



The Thermometer Times

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

VOL. 20 NO. 2 Out of darkness . . . February, 2008

Dates to Remember

***** CARE & SHARE GROUP

Clients and their guests are invited to come and participate. Professional care providers are always welcome.
Riverside County Mental Health Administration Building
(see page 13 for address & map)

**Saturday 10:00 am - 12 noon
February 2, 9, 16 & 23**

TO FIND US ONLINE

Web Site: [DBSA, Riverside:](http://californiadbsa.org/dbsariv.html)
<http://californiadbsa.org/dbsariv.html>
E-mail: [DBSA, Riverside:](mailto:dbsaofriv1@aol.com)
dbsaofriv1@aol.com
[DBSA, California:](mailto:dbsaofca1@aol.com) dbsaofca1@aol.com



Meetings start promptly at 10 am. Do yourself a good turn: Be on time to visit with friends before the meeting starts. If you come late,

please enter quietly. Announcements will be made at the close of the meeting.

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.



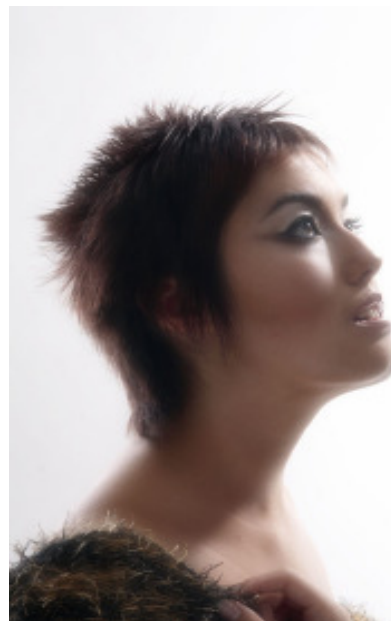
16280 Whispering Spur
Riverside, CA 92504
951 / 780-3366

2nd
driveway
on the right

Get over your fears by facing them

Ducking what scares you only aggravates your anxiety

By Maureen Farrell
Forbes
Oct. 26, 2007



Do you sweat at the thought of flying, giving a speech or even going to a party?

Join the club: Anxiety disorders — including specific phobias, obsessive-compulsive disorder and post-traumatic stress disorders — afflict 40 million Americans aged 18 and older (18% of that group), according to the 2005 National Co-Morbidity study, a mental health survey.

While fear is a natural (and practical) response to danger, phobias are exaggerated responses to situations that, in the cold light of day, aren't really all that dangerous. And yet they remain terribly difficult to overcome.

A big reason has to do with the way most people respond to fear — by avoiding it. Whether it's closed spaces or packed audiences, the more you duck those tough spots, the more you'll fear them.

"Catastrophic thoughts lead to fear, which leads to avoidance, which leads to more catastrophic thoughts," says Dr. Dennis Greenberger, psychologist and professor of clinical psychology at the University of California at Irvine. "It's a vicious cycle that exacerbates the fear over time."

One weapon is Cognitive Behavioral Therapy (CBT), a form of psychotherapy that involves changing behaviors and thoughts to overcome depression, self-loathing and fear. CBT proponents believe that bad feelings begin with bad thoughts; meet those head on, they say, and almost any fear can be tamed.

CBT has been around for decades but has become more popular among therapists in recent years. Unlike more traditional Freudian therapy, which is based on the notion that fear bubbles up from repressed childhood memories, CBT

Continued on page 3 (New Book)

a note from the Editor

We invite you to submit material for review and possible publication in the newsletter. Your articles allow us to get to know one another in greater depth and to learn of the many talents, interests and assets of our members.

Articles, poetry and/or drawings can be on anything pertaining to experiences you have to share regarding depression and/or Bipolar Disorder; what it is to live and cope with the disorder; how you learned of it, what helps, what doesn't. You may write on any other mental health issue or problem that you are passionate about. You can tell us about yourself and how you spend your time and what's important to you. You may want to write a report on a mental health event you attended or a mental health book you have read. We would appreciate that, too.

Drawings should be black and white, line or half-tone.

Your work may be submitted to JoAnn, 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

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

Get your creative juices flowing and share your knowledge and experience with your DBSA friends through *The Thermometer Times*.

Thank you. Lynne Stewart

MOVIE NIGHT AT JO ANNS*

2nd and 4th Tuesday
of February

6:30 PM

Tuesday, February 12

“Living With Bipolar Disorder” From no sleep, risky behavior, incredible highs to suicidal lows. Learn how you can live with bipolar Disorder.

Tuesday, February 26

“Teen Depression” You will actually meet Jake and Maureen, both teenagers who become severely depressed to the point of suicide. Fewer than one in five teenagers get treatment because depression is hard to recognize in them.

Enjoy pizza and an additional movie of your choice!

*Directions to Jo Ann's home on page 1, bottom of column 1 of this Newsletter.

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Riverside Suicide Crisis Help Line

Call (951) 686-HELP [686-4357] if you need to talk to someone. It is available 24 hours - 7 days a week.

National Suicide Prevention Hotline

Call 1-800-273-TALK (8255) if you need to talk to someone in any of 109 crisis centers in 42 states. The National Suicide Prevention Lifeline has just been launched by SAMHSA (Substance Abuse and Mental Health Services Administration) as part of the National Suicide Prevention Initiative (NSPI). In addition, a new Web-site has been established at

www.suicidepreventionlifeline.org

NEW BOOK (*Cont'd from pg. 1*)

focuses on treating fears in the here and now by rewiring our perceptions of them.

One nice thing about CBT: no pills. Anti-anxiety drugs, most invented by Roche and mainly sold only on prescription, include various forms of benzodiazepines such as clonazepam, diazepam and lorazepam, as well as newer formulas like BuSpar and Xanax.

The trouble with taking pills is that, while they may alleviate anxiety for a short time, they don't really address the fear long term; worst case, they lead to dependency. The other problem, says Greenberger: Anti-anxiety medicines can limit the effectiveness of exposure-therapy (such as CBT) by altering the "phobic conditions."

Results from CBT can be speedy. Dr. Barbara Rothbaum, a psychologist at Emory University School of Medicine, says most phobias—even extreme ones—can be cured within several weeks or months. (As part of her treatment program, Rothbaum also uses virtual-reality computer technology to simulate real-life stressful scenarios.)

While you could shell out big bucks for a therapist to help you beat your fears, you can also give yourself a crash course in CBT.

The first step: drill down. You can't wrestle with fear if you don't understand what you are afraid of. Start asking some fundamental questions: What's the worst that can happen? What is the hard evidence that disaster will strike? How great will life look if I conquer this fear? This may sound easy, but when you're wracked with fear, even simple logic can be elusive.

Next: Line up your fears in order of acuteness. If you're claustrophobic, for example, perhaps taking a large and fast elevator is mildly frightening but sitting in a small room with no windows for 10 minutes is terrifying. List about 20 different situations and rank them from mildly annoying to downright debilitating.

Now comes the really scary part: putting yourself in all of those situations, starting with the easiest ones first and building up. Breathing exercises help, too.

Many therapists assign patients reading and often a workbook for charting their progress. For suggestions, check out the Anxiety Disorders of America Web site at www.adaa.org.

If you can, try tackling the items on your list for 10 to 30 minutes each day. Do that, says Greenberger, and you should see improvement within the month. If not, call in a pro.

Science notwithstanding, the CBT clan has one thing right: There's no need to make life scarier than it already is.

*Source: Forbes.com
2007*

URL: <http://www.msnbc.msn.com/id/21493594/>

High Rates of Post-Traumatic Stress in Iraq War Veterans

Estimates of post-traumatic stress disorder among Iraqi war veterans is among the highest of any war with an expected range of 12 to 20 percent of those returning experiencing PTSD.

The staff psychiatrist in the PTSD outpatient clinic of the VA Puget Sound Health System, Ean Kanter, said that there are estimates of a minimum of 300,000 psychiatric casualties from service in Iraq with an estimated lifetime treatment cost of \$160 billion to the VA system. (As a point of comparison the actual cost of the war through September was about \$500 billion.)

"A study of the first 100,000 veterans (from Iraq and Afghanistan) seen in VA facilities showed that 25 percent of them received mental health diagnoses. Of these, 56 percent had two or more mental health diagnoses," Dr. Kanter said. "The most common were PTSD, substance abuse and depression. The younger th veterans are, the more likely they are to have mental health conditions."

Evaluation immediately on return from deployment suggested that 5 percent of the active duty and 6 percent of the reserve personnel had a significant mental health problem. However when assessed 3 to 6 months later, 27 percent of active duty and 42 percent of reserve personnel received that evaluation.

Dr. Kanter said there are two reasons for that difference. "At the time of return, people want to get home and get to their families. They perceive if they answer 'yes' to the question, it is going to take time (and delay their return home). So, there is tremendous under-reporting. The other is that PTSD and other mental health conditions have an insidious and delayed onset."

The official 17 symptoms of PTSD are grouped in three broad groups:

Re-Experiencing: intrusive memories, nightmare, flashbacks, triggered distress.

Avoidance: isolation, withdrawal, emotional numbing, detachment, memory gaps.

Hyperarousal: insomnia, irritability, anger outbursts, poor concentration, hypervigilance, exaggerated startle.

And, of course, there are a number of things associated with those symptoms: suicidal ideation, substance abuse. who to trust, over-controlling, difficulty with close relationships, divorce, domestic violence and child abuse.

Studies of veterans and suicide going back to World War I also have shown that combat veterans are twice as likely to die of suicide as the general public. And, within the current Army, the rate of suicide is the highest that it has been in the 26 years since records have been kept.

*Source: Medscape Medical News
As seen in: ASAMhs ADVANTAGE
January/February 2008*

Just a Thought...

He who loses money, loses much;
He who loses a friend, loses more;
He who loses faith, loses all.

Author Unknown

Just a Thought...

Great minds discuss ideas;
Average minds discuss events;
Small minds discuss people.

Author Unknown

August 3, 1990

Our answering machine has joined the basement graveyard of machines that in very short periods of time have become indifferent to our messages. Brian searches the newspaper ads for the good buys. I announce that I do not want to replace it, that I could do without the burden of receiving and answering people's calls. Without a moment's hesitation, Brian and Keara override my veto. Brian buys it, installs it, and tries to explain the basic functions to me. I pretend to listen but comprehend and retain nothing.

He leaves very early this morning for work. There is a note on the dining room table telling me to leave a message for him using the Memo button on the new machine, so that he can call in and see how I'm doing.

I feel like shit, get dressed, and force down half a piece of toast. With my briefcase and keys in hand, I remember his request. I press the button and leave a message in a pathetic voice, "Hi. I feel really awful. I didn't sleep, so what else is new? I am so depressed. I don't know how I'm going to get through the day. I hate my life."

Two hours later, Brian leaves me a message on my office phone saying, "You have made a huge mistake. Call home." I dial my number, wait for the four rings before the machine kicks in, and prepare to hear Brian's voice announcing, "You have reached the Manning-Debenbrock residence. . . . In-stead, my own half-dead voice comes on the machine. "Hi. I feel really awful. I didn't sleep, so what else is new? . . . I hate my life.' I press the remote. There are six messages, all hangups. I furiously dial Brian's number at work.

"Oh my God, what happened?"

"You must have hit the New Message button rather than the Memo button?"

"Well, can't you change it?", I implore.

"I haven't learned how to change this one by remote yet and the manual is at home. Why don't you just run home and change it?"

"I'm booked solid for the next five hours. Jesus, I wonder who's called, who's going to call?"

I spend the afternoon sitting and trying to listen to patients while wondering who is calling my house and hearing my pitiful message. So much for trying to keep my pain to myself.

I might as well take out an ad in the *Washington Post*.

An excerpt from UNDERCURRENTS, A Life Beneath the Surface by Martha Manning, Ph.D, a clinical psychologist and former professor of psychology at George Mason University.

Dr. Manning describes her own experiences with depression. She was our keynote speaker at one of our state conferences. She is a dynamic speaker and has shared her story with people nation-wide. Her book is available in our library.

Understanding Your Moods: Mood Charting

Mood charting is the most powerful way to improve the quality of the treatment you receive. But it is also something that is surprisingly hard for some people to do.

Some people may already be monitoring their mood and may not be aware of it. They know exactly when their mood changes and can predict what will happen. Others are not as in tune with their mood and changes in mood. Mood monitoring is a learning process which can help you understand your moods better. The goal of mood charting is to understand how your mood changes, when it changes and if there is anything happening before it changes.

Most people have difficulty identifying what they are like when they are okay or experiencing a stable mood. "Is there an okay me?" This can be a hard question to answer especially if mood swings are a major part of your life. There are a few ways of determining what you are like when you are okay. First think about your hobbies, interests, likes and dislikes. Make a list of those things and then describe your personality. This is you when you are stable. You could also ask your family and friends for help.

The goal of identifying the stable aspects of your mood will help you understand if the mood you are experiencing is in the normal range or not. Joyful events tend to put us in a more buoyant mood and sad experiences make us sad. So the next step to recognizing mood patterns is to understand how your mood progresses from an early to middle to a later stage. Some people feel they don't have early stages. They believe they just get depressed or energized so it is not easy to identify the milder forms of mood. One way of recognizing these phases is to look at your mood at an early, middle, and late stage.

For example, if you have identified not wanting to see anyone when you are feeling very down, then just before that

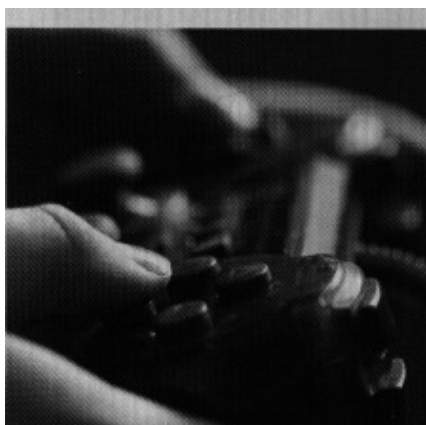
continued on page 6 (Moods)

NAMI targets video game

November 1, 2007, ARLINGTON, VA—The U.S. National Alliance on Mental Illness (NAMI) is asking the maker of the video game Manhunt 2 to recall or modify the game, saying it perpetuates and reinforces the “cruel, inaccurate perceptions” that people with mental illnesses are violent, NAMI executive director Michael Fitzpatrick said.

The game enables players to assume the role of a patient fighting to escape from an asylum for the criminally insane, and to use a variety of “sickening” techniques to torture and kill security officers and others, Fitzpatrick said.

Source: bp Winteer 2008



CMS ISSUES PROPOSED RULE TO EMPOWER MEDICAID BENEFICIARIES TO DIRECT PERSONAL ASSISTANCE SERVICES

A proposed rule that would allow more Medicaid beneficiaries to be in charge of their own personal assistance services, including personal care services, instead of having those services delivered by an agency, was announced today by the Centers for Medicare & Medicaid Services (CMS).

Through the rule on display today at the Federal Register, CMS requests public comment on how states could allow Medicaid beneficiaries who need help with the activities of daily living; to hire, direct, train or fire their own personal care workers rather than working with personnel employed by an agency. Beneficiaries could even hire qualified family members who may already be familiar with the individual's needs to perform personal assistance (not medical) services.

The NPRM will be published in the Federal Register on Friday, January 18, 2008. Comments will be accepted through the close of business on Tuesday, February 19, 2008.

To view the entire Press Release:

http://www.cms.hhs.gov/apps/media/press_releases.asp

Direct Link to Regulation:

<http://www.cms.hhs.gov/MedicaidGenInfo/Downloads/CMS2229P.PDF>

YOUR PAST

I am your past
I am in you:
In your blood,
In your bones,
In your brain,
In your feelings,
In your thoughts.

See me
Know me
Embrace me
Let me be there
Because I *am* there.
You say I must live in the present
That the past is the past
Can't be resolved
Must move on
Must be in the present
Don't get bogged down with the pain
Of the past.

I am in you:
In your blood,
In your bones,
In your brain,
In your feelings,
In your thoughts.

Step up to me
And take my hand.
Just my hand
Just a start
Yes, sad, mad,...
It's a start
Just a hand

In time, you can embrace me
Know me
Accept me
Walk with me

I am in you:
In your blood,
In your bones,
In your brain,
In your feelings,
In your thoughts,

Susie Phillips

MOODS (continued from page 4)

you may have noticed that you tend not to answer the phone. At an earlier stage, you may have noticed you start screening your calls on the answering machine.

Similarly, when you are more energized, you may have noticed that in a later stage, you tend not to sleep for 3 straight days. Before that, maybe you were going to bed a few hours later and getting up earlier and before that, maybe you were just having trouble going to sleep.

When you understand the stages and progressions, you can begin to chart your moods accurately. Personal calendars are available through DBSA (National). The calendars allow you to track your moods, medications, sleep patterns, and life events. The calendars are available in PDF form at www.dbsalliance.org. Search for "Wellness Toolbox" and you will find the personal calendar as well as many other resources to help manage your illness.

*Source: DBSA Tampa Bay
Newsletter, Dec.2007, Jan./Feb,2008*

Diagnosing and Treating Children: How soon? How Much?

*By Leonard Rosen, M.D., Medical Director — Oakland
County Community Mental Health Authority*

It would have been impossible twenty or thirty years ago to diagnose a child of seven or eight with a major mental health disorder. The information available to clinicians today makes it possible to recognize brain disorders in very young children and offer some very effective methods of treatment.

But there is often a wide gap between the mental health professional's point of view and that of the parent or guardian of the child. Of course, the goal of both is to improve the quality of life for the young person but what science knows may not always integrate very well with the family's perspective.

Having been in practice for many years as a psychiatrist, I am always strongly in favor of saving both a child and family the consequences that the formative years of dysfunction can reap when behavioral disorders go untreated. Medications, psychotherapy and special supports can be invaluable in assisting a young person with a mental disability to develop the cognitive, emotional and social skills they will need for the rest of their life.

Often, parents tend to be quite conservative in their assessment of their child's behavioral limitations. They are legitimately concerned that their son or daughter will be saddled with a diagnostic label which they suppose will lead to a life-long stigma barrier. Unless they are in a crisis situation, the

tendency is to "wait and see," to be hesitant rather than proactive. It is human nature for parents to rationalize away behaviors that are precursors to brain disorders. No one wants to believe his/her child has a pre-existing limitation. High strung? Yes. Super sensitive? Hard to handle? Growing pains! Defiant? Willful? Yes. Mentally ill????????? No. That is understandable.

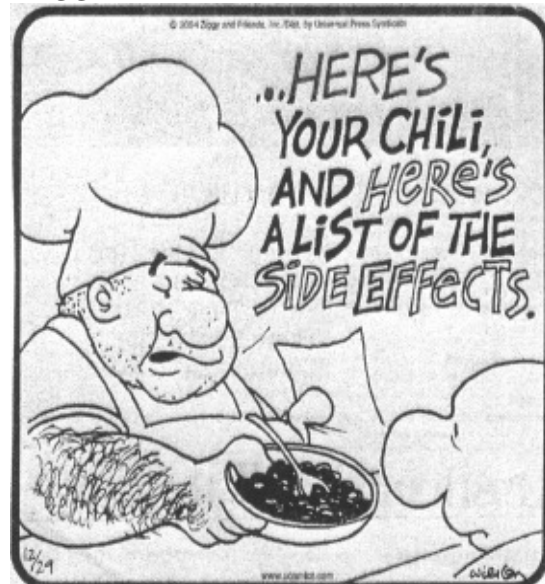
Mental health professionals believe it is critical to intervene early for the best results. We know that mental illness in children is real, common, and treatable. But it takes a psychiatrist, not a pediatrician or a school social worker to correctly evaluate the early symptoms. Serious disorders of the developing brain most commonly present in very non-specific ways. Boredom, fearfulness, anxiety, sadness... all are emotions and behaviors that can appear normal in certain situations or in moderation. Babies are born crying, after all! Temper tantrums, one of the early signs of a brain abnormality must be taken into the context of duration, frequency and scope of behavior. It takes time and close monitoring to separate normal from abnormal behavior. Best practice requires that we are careful not to overdiagnose or overtreat.

Fortunately, there have been some widespread information that give parents and physicians the opportunity to evaluate, diagnose and treat early, when necessary. The diagnosis and treatment of autism, for example, has led to partnership relationships and the wrap-around cooperation of treatment teams involving psychiatrist, pediatrician, school social worker, support groups, parents and family members. This early intervention can involve medication, family counseling, psychotherapy and special education. In this new century, medical science has opened the door to afford increased quality of life to children with behavioral disorders and their families. We encourage them to walk through it for a brighter future.

Source: DBSA Metropolitan Detroit, Feb., 2008

ZIGGY

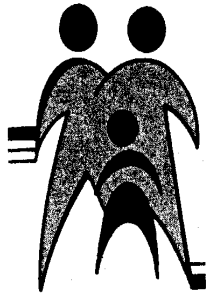
By Tom Wilson







POLICE CUT RISK *(Cont'd from pg. 9)*



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 or 800 / 330-4522

Join friends of DBSA-Riverside

*At Jo Ann Martin's**

for the

Holidays

Picnics or dinners
at noon

~

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.

~

*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



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

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)

