



The Thermometer Times

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

VOL. 27 NO. 3 Out of Darkness . . . March 2014

Dates to Remember

Weekly Support Group Meetings
No Cost

Saturday 10:00 am - 12 noon
March 1, 8, 15, 22 & 29

Bring someone and come early for a snack. Bring a notepad and an attitude for pro-wellness, supportiveness, and open to shared ideas for coping.

See Page 9 for location & map



Web Site for DBSA, Riverside:

<http://DBSAtoday.com>

E-mail for DBSA, Riverside:

DBSAtoday@yahoo.com

E-mail for DBSA, California:

DBSAtoday@yahoo.com

Please include your phone #

Directions to

Jo Ann Martin's Home

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

2nd driveway on the right



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

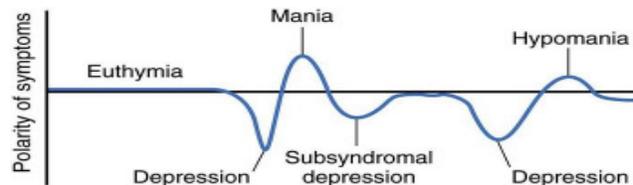
Demystifying Bipolar Disorder

About Bipolar Disorder

What is Bipolar Disorder?

Bipolar disorder (also known as manic depression) is a treatable illness marked by extreme changes in mood, thought, energy and behavior. It is not a character flaw or a sign of personal weakness.

Bipolar disorder differs significantly from clinical depression, although the symptoms for the depressive phase of the illness are similar. Most people who have bipolar disorder talk about experiencing “highs” and “lows”—periods of mania and depression. These swings can be severe, ranging



from extreme energy to deep despair. These changes in mood, or mood swings, can last for hours, days, weeks, or months. The severity of the mood swings and the way they disrupt normal life activities distinguish bipolar mood episodes from ordinary mood changes.

When people experience symptoms of both a manic and a depressive episode at the same time, they're said to be experiencing a mixed state (or mixed mania). They have all of the negative feelings that come with depression, but they also feel agitated, restless and activated, or “wired.” Those who have had a mixed state often describe it as the very worst part of bipolar disorder.

Types of Bipolar Disorder

There are several kinds of bipolar disorder. Each kind is defined by the length, frequency, and pattern of episodes of mania and depression.

Bipolar I disorder is characterized by one or more manic episodes or mixed episodes (symptoms of both a mania and a depression occurring nearly every day for at least one week) and one or more major depressive episodes. Bipolar I disorder is the most severe form of the illness marked by extreme manic episodes.

While bipolar I disorder is characterized by one or more manic episodes or mixed episodes and one or more major depressive episodes; **bipolar II** disorder is diagnosed after one or more major depressive episodes and at least one episode of hypomania with possible periods of level mood between episodes.

The highs in bipolar II, called hypomanias, are not as high as those in bipolar I (manias). Bipolar II disorder is sometimes misdiagnosed as major depression if hypomanic episodes go unrecognized or unreported.

Bipolar disorder that does not follow a particular pattern (for example, reoccurring hypomanic episodes without depressive symptoms, or very rapid swings

Continued on page 2 (Demystifying BP Disorder)

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

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Please feel free to reprint any of our articles. However, please acknowledge our publication, date, and author or source. It will please the authors and recognize their efforts.

Demystifying BP Disorder(*cont'd from page 1*)

between some symptoms of mania and symptoms of depression) is called bipolar disorder **Not Otherwise Specified (NOS)**.

Cyclothymia is a milder form of bipolar disorder characterized by several hypomanic episodes and less severe episodes of depression that alternate for at least two years. The severity of this illness may change over time.

Bipolar disorder with **rapid cycling** is diagnosed when a person experiences four or more manic, hypomanic, or depressive episodes in any 12-month period. Rapid cycling can occur with any type of bipolar disorder, and may be a temporary condition for some people.

Causes of Bipolar Disorder

The exact causes of bipolar disorder are unknown, however the following appear to be contributors or influencers

- **Biological differences.** People with bipolar disorder appear to have physical changes in their brains. The significance of these changes is still uncertain but may eventually help pinpoint causes.

- **Neurotransmitters.** An imbalance in naturally occurring brain chemicals called neurotransmitters seems to play a significant role in bipolar disorder and other mood disorders.

- **Hormones.** Imbalanced hormones maybe involved in causing or triggering bipolar disorder.



- **Genetics and Inherited traits.** Bipolar disorder is more common in people who have a blood relative (such as a sibling or parent) with the condition. Researchers are trying to find genes that may be involved in causing bipolar disorder.
- **Environment.** Stress, abuse, significant loss, or other traumatic experiences may play a role in bipolar disorder.

Treatments for Bipolar Disorder

How is Bipolar Disorder Treated?

DBSA recognizes that there are many paths to wellness and promotes numerous treatment components that are beneficial

for an individual's achievement of recovery. A successful approach to mental health is balanced and starts best with a knowledgeable, empowered individual.

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Demystifying BP Disorder (cont'd from page 2)

A good treatment plan often includes:

- medication or treatments to stabilize mood
- talk therapy to help with coping skills
- support from a peer-run group like DBSA to learn from and gain strength from others that share similar experiences
- and a personal wellness plan that helps you to better direct your treatment priorities and live better day to day.

Medications

Some individuals find that they do not need medications, while others find them very helpful. There are many safe, effective medications that may be prescribed to relieve symptoms of depression or bipolar disorder. You and your doctor will work together to find the right medication or combination of medications for you. This process may take some time, so don't lose hope.

- **Mood stabilizers:** These medications help balance your highs and lows. Some mood stabilizer medications are called anticonvulsants, because they are also used to treat epilepsy.

- **Antidepressants:** These medications help lift the symptoms of depression. There are several different classes (types) of antidepressants.

- **Antipsychotics:** These medications are primarily used to treat symptoms of mania. Even if you are not hallucinating or having delusions, these medications can help slow racing thoughts to a manageable speed.

No two people will respond the same way to a medication, and many people need to try several before they find the best ones. Different treatments may be needed at different times in a person's life,

Keep your own records of treatment—how you feel each day, what medications and dosages you take and how they affect you to help your doctor develop a treatment plan with you. The printed DBSA Personal Calendar or online DBSA Wellness Tracker can be very helpful with this.

Your doctor may start your treatment with a medication approved to treat mood disorders. He or she might also add



o t h e r medications which have been approved by the Food and Drug Administration (FDA) as safe and effective treatments for other illnesses of the brain, but have not yet been

specifically approved to treat depression or bipolar disorder. This is called "off-label" use, and can be helpful for people whose symptoms don't respond to traditional treatments.

Continued on page 4 (Demystifying BP Disorder)

Symptoms of Mania: The "Highs"

- Heightened mood, exaggerated optimism and self-confidence
- Excessive irritability, aggressive behavior
- Decreased need for sleep without experiencing fatigue
- Grandiose thoughts, inflated sense of self-importance
- Racing speech, racing thoughts, flight of ideas
- Impulsiveness, poor judgment, easily distracted
- Reckless behavior
- In the most severe cases, delusions and hallucinations

Symptoms of Depression: The "Lows"

- Prolonged sadness or unexplained crying spells
- Significant changes in appetite and sleep patterns
- Irritability, anger, worry, agitation, anxiety
- Pessimism, indifference
- Loss of energy, persistent lethargy
- Feelings of guilt, worthlessness
- Inability to concentrate, indecisiveness
- Inability to take pleasure in former interests, social withdrawal
- Unexplained aches and pains
- Recurring thoughts of death or suicide

Risk Factors for Bipolar Disorder

The incidence of bipolar disorder is greater for individuals with the following risk factors:

- Blood relatives such as a parent or sibling with bipolar disorder
- Periods of high stress
- Drug or alcohol abuse
- Major life changes, such as the death of a loved one
- Being in your early 20s

Demystifying BP Disorder (cont'd. from page 3)

Be sure to discuss potential side-effects of any medication with your doctor and/or peers prior to taking the medication and be sure to tell your doctor about any side-effects that become problematic.

Psychotherapy

Psychotherapy (also known as talk therapy) can be an important part of treatment for depression or bipolar disorder (manic depression). A good therapist can help you cope with feelings and symptoms and change behavior patterns that may contribute to your illness.

Talk therapy can help you:

- Define and teach wellness goals
- Overcome fears or insecurities
- Cope with stress
- Make sense of past traumatic experiences
- Identify triggers that may worsen your symptoms
- Improve relationships with family and friends
- Develop a plan for coping with crises
- Understand why things bother you and what you can do about them

do about them

- End destructive habits such as drinking, using drugs, overspending or unhealthy sex.

Support Groups

DBSA offers more than 700 support groups that meet regularly to offer support and education. These groups offer a safe place where people can get together and openly share their concerns and talk about their feelings. Together, these groups are visited by over 50,000 people every year.

Wellness Plans

Creating a plan puts you in control of your wellness and gives you a clear picture of what you're working for every day. It also prepares you, and those who support you, to handle the more difficult moments that the illness might bring.

Some key elements of a wellness plan include:

- Defining what wellness looks/feels like for **you**
- Setting **goals** for living well
- Outlining daily **tasks** to maintain health and wellness
- Identifying **warning signs**
- Developing a **crisis plan**
- Creating **strategies** for dealing with setbacks

Source: *Depression and Bipolar Support Alliance*
(800) 286-3632

www.DBSAAlliance.org



Other Biological Treatments

There are several technological treatments currently in use or under investigation that are thought to help restore the balance of neurotransmitters in the brain and reduce symptoms of depression or bipolar disorder.

Electroconvulsive therapy (ECT)

In the 1930s, researchers discovered that applying a small amount of electrical current to the brain caused small mild seizures that changed brain chemistry. Over the years, much has been done to make this form of treatment milder and easier for people to tolerate. ECT can be effective in treating severe depression. However, there can be side effects such as confusion and memory loss. The procedure must be performed in a hospital with general anesthesia.

Transcranial Magnetic Stimulation (TMS)

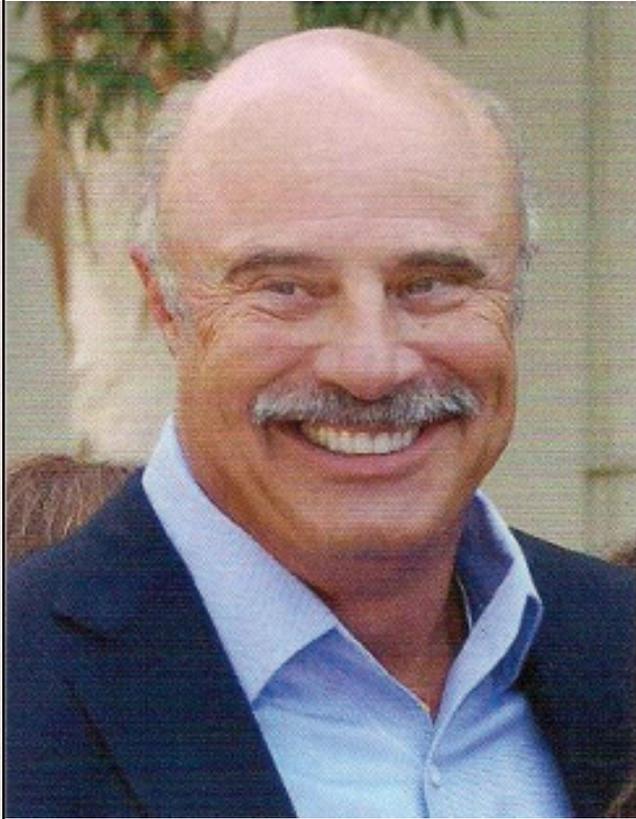
In TMS therapy, a small hand-held device with a special electromagnet is placed against the scalp and delivers short magnetic pulses that affect the brain. This is believed to help correct the chemical imbalance that causes depression. TMS therapy does not require surgery, hospitalization, or anesthesia. The side effects associated with TMS, such as a mild headache or lightheadedness, are relatively infrequent and usually go away soon after the treatment session. The FDA has not yet approved TMS for treatment of depression. Clinical trials are ongoing.

Vagus Nerve Stimulation (VNS)

VNS involves implanting a small battery-powered device, similar to a pacemaker, under the skin on the left side of the chest. The device is programmed to deliver a mild electrical stimulation to the brain, which may work to correct the chemical imbalance. Studies have shown that VNS can benefit individuals who have not found relief with other treatments. The most common side effects of VNS are hoarseness, sore throat and shortness of breath. The FDA has approved VNS as a therapy for preventing epileptic seizures, but VNS is not yet approved for the treatment of depression. Clinical trials are ongoing.

Magnetic Stimulation Therapy (MST)

MST uses powerful magnetic fields to induce a small, mild seizure, similar to one produced through ECT. Clinical trials have recently begun. Researchers believe MST will be able to treat specific areas of the brain. It is hoped that this treatment will not affect memory or concentration. If these treatments interest you, discuss them with your doctor. Work with your doctor in a collaborative partnership to find the treatments that work best for you.



Dr. Phil's On-air Comments Provoke Outcry from Mental Health Groups

August 5, 2015, ALEXANDRIA, VA— Two American advocacy groups joined in calling for the host of the syndicated talk show *Dr. Phil* to issue a retraction for comments he made about mental illness.

Responding to a young woman who was worried that obsessing about her ex-boyfriend meant she was insane, psychologist Phil McGraw, Ph.D., said her behavior did not make her a crazy psycho.” He also said people who are insane “suck on rocks and bark at the moon.”

Wayne Lindstrom, outgoing president and CEO of Mental Health America, said “those types of comments diminish the contributions of millions of Americans” and perpetuate stigma that discourages individuals from seeking treatment.

Michael J. Fitzpatrick, executive director of the National Alliance on Mental Illness, said his organization was “surprised and disappointed “ at both Dr. Phil and Brian Williams of the *NBC Nightly News*. Fitzpatrick said Williams equated psychiatric disorders with violence when he called Cleveland kidnapper Ariel Castro “arguably the face of mental illness.”

Source: *bp magazine*
fall 2013

The Answer is to Question

In the support groups I facilitate, “questionable” statements are often made. Asking appropriate questions helps elaborate upon what was said. The process can be educational, empowering, and enlightening. Here’s a typical scenario:

Attendee: *I’ve been feeling suicidal lately.*

Facilitator: *I want to better understand what you’re saying. Are you thinking about taking your life?*

Attendee: *Oh, no. I’ve just been feeling more down recently. [The original statement is clarified.]*

Facilitator: *Can you give us an idea what’s been going on?*

Attendee: *Well, I’ve been tired and apathetic, and I’ve been isolating myself more of late. [A specific issue is now identified.]*

Facilitator: *Well, those are known characteristics of depression. Would it help if we talked about ways to cope with the depressive phase of bipolar, including when to contact your doctor or therapist?*

Attendee: *Sure, that would definitely help. [The focus moves from stating a problem to seeking a solution.]*

Facilitator: *Ok, let’s see what others might have to share.*

In dealing with bipolar disorder for more than 25 years, I have found that questioning what I think, say, and do is critical.

Posing questions can really pay off when it comes to:

- Your thinking: Is it rational or irrational?
- Your attitude: Is it positive or negative?
- Your behavior: Is it appropriate or inappropriate?
- Your environment: Is it constructive or destructive?
- Your decisions: Are they reasoned or reckless?
- Your recovery: Is it on track or off course?

Asking such questions, rather than acting impulsively, can make a life-changing difference; for example, in whether or not you keep a job, maintain a friendship, or stay out of jail.

Here are some pivotal questions for folks living with bipolar to ask themselves:

- Have I fully accepted my diagnosis, or am I still pretending that nothing is wrong?
- Do I really want to get better, or have I resigned myself to being disabled?
- Am I championing my own recovery, or have I abdicated responsibility for that to others?
- Am I seeking out and surrounding myself with necessary support and wellness resources, or have I given up thinking that there is anything I can do to improve my situation?
- Do I define myself by my illness, or do I see it as something I can manage while I live my life?

The questioning process works well for family and friends, too:

- Am I focusing on my loved one and his/ her ability to get better, or on an illness and a future of doom and gloom?
- Am I offering the kind of support that really helps, or am I actually “enabling” [to use a pop psychology term] my

Continued on page 6 (The Answer is to Question)

The Answer is to Question (cont'd from page 5)

loved one's situation?

- Am I taking care of myself, or am I at risk of becoming ill, too?
- Am I taking time to get educated about bipolar disorder, or am I falling prey to myths and misperceptions?
- Do I mainly listen attentively and offer reasonable feedback, or do I primarily talk and offer unsolicited advice?

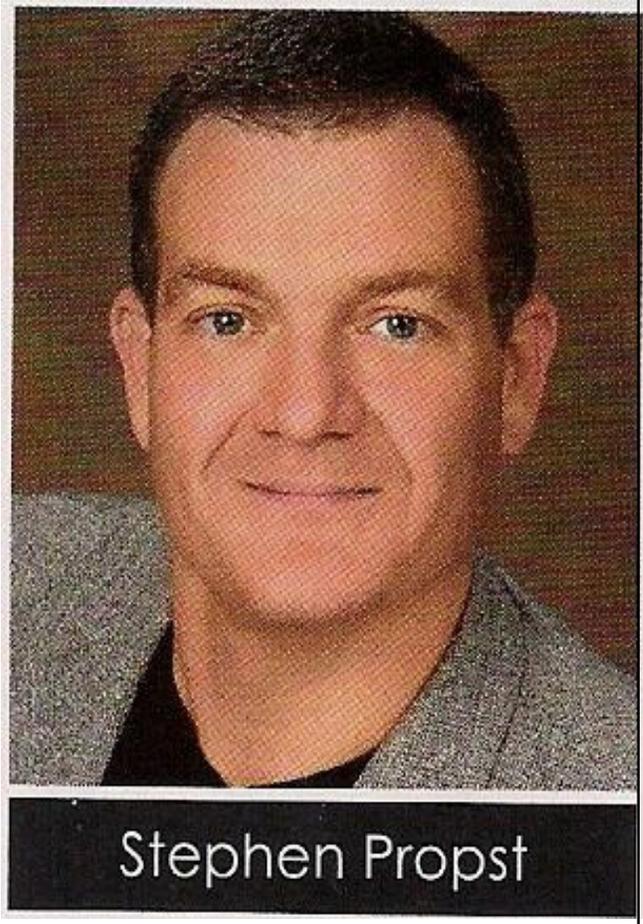
Asking questions also makes sense for mental health professionals:

- How do you define recovery? [Hint: helping your clients reclaim a full, meaningful life, not merely eradicating symptoms.]
- What is your role in your patients' recovery? [Hint: motivating them and equipping them in every way possible to achieve full recovery.]
- What are the chances for recovery? [Hint: not "minimal," "unlikely," or "remote," but entirely possible.]

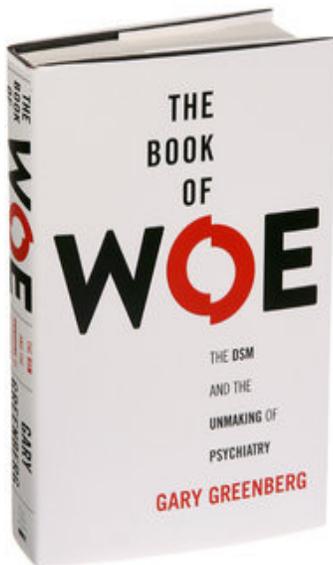
Do you want to see your own recovery really gain momentum? Do you want to offer constructive support for someone you love? Do you want the patients under your medical care to regain productive lives? When it comes to successfully managing bipolar disorder, the answer is to question.

Stephen Propst, a former chair of DBSA, is a public speaker and a coach/consultant focusing on living successfully with conditions like bipolar. He can be reached at info@atlantamoodsupport.com.

*Source: bp magazine
summer 2013*



Book Review



"In this gripping, devastating account of psychiatric hubris, Gary Greenberg shows that the process of revising the DSM remains as haphazard and chaotic as ever. His meticulous research into the many failures of DSM-5 will spark concern, even alarm, but in doing so will rule out complacency. *The Book of Woe* deserves a very wide readership"

Christopher Lane,
author of *Shyness: How Normal Behavior Became a Sickness*

For more than two years, author and psychotherapist Gary Greenberg has embedded himself in the war that broke out over the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders*—the DSM—the American Psychiatric Association's compendium of mental illnesses and what Greenberg calls "the book of woe."

Since its debut in 1952, the book has been frequently revised, and with each revision, the "official" view on which psychological problems constitute mental illness. Homosexuality, for instance, was a mental illness until 1973, and Asperger's gained recognition in 1994 only to see its status challenged nearly twenty years later.. Each revision has created controversy, but the DSM—5, the newest iteration, has shaken psychiatry to its foundations. The APA has taken fire from patients, mental health practitioners, and former members for extending the reach of psychiatry into daily life by encouraging doctors to diagnose more illnesses and prescribe more therapies—often medications whose efficacy is unknown and whose side effects are severe. Critics—including Greenberg—argue that the APA should not have the naming rights to psychological pain or to the hundreds of millions of dollars the organization earns, especially when even the DSM's staunchest defenders acknowledge that the disorders listed in the book are not real illnesses.

Greenberg's account of the history behind the DSM, which has grown from pamphlet-sized to encyclopedic since it was first published, and his behind-the-scenes reporting of the deeply flawed process by which the DSM-5 has been revised, is both riveting and disturbing. Anyone who has received a diagnosis of mental disorder, filed a claim with an insurer, or just wondered whether daily troubles qualify as true illness should know how the DSM turns suffering into a commodity, and the APA into its own biggest beneficiary. Invaluable and

Continued on page 7 (The Book of Woe)

The Book of Woe (continued from page 6)

informative, The Book of Woe is bound to spark intense debate among expert and casual readers alike.

Biography

Gary Greenberg is a practicing psychotherapist in Connecticut. He is the author of four books, a contributing writer for *Mother Jones*, and a contributing editor for *Harpers*. In addition to those publications, his articles and essays have appeared in *The New Yorker*, *The New York Times*, *The Nation*, *Rolling Stone*, and *Mcsweeneys*, among other magazines. His works have been widely anthologized, and he is the recipient of the Erik Erikson Award for mental health reporting.



Source: Gary Greenberg Blog
2013

More Rules of the Road to Recovery

In his article in *bp hope & harmony*, Stephen Propst recently shared some excellent suggestions for staying on the road to recovery. Here are just a few of his important insights:

Live up to a reasonable set of standards that you establish for yourself, not unreasonable expectations that have been imposed on you by others.

Worry less about finding the perfect “guru” and more about a doctor/therapist who cares for and respects you and who emphasizes achieving full recovery, not merely eliminating symptoms.

Align yourself with those who are compassionate, not controlling, and who offer constructive support, not destructive sabotage.

Ignore backseat drivers who try to steer you in the wrong direction or stall your recovery.

Don’t discount what seems to be trivial accomplishments when, in actuality, they may be major steps.

Admit that you don’t know all the answers and that you can’t solve all your problems by yourself.

Be willing to give yourself more credit and less condemnation.

Remember there’s always an alternate route to take when you think you’ve pursued every possible path.

Do something—volunteer, help a friend, etc.—that gets the focus off of you and onto someone else.

Be aware of triggers, and avoid what you know magnifies mania or deepens depression.

Don’t forget there’s a difference between a temporary detour and a dead end.

When it comes to your recovery, you have to be in the driver’s seat.

Source: *bp Magazine*,
Fall 2013. Edited for brevity.
As Seen In: *The Rollercoaster Times*
Winter 2013

ARGYLE SWEATER By Scott Hilburn



BLISS By Harry Bliss





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 Friends

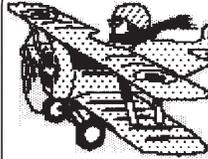
If you need someone to talk with:

Leroy

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

Ms. Carly Jenkins

951 / 522 - 3500
10 am to 8 pm



ANNOUNCEMENTS

DBSA Temecula

Mike Clark @ 951 / 551-1186

Rancho Cucamonga DBSA

Meets Thursdays
Contact: Gena Fulmer
909 / 367 - 8944 OR
e-mail: genafulmer@yahoo.com

DBSA Hemet

Trinity Lutheran Church
Mondays, 5 to 7 pm.
Lyla @ 951 / 658 - 0181

NAMI Recovery Support Group

(Various Mental Illnesses)
951/361-2721

Rialto SPPT GR

Keith Vaughn
909 / 820-4944

Stigma Reduction and Suicide Prevention

AdEase/Riv.Cou.Mental Health:
Julia Sullivan 619 / 243 - 2290
www.adeaseonline.com

DBSA Riverside (Uplifters)

Grove Community Church
Mon 7:00 pm. Room B8
951/571-9090

For Family Support People: NAMI

Riverside County Mental Health Administration Building
4095 County Circle Dr. (off Hole Ave. near Magnolia)
7:00 pm, 1st Monday each month
800 / 330 - 4522 (se habla espanol)
951/285-9890

RECOVERY INNOVATIONS

Invites you to

AFTER WORKS!

AFTER WORKS is a FREE art social event that takes place at Art Works Gallery on Fridays from 5-7 PM. The goal of the program is to bring local professionals, artists, peers and families together in a relaxing environment to create and to learn a new arts skill. Past programming included artist and exhibition receptions, poetry readings, as well as workshops such as mixed media collage, zine-making, and drumming. No experience required!

For more information, visit
www.jtpfriends.org or call Art
Works at (951) 683-1279.

Art Works Gallery
3741 Sixth Street
Riverside, CA 92501



DBSA - Riverside

Map Legend

★ Meeting Location

TTTT = Parking

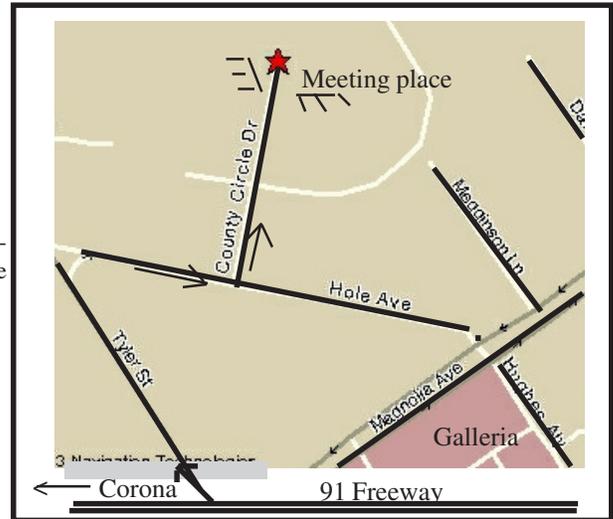
Due to route changes, no RTA regular bus crosses County Circle Drive anymore. However, several routes stop at the Galleria (Tyler Mall), which is only a three-block walk from where we meet. Those routes include Canyon Crest, Corona, Country Village, Hemet, La Sierra, Perris, Norco, and Sun City.* For 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. Zip: 92503** We welcome professional care providers and adult family members and friends.



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.