment?

Patients were easier to enlist. People said, “Wow, that's weird,” and we said, “Yeah, we think it might work.”

The researchers enrolled 80 people suffering from irritable bowel syndrome, explaining the experiment while framing it positively — they called it a novel “mind-body” therapy.

Half the patients were given a bottle with the word

“placebo” printed on it. The pills it held, they were told, were like sugar pills. The patients were told they didn't even need to believe in the placebo effect, but had to take the pills twice daily.

The other half were given no treatment at all.

At the end of the three-week trial, 59% of the patients taking the placebo said their symptoms had been adequately relieved, far outstripping the 35% in the non-treatment group.

“We were all taken aback,” Kaptchuk said. “We triple-checked the data before we decided it was real.”

The results, which Kaptchuk said need to be replicated in a longer, larger study, show that placebo pills could be useful for chronic pain, depression and anxiety, among other ailments, without the need for deception.

“My personal hypothesis is this would not happen without a positive doctor-patient relationship,” Kaptchuk said.

Others agreed.

“What seems to be the active ingredient is the warm, personal relationship,” said Dr. Howard Brody of the University of Texas Medical Branch in Galveston.

Tor Wager, a cognitive neuroscientist at the University of Colorado at Boulder, said this and future research may help change the way doctors treat their patients.

“In terms of medical research, there's been a big gap between what people feel is true in the clinic and what is scientifically investigated,” he said. “This study takes a step toward filling that gap. It shows the human context essentially does matter.”

amina.khan@latimes.com

Source: LA TIMES
December 23, 2010

BIPOLAR AND BPD (Continued from pg. 6)

How are Bipolar and Borderline Personality Disorder Different?

What is the difference between BPD and bipolar disorder, then? Some major components separate the two. While the disorders are both characterized by mood changes, the quality of the mood changes can be very different. In BPD, mood changes are often more short-lived: they may last for a few hours at a time. In contrast, mood changes in bipolar disorder tend to last for days or even weeks. Also, mood shifts in BPD are usually in reaction to an environmental stressor such as an argument with a loved one, whereas mood shifts in bipolar disorder may occur out-of-the blue. Finally, the mood shifts typical of BPD rarely involve elation; usually the shift is from feeling upset to feeling ‘OK,’ not from feeling bad to feeling a high or elevated mood which is more typical of bipolar disorder.

Are Bipolar and Borderline Personality disorder Related?

Although it is not yet clear-cut, research has not found a strong relationship between BPD and bipolar disorder. There is some evidence that people with BPD are diagnosed with bipolar disorder at higher rates than individuals with other personality disorders. One study found that about 20% of individuals with BPD are also diagnosed with bipolar disorder,

whereas only about 10% of people with other personality disorders are also diagnosed with bipolar disorder. This could mean there is some relationship between BPD and bipolar, but it could also be attributed to imprecision in diagnosis, or in the individuals making the diagnosis

Bipolar and Borderline Personality Disorder: The Bottom Line

So far, there is not enough research to suggest that BPD and bipolar disorder are related. Although there are definitely some shared features, there are also some marked differences between BPD and bipolar disorder. The co-occurrence of BPD and bipolar disorder is not large enough to suggest that the two disorders are related. However more research is needed on this topic. It may be that future research on the genetic and biological causes may reveal some undiscovered relationship between the two conditions.

Source: About.com/DPDVBipolar.htm
as seen in NEWSLETTER - Fox Valley
Winter 2011



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.

Andie (Amanda) 909 / 824 - 5385

9:30 am to 7:30 p.m. (youth)

Yen Cress 951 / 315 - 7315

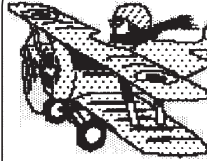
9 pm - 6 a.m. & Weekends

Cathy Waechter 951 / 529 - 8586

5 pm to 9 pm

Susie Phillips 951 / 637 - 1312

**3 pm to 8 pm Tues., - Thurs.,
Sat. & Sun.**



ANNOUNCEMENTS

TEMECULA DMDA

Mark Monroe
951 / 926 - 8393

Rancho Cucamonga DMDA

Meets 1st and 3rd
Wednesdays evenings
Contact: David or
Samantha Johns
909 / 944 - 1964 OR
e-mail: dmjbf@aol.com

DBSA - Loma Linda

909 / 327 - 6178

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

HEMET SUPPORT GROUP

Hemet Support group meets at
Trinity Lutheran Church
Mondays, 7 to 9 pm. Fridays,
1:30 to 3:30 pm
951 / 658 - 0181 (Lyla)

THE UPLIFTERS

(Christian emphasis) meets at
The Grove Community Church
19900 Grove Community Drive
(off Trautwein) Riv. 92508
meets Mondays 7 pm
Contact Ken Sharum
951 / 368 - 7713

DBSA (Christian Emphasis)

Lake Hills Christian Center
12500 Indiana Ave
Tuesdays 6:30 - 8:30 PM
(951) 368-7713 (Ken)

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

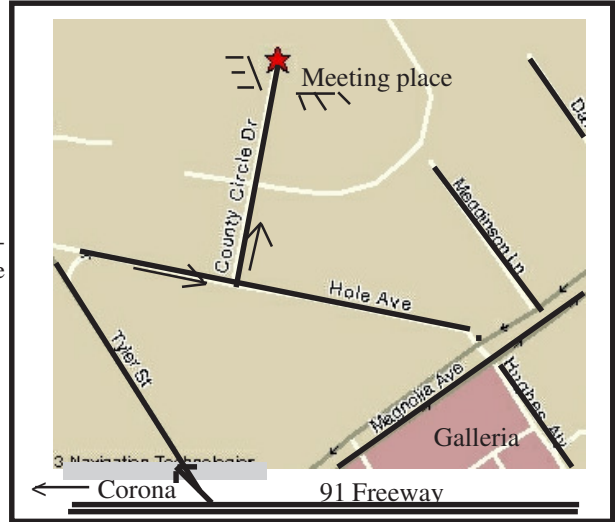
Due to route changes, no RTA regular bus crosses County Circle Drive anymore. However, several routes stop at the Galleria (Tyler Mall), which is only a three-block walk from where we meet. Those routes include Canyon Crest, Corona, Country Village, Hemet, La Sierra, Perris, Norco, and Sun City.* For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