



# The Thermometer Times

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

VOL. 17 NO. 5

Out of darkness . . . May, 2005

## Dates to Remember

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### CARE & SHARE GROUPS

Clients and their guests are invited to come and participate. Professional care providers are always welcome.

**Every Saturday,  
10 am–12 noon**

Riverside County Mental Health Administration Building  
(see page 7 for address)

#### GUEST SPEAKER

Saturday, May 14  
Doreen van Leeuwen  
Topic: "Coping Skills and Self-Acceptance"



**Meetings start promptly at 10 am.**

**Do yourself a good turn: Be on time— for announcements and other news that may**

**be important to you, and to have time to greet your friends, old and new.**

#### 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

## Finding The Kind of Therapy You Need

Have you ever felt like your therapist was talking about (or asking you to talk about) subjects other than what's on your mind or different from what you think you need to work through? Or have you heard people at your MDDA support group say they feel their talk therapy is going nowhere?

Therapy is generally defined as talking with a mental health professional as a treatment for mental and emotional disorders. But "therapy" can be used to describe very different approaches and treatments. That feeling that you and your therapist aren't on the same page (or even in the same book) could be caused by the type of therapy being used.

What many people think of as "therapy" is called psychoanalysis which has evolved from Sigmund Freud's theories. It focuses primarily on memories and feelings from the past. Freud believed that our current feelings, thoughts and behaviors are caused by our unconscious mind. The gist of psychoanalysis is to explore unconscious motivations. It usually entails frequent sessions (more than once a week) and lasts for many years.

A second type of therapy has evolved from psychoanalysis, but is less intense and usually less frequent and for a shorter time. In Psychodynamic therapy you not only examine the past, you learn to become aware of the unconscious feelings or motivators that underlie your current feelings, thoughts or behaviors.

In addition to these therapies that focus on the past, a number of other types of therapy can be especially helpful to people with depression or bipolar disorder. Understanding the different types of therapy can help you talk to your therapist about what might work better or choose a therapist who uses the type or types best suited to your needs.

Psychoeducation focuses on teaching you, and perhaps a significant other or family member, about your illness. In this kind of therapy, you explore possible treatments (including community resources such as support groups), coping strategies (including how to watch for symptoms of a potential relapse and how to seek appropriate treatments) and problem-solving skills.

Behavior therapy is a good choice if your goal is to change unwanted or unhealthy behaviors. Behavior therapy often uses a system of rewards or reinforcements to encourage desired behaviors. If the unwanted behaviors are caused by fear or anxiety, the therapist might try desensitization, which entails confronting the source of the fear or anxiety.

A form of behavior therapy is particularly helpful to people with OCD (obsessive compulsive disorder) or PTSD (post-traumatic stress disorder). In exposure therapy the therapist exposes you to the very event, place or circumstances that trigger your symptoms. Such exposure in a controlled environment helps you learn to cope with your thoughts and reactions and work through the traumas.

*Continued on page 3 (THERAPY)*

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# Lifetime of experience leads to new opportunities

**BY SHARON RICE**  
ASSISTANT EDITOR

Counselors, hairdressers and bartenders ... the one quality these diverse occupations have in common is the ability to listen to other people's problems. That would make longtime resident Rita Bendlin adept, indeed, since she has practiced two out of three of these professions for many years.

Currently working on her Associate Degree in Psychology at Mt. San Jacinto Community College, Rita has taken courses in Dual Diagnosis for treating coexisting psychiatric and addictive disorders, but, more importantly, as a cosmetologist for 33 years, she has spent a lifetime listening to people's problems and working with two of her own step-children in the areas of substance abuse.

She currently works for a suicide hotline in Hemet, where she has ample opportunity to bring all her listening and counseling ability to bear on the lives of teenagers who are in crisis. She is also a member of the Riverside Mental Health Board.

Not surprisingly, Rita speaks of her past experience as a hairdresser as if it were the preparation she needed for her current work in psychology. As is her regular habit in the morning, she was listening to C-Span on Monday morning, February 21, when Sidney Wolfe, M.D., was in Washington D.C. to discuss the issue of the "Drug Approval Process." The issue under discussion was whether or not doctors should be allowed to prescribe psychiatric drugs.

Feeling as if she could speak authoritatively on the subject after taking several of the drugs under discussion and after counseling others who are addicted to the same drugs, Rita called in to the live program and was surprised when she got through and was given 10 minutes to discuss her thoughts on national TV. In her opinion, "Doctors shouldn't prescribe drugs they're not specialized in.

As an example, she points out she has credentials as a cosmetologist but



**Rita Bendlin currently works for a Riverside County DDX Program where she has ample opportunity to bring all her listening ability to bear on the lives of teenagers in crisis.**

there are areas of cosmetology she never specialized in and wouldn't dream of practicing. In the same way, she is of the opinion that medical doctors have not specialized in psychiatric drugs and, therefore, shouldn't prescribe them.

Be that as it may, Rita was almost as excited to hear her name and her hometown of Canyon Lake announced on TV as she was to talk for 10 minutes. That's because she's proud of her and her husband's history in the community (just as she is proud of her kids and the fact that she had the eighth set of triplets ever born in Orange County ... just as she is proud of Samuel's five generations of family in California and her five generations of family in Brooklyn...and just as she is proud of a long and rewarding career in cosmetology).

Clearly, when Rita has a chance to tell her life story, she exudes enthusiasm and appreciation for all she has experienced... not that all of it has been positive.

Her twin brother was listed as Missing in Action in Viet Nam War in 1970 and has never been found. As a result, she and her husband Samuel have volunteered to take the place of her nephew who is being called to a second tour of duty in Iraq (he was among the troops that killed Saddam Hussein's sons).

They recently wrote a letter to the President volunteering to serve as missionaries or civilian workers in that country if their nephew's deployment could be rescinded --not that they expect their offer to be accepted.

Still, with her experience as a counselor and a hairdresser and Samuel's experience in construction, they feel they could make a difference in the war-torn country. Now retired, Samuel was the vice president of Plumbing Contractors for 22 years and the owner of All Phase Construction for 10 years. He bought a lot in Canyon Lake in 1974 and he and Rita built their first home here in 1988. He figures he's been responsible for the plumbing in 40 or 50 homes in the community. Rita worked at Canyon Lake Hair Design and several other Towne Center studios for a number of years. She also taught cosmetology at Cerritos College for five years.

*Source: THE FRIDAY FLYER  
Canyon Lake, CA, April 1, 2005*

(Ed. Note: Rita no longer works for the suicide hotline nor is she currently on the Mental Health Board. She now works for Riverside Mental Health in a mid-county Dual Diagnosis Program where she is doing an internship. She has been a member of Riverside DBSA for about six years.)

Cognitive therapy helps identify and correct distorted thought patterns. If depression causes you to see your experiences in the most negative light possible, cognitive therapy can help you change the way you interpret your experiences. Although cognitive therapy focuses on your present situation, your past experiences are also important to the process (which is different than in behavior therapy).

Aspects of both behavior and cognitive therapy are combined in cognitive-behavioral therapy. Its goal is to help you identify negative or unhealthy behaviors or beliefs and replace them with positive, healthy ones. The key is to understand that although you may be unable to change a situation, you can change how you think about it.

There is even a type of cognitive-behavioral therapy designed to help you learn to handle stress, restrain your emotions and improve your relationships with other people. Dialectical behavior therapy targets problem behaviors and deals with intense, hard to control emotions. This therapy usually consists of weekly individual sessions plus psychosocial skills training offered in classes.

Interpersonal therapy focuses on your current relationships with the goal of improving your relationships with family, friends and co-workers. You learn to examine the ways in which you interact with others and to develop procedures for improving any communication or relationship problems.

If verbally expressing your feelings is difficult for you, creative art therapy can help you increase your self-awareness and give you an outlet for expression. This therapy can employ art, poetry, music, dance or drama. Play therapy is primarily used with young children, but can also be used to help an adult verbalize a traumatic event from childhood. It uses “play” activities such as dolls or toys or art to allow children to express in familiar ways what they may be unable to express in words.

Just as no single medication works for everyone with depression or bipolar disorder, no single type of therapy

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## Shedding Stigma of the ‘Psycho’ Straitjacket

**By Robert David Jaffee**

A few years ago, an acquaintance told me that he had once checked himself into a psychiatric ward. “For depression,” he said. He emphasized its limited nature by adding: “Just depression.” Then he volunteered that he does not take antipsychotic medication.

This unprompted qualifier didn’t surprise me. Battling depression is one thing, wrestling with hallucinations and delusions another. Even some people who are comfortable talking about their mental illnesses camouflage the severity of their experiences by avoiding the term “psychosis.”

Throughout our lives we hear people mocked as “psychos.” We watch Alfred Hitchcock’s movies and come away stereotyping “psychotics” as creepy loners with mommy complexes who murder those they love.

The reality is far more filigreed. I was once diagnosed as schizo-affective, and have grappled with psychotic depression. Never have I been a threat to anyone except myself

In 1997 and 1999, I had psychotic breaks that brought me close to suicide and landed me in USC’s psychiatric ward the first time and UCLA’s Neuropsychiatric Institute the second.

In February 1999, during the inchoate stages of my relapse, I sensed that I was receiving subliminal messages from the media. The Los Angeles Times featured a front-page story about a manhunt for a child molester who matched my description — 5 feet 10 and white or Latino. Even though I knew I was innocent, I also “knew” that the newspaper was tormenting me with this story and that the police sought me for this crime.

Then I turned on the TV and a gay man spoke of the difficulties of being gay as a youth. I am heterosexual, but I surmised that certain individuals had conspired to brand me as gay. I also imagined that they thought I was a serial killer — metaphors for my alienated, powerless state.

Convinced that the CIA or FBI had programmed the TV to harass me, I flipped the dial on the radio, and senators were voting to impeach President Clinton, one of the few people I believed could save me from this conspiracy. My then-girlfriend Barbara’s condominium was no escape because I was sure it was bugged. I whispered furtively and avoided mirrors because they might be see-through.

Ultimately, I fled Barbara’s home, suspecting she was an alien or CIA spy. I rambled roughly 16 harrowing miles from Glendale to Westwood, certain that I would be assassinated. I dodged through traffic in Hollywood to avoid a cluster of hoboos I thought were FBI or CIA operatives. I rushed past car washes and tire dealerships to evade the chemical sprays that I believed would destroy my memory, as per an L.A. Times story I had read the day before.

At one point on my nightmarish journey, I found myself tramping down Venice Boulevard. I was contemplating jumping in front of one of the cars that raced toward me, when I heard an ethereal noise, as if the clouds had opened and the

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fits all. But finding the type or types of therapy that work for you can give you a tremendous boost on your journey to recovery.

-via DBSA Greater Houston, Moodpoints, Fall 2004, via [www.mayoclinic.com](http://www.mayoclinic.com) September 3, 2004

Source: POLAR STAR Newsletter of the Los Angeles, MDDA, Spring, 2005

heavens were welcoming me with their sweet, mystical music.

I stamped my feet defiantly on the pavement. Like Hamlet questioning the reality of his father’s ghost, which he feared might tempt him to leap from a parapet, I perceived that the empyrean spirits, sweet as they were, might be false ones. Despite my hallucinations and

*Continued on page 4 (STIGMA)*

delusions, I knew I needed help.

It has been six years since I swirled in the psychic vortex. Since then, I have remained employed at the L.A. Weekly, where I started working after my first break. Not long after recovering from my relapse, I moved in with Barbara. She and I have been married now for four years.

According to the National Institute of Mental Health, 18.8 million adult Americans in any given year endure some form of depression, whether dysthymic (chronic, mild), major or bipolar. About 8.4 million adult Americans had a major depressive disorder in 2002, says Dr. William Narrow, director of psychopathology research with the American Psychiatric Assn. And 12% of those — nearly 1 million adults — have had or will have a psychotic episode.

I doubt many divulge this to their employers or friends. The “psycho” label’s poisonous stigma remains far too potent.

Some people with mental illnesses do become physically violent. The overwhelming majority do not. Having subdued my mental illness, I feel that my past psychosis reflects a calling. Perhaps, as Hamlet says, “there’s a divinity that shapes our ends, roughhew them how we will.”

I applaud television host Larry King for interviewing candid guests such as Mariette Hartley and Mariel Hemingway on depression. But no one over the years has talked about grappling with psychotic depression. King and others could penetrate the taboos even further by including those of us who admit to experiencing and overcoming hallucinations and delusions.

Source: *Los Angeles Times*,  
Sunday, April 10, 2005

*Don't forget*  
**Memorial Day**

*at Jo Ann's*  
*Everyone welcome...*

*12:00 noon May 30th*

*see page 9 for details*

*Directions to Jo Ann's on front page (lower left corner)*



Bloom where you're planted.



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**You may now contact us via e-mail at:**  
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**Check us out on the web!**

**Website for DBSA Riverside**

The website address for our **Riverside group** is:  
*dbsaofriv1@aol.com*. And for **DBSA of California** go  
to: *dbsaofcal@aol.com*.

**Do you have a Medic Alert Bracelet?**

Do you wear it? All the time?

In an emergency, would others know what medication you are taking and why?

Always wear your  
Medic Alert bracelet.  
It could save your life.

If you don't have one,

**ORDER ONE TODAY!**

(Available through most pharmacies)



# Drug seems to help phobias

**ANTIBIOTIC:** Used for tuberculosis, it increases learning and memory and may alleviate fears.

**BY ANAHAD O'CONNOR**  
NEW YORK TIMES NEWS SERVICE

For many psychiatric disorders, drug therapy has become the norm. But phobias —irrational fears that can paralyze and disrupt people's lives — have been largely resistant to chemical intervention, and behavioral therapies have remained the treatment of choice.

Recently, however, a tuberculosis drug with surprising effects on the brain has given psychiatrists hope that a new approach to phobias and other severe anxiety disorders may be in the offing.

The drug, D-cycloserine, an antibiotic, does nothing to soothe panic or calm nerves. Instead, it increases learning and memory, and may help people overcome their fears faster in psychotherapy, which can be costly and take years.

In November, researchers at Emory found that people who combined the drug with behavioral treatment to conquer their fear of heights improved drastically after only two sessions, instead of the usual eight. Elsewhere, researchers are studying its effects on social phobia, panic disorder and obsessive-compulsive disorder. And a group at Columbia University is exploring whether the drug may help people grappling with anorexia nervosa.

"Treating anxiety with Valium or antidepressants works on the symptoms, but doesn't really get rid of the fear except to cover it up in the moment," said Dr. Michael Davis, a psychiatrist at Emory which was involved in the study on heights, published in *The Archives of General Psychiatry*. "Psychotherapy is really the best way to treat these disorders, and this makes it better and faster."

For panic disorder, phobias and other severe anxiety disorders, psychiatrists

often rely on a specific type of treatment called exposure therapy, in which patients gradually learn to feel comfortable in situations they dread.

Studies have shown that a glutamate receptor in the amygdala, a part of the brain that governs emotion, plays a role in learning to adjust to threatening stimuli. Since D-cycloserine is known to act on these receptors, Davis, who has applied for a patent on the concept of using the drug to enhance learning during psychotherapy, decided to test whether it might accelerate the breaking of people's fearful associations, a process called extinction.

For the study, his team assembled a group of 28 people so terrified of heights that they refused to park in multilevel garages or would go out of their way to book rooms on the lower floors of hotels.

They all took part in sessions involving a virtual reality program that simulates rides in a glass elevator. Some received a dose of D-cycloserine beforehand, and others were given a placebo.

After two sessions, people who were given the medication had almost fully recovered and showed fewer symptoms of anxiety than those in the placebo group.

"The people who had the drug were also more likely to report crossing bridges and going to the tops of buildings in their daily lives," said Dr. Kerry Ressler, an assistant professor of psychiatry and behavioral sciences at Emory and an author of the study.

Early results were released in 2003. Since then, 10 other teams around the world have been testing the drug on a vast lineup of disorders treated with psychotherapy. Anorexia nervosa, a disorder with high relapse rates and few medications, is one of them. Because D-cycloserine specifically affects learning, not anxiety per se, psychiatrists suspect it may help anorexic patients unlearn their negative perceptions of food.

Source: *THE PRESS-ENTERPRISE*  
Riverside, CA, April 10, 2005

Regrets are the natural property  
of gray hairs.

Charles Dickens (1812-1870)  
Writer

## British Regulators Recommend Restricted Use of Drug

December 6, 2004

NEW YORK (AP) — British regulators recommended on Monday that physicians restrict the use of the antidepressant Effexor from drugmaker Wyeth because its use could have side effects for heart health and pose other potential risks that require more careful monitoring than other drugs in the class. Wyeth said it would challenge the decision, but its shares slipped 3 percent.

The United Kingdom's Medicines and Healthcare Products Regulatory Agency said the drug, which is marketed as Effexor in the United States, may cause irregular heart rhythms, withdrawal symptoms and have a higher rate of death from overdose than similar drugs.

The agency is recommending that only specialists should prescribe Effexor and that patients should be continually supervised. The drug should also not be prescribed to patients with heart problems, the agency said.

In a statement, Wyeth said it will challenge the agency's action and urged it to accept the company's previous recommendations for labeling, educational initiatives and new packaging to reduce the risk of suicide and overdose.

The antidepressant is the Madison, N.J.-based pharmaceutical company's best-selling drug.

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**SOURCE: Bipolar Disorder Website**

As seen in: *Mood Challenge*,  
DBSA of Peoria, Ill,  
Feb/March, 2005



## ♂Ask the Doctor♀

**Question:** When I was without my antidepressant for several days, I had withdrawal systems. Why is that?

**Greg Simon, M.D.:** Withdrawal reactions seem to be more common with the shorter-acting of the serotonin-boosting antidepressants. The typical symptoms are dizziness, ringing in the ears, or a “buzzing” sensation. The withdrawal symptoms usually go away quickly if you re-start the medication promptly.

If you are stopping a medication, it’s especially important to taper off (slowly lower the dosage over time) with your doctor’s assistance. Don’t stop taking it without talking to your doctor first.

### To avoid being without medication:

- Be sure you get your prescription refills on time. Write reminder notes, or schedule refills on a memorable day like payday or the first of the month. Find out if your pharmacy offers automatic refill or reminder services.
- If you’re concerned about not being able to pay for your medication, ask if your doctor has samples to give you. Your doctor may also be able to contact the manufacturer of the medication to see if there are any programs offering your medication at reduced prices. For more information, visit [www.HelpingPatients.org](http://www.HelpingPatients.org).
- When traveling, always pack medications in your carry-on bag.
- Keep a day’s worth of medication with you at all times, or store some at your workplace in case you forget your morning dose.
- Take them at the same time(s) every day. It may help to take them along with a meal, before bed, or when waking up.
- Use a weekly pillbox with pre-fillable daily compartments.
- Store them in a place you will notice them. If you don’t like leaving prescription bottles out, store them in

## National suicide hotline launched

December 31, 2004, WASHINGTON, D.C.—The U.S. Department of Health and Human Services’ Substance Abuse and Mental Health Services Administration (SAMHSA) has launched a new national suicide prevention hotline.

Called the National Suicide Prevention Lifeline (1-800-273-TALK), the hotline is part of the National Suicide Prevention Initiative (NSPI)—a collaborative effort led by SAMHSA that incorporates the best practices and research findings in suicide prevention and intervention with the goal of reducing the incidence of suicide nationwide. In addition to the national hotline, a new Web site has been launched at [www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org).

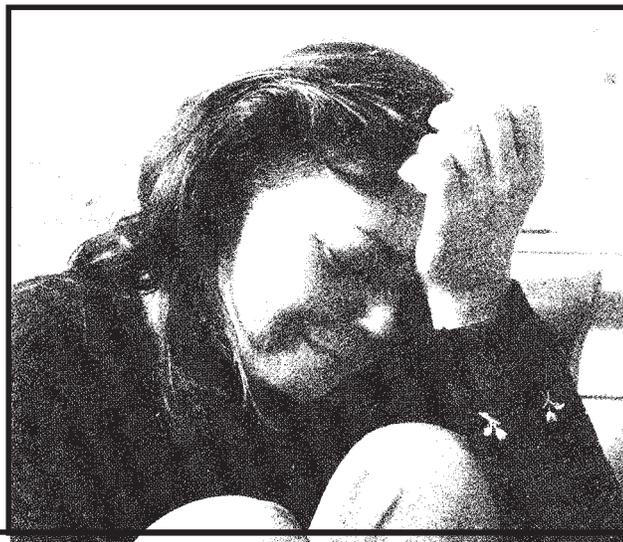
In the United States, suicide is currently the 11th leading cause of death among all age groups, accounting for approximately 30,000 deaths annually, SAMHSA said in a news release. More than 109 crisis centers in 42 states currently participate in the National

Suicide Prevention Lifeline. SAMHSA said it is committed to working with state and local organizations, such as the Mental Health Association of New York City, the National Association of State Mental Health Program Directors, and community crisis centers, to expand the availability of suicide prevention and intervention services.

The National Suicide Prevention Lifeline is funded by a three-year, \$6.6 million grant from SAMHSA’s Center for Mental Health Services, which has been awarded to the Mental Health Association of New York City and its partners—the National Association of State Mental Health Program Directors, Columbia University, and Rutgers University.

Callers to the hotline will receive suicide prevention counseling from trained staff at the closest certified crisis center in the network. A nationwide public education campaign to raise awareness about suicide and the national hotline is under development.

*Source: bp MAGAZINE Spring 2005*



another container.

- Ask a friend or family member to remind you.
- Set an alarm or timer.

*Source: OUTREACH, Newsletter of the Depression and Bipolar Support Alliance, Spring, 2005*

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# 101 REASONS TO SMILE

\* Getting a love note \* An unexpected gift \* Last day of school  
\* Getting an "A" \* Doing your best \* Being promoted  
\* Exercising \* Your stocks rising \* Sleeping late \* Finding money  
\* Scoring a touchdown \* Meeting deadlines \* Being first in line  
\* Reaching your ideal weight \* Finding a four-leaf clover \* A clear blue sky \* Baby birds chirping \* Teamwork \* Lunch break \* Encouragement \* A massage \* A wish come true  
\* Breakfast in bed \* Coming home for the holidays \* Being loved \* Volunteering \* Watching cartoons \* Change of seasons \* Dessert \* Giving a treasured gift \* A full moon  
\* Being applauded \* First winter snowfall \* Seeing a shooting star \* Spending the day with family \* A welcome dinner invitation \* Frisky kittens \* A sleeping baby \* A beautiful sunset \* Ice cream \* Learning something new \* Fond memories \* A parade \* Reaching the finish line \* Sharing a joke \* Service with a smile \* No cavities ! \* Birthday cake \* A bargain \* Seeing a good friend \* A day at the beach \* Hope \* A long weekend \* Fresh-cut flowers \* A phone call from an old friend \* Dining out \* Witnessing an act of kindness\*

Source: *Mood Challenge Newsletter of the DBSA of Peoria IL Feb/March 2005*

## A New Drug for Treating Major Depression

Sources: WebMd and Cymbalta Home Page (Lily)  
Submitted by Holly Landis

A new drug for fighting major depressive disorder was approved for adults by the FDA on August 3 of last year. Cymbalta is an SNRI, as opposed to an SSRI, since it works with the norepinephrine in addition to serotonin in the brain. Cymbalta helps restore both serotonin and norepinephrine. By addressing both, Cymbalta effectively relieves a broad range of depression symptoms.

You should not take Cymbalta if you are allergic to it, have recently taken a monoamine oxidase inhibitor (MAOI), are taking thioridazine, or have uncontrolled narrow-angle glaucoma.

Their most common side effect of Cymbalta is nausea. For most people the nausea is mild to moderate and does not prevent continuation of the medication. Additional side effects include dry mouth, constipation, decreased appetite, fatigue, sleepiness, and increased sweating. Again for most people these side effects are mild and do not cause cessation of medication.

In clinical studies, Cymbalta was found to work as early as one to four weeks after starting the medication.,

Source: *Mood Challenge Newsletter of the DBSA of Peoria IL Feb/March 2005*

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## Blood test for bipolar disorder

January 19, 2005, TORONTO, CANADA—A Canadian company says it has developed technology in which unique blood-based molecular signatures can be used to identify bipolar disorder and schizophrenia.

ChondroGene announced their examination of the blood gene expression of 74 people: 30 with schizophrenia, 16 with bipolar disorder, and 28 with neither condition. Eight gene biomarkers were identified and used to distinguish the three groups apart from each other, with an overall accuracy of 95 percent to 97 percent. The technology is known as the Sentinel Principle.

According to K. Wayne Marshall, MD, FRCS (C), PhD, president and CEO of ChondroGene, at present there are no tests that can effectively diagnose psychiatric disorders in the early stages to enable treatment in a timely way. He says, "Using current methods, it can take months or even years to make a definitive diagnosis."

Additional studies to further validate disease-specific biomarkers in larger psychiatric populations are ongoing.

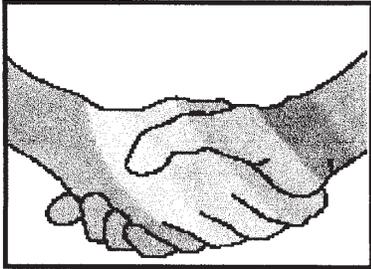
Rory Riggs, the company's chairman, says the Sentinel Principle is a powerful tool that can provide a snapshot of what is happening throughout the body from a simple blood sample.

Source: *bp MAGAZINE, Spring 2005*



# GAY MEN & WOMEN OF RIVERSIDE !!!

**A New Group "Gays In Search of Hope" Is Looking For You !!!**



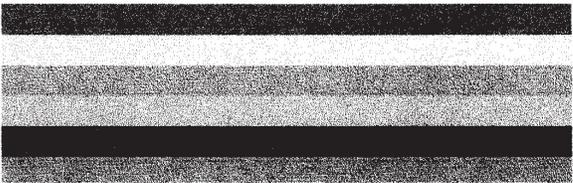
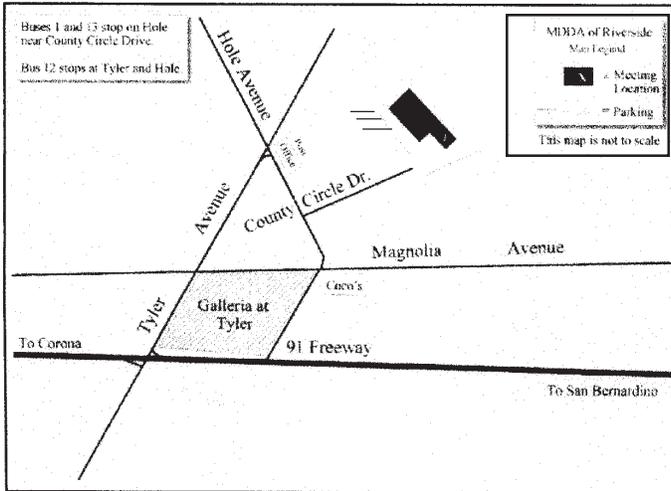
## Gays In Search of Hope

[Http://www.geocities.com/mddariv/gayhope.html](http://www.geocities.com/mddariv/gayhope.html)

**Please join us to discuss Depression and Manic Depression (Bipolar Disorder) and how they affect us as Gay Men and Women in a relaxed, non-threatening atmosphere for patients, parents and friends.**  
**No One Should Suffer in Silence!!!**

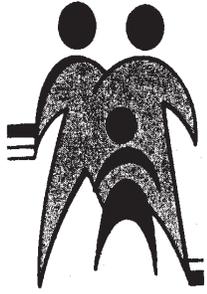
**WHERE:** County of Riverside, Mental Health Administration Building  
4095 County Circle Drive, Room A  
Riverside, CA (located off Hole, between Tyler and Magnolia). See map below for location.

**WHEN:** Every other Saturday afternoon from 1:00 pm to 2:30 pm  
**Meeting May 7 & 21 and June 4 & 18 and July 2, 16 & 30 and so on.**



### CONTACT INFORMATION:

**KEVIN / JEFFREY: (951) 787-8651**  
**E-MAIL: GDBSA@AOL.COM**



### **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  
(909) 358-4987/1-800-330-4522

#### **The Starting Point SUPPORT GROUP FOR DEPRESSIVES AND BIPOLARS**

Mesa Clinic, 850 Foothill Blvd., Rialto  
Mondays from 10:30 to 12:10  
For more info: \*82 (909) 864-4404

#### **ORIGINAL MATERIAL WANTED**

Do you have a story to tell, or a poem or art work?

We welcome submissions  
to our newsletter.



If you have something you think  
we could use, please send it to:



EDITOR

DBSA P.O. Box 51597 Riverside, CA 92517-2597  
FAX 951/780-5758

## Join us for the Holidays

Picnics or dinners  
at noon at Jo Ann's

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,  
Thanksgiving, and Christmas.  
See lower front column of this  
newsletter for directions.

## Alliance Library

DeAnza Professional bldg  
225 N. San Jacinto Ave., Ste. 8  
Hemet, CA 92543

### **NEW BORROWERS MUST REGISTER FIRST**

The public is invited to check out books,  
videos, audio tapes and materials on  
emotional disorders, their causes and  
treatments. Education and knowledge  
are powerful tools to develop  
understanding and compassion.

For further information or registration,  
please call Sue McElree  
at 951/652-2811, Ext. 5762

**OPEN WEDNESDAYS ONLY,  
2:30-4:30 P.M.**



## Phone Friends

If you need someone to talk with, you may call one of the following members at the specified time.

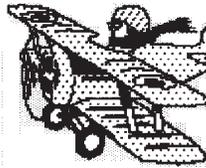
**Leroy**  
6 a.m. to 9 p.m.  
951/686-5047

**Yen**  
951/682-9519  
**Yen (cell)**  
951/315-7315

**Kevin**  
kevin2004n@aol.com

### Attention Newsletter Subscribers!!!

Those who have not renewed subscriptions to the Thermometer Times or renewed membership to DBSA- Riverside have been dropped from our mailing list. You will need to re-apply to receive our newsletter if your name was dropped. Exempt status (newsletter) persons must notify us of a desire to continue receiving the newsletter. Thank you.



## ANNOUNCEMENTS

### **THE UPLIFTERS**

(Christian emphasis) meets at  
The Grove Community Church  
Contact Arlie 951/780-0379

### **UPLAND DMDA FONTANA DMDA**

Meet Thursday evenings  
Call David or Samantha Johns  
909/947-1307 OR  
e-Mail dmjbf@aol.com

### **HEMET SUPPORT GROUP**

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

### **TEMECULA DMDA**

Mark Monroe  
951/926-8393

### **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  
No meeting July or August

## *Calling all interested consumers!*

*NAMI—In Our Own Voice: Living With Mental  
Illness*

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 the cornerstone 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:*

*Allison Hoover, IOOV Coordinator  
951/ 686-5484*

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

**DBSA-Riverside**

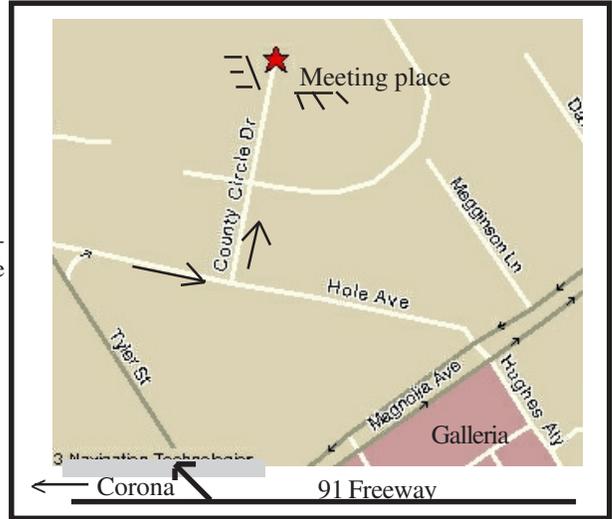
Map Legend

★ 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 Rap Group 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 Rap Group Meetings are every Saturday of every 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.