

Rockland County Depression and Bipolar Support Alliance

Volume 1, Issue 2

June, 2014

President's Message by Leonard Davis

The first quarter of 2014 has passed quickly for us all. As the Spring weather warms up, Rockland DBSA has been very busy planning our facilitator training scheduled for June 7-8. We are also participating in several community outreach events in April and May. While our chapter did not receive special recognition from DBSA National, Leslie Davis was recognized with one of two Outstanding Leadership awards. The newly formed New York State chapter, of which Leslie is vice-president, was also recognized as one of two outstanding State Chapters. These awards will be presented at the DBSA Leadership Conference on August 17 in Union, New Jersey. Also congratulations to our medical advisor, Lois Kroplick on her being honored as New York States Osteopathic Physician of the Year. She is the first psychiatrist to win this award.

I encourage all of the members of Rockland DBSA to participate in the June facilitator training at Good Samaritan hospital in Suffern. Even if you have no

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My Life Before and After DBSA by Ralph Inglese

I was dead.	Now I am alive.
I was hopeless.	Now I am hopeful.
I was fearful.	Now I am faithful.
I was a loner.	Now I am a joiner.
I was inactive.	Now I am proactive.
I was a hermit.	Now I am out and about.
I was friendless.	Now I have friendships.
I was in pain.	Now I am painless.
I was quiet.	Now I can't shut-up.
I was faceless.	Now I am on Facebook.
I was melancholy.	Now I want a collie.
I was addicted to drugs.	Now I'm addicted to recovery.
I was powerless.	Now I have a higher power.
I was unemployable.	Now I'm back in the workforce.
I was computer illiterate.	Now I have excel on my resume.

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President's Message Continued

interest in facilitating, the training will help you become a more informed and helpful share group participant as you may not be aware of the many issues our facilitators deal with on a weekly basis. There will be no charge for Rockland DBSA members for the two day event. Breakfast, lunch and snacks will be provided for all. We are soliciting sponsors to provide or underwrite the cost of food. If anyone knows of a good contact at a supermarket or can direct us to a generous benefactor please contact me or any of the board members as soon as possible.

Eric Balzer has been maintaining contact with our legislators locally and in Albany to solicit funding for Rockland DBSA so we may expand our services to the community. We have contemplated several special events to enhance and expand the help we could provide to the people of Rockland County and surrounding areas who attend our meetings. One area of support for mental health which will be closing is the Robert Yeager facility in Pomona. There are proposals to provide additional services at Nyack Hospital, but we expect a period of perhaps several months in Rockland without immediate help for persons in need of mental health evaluation and hospitalization.

Our website is up and running with the addition of a PayPal option to donate to Rockland DBSA. This should help supplement our annual fund drive and provide the means for people to donate throughout the year. Every dollar that you give goes directly to our operating expenses, including insurance and communication the community.

Another area of service which we have not addressed is adolescents with mood disorders. We are well aware that boys and girls in this age group have distinct problems with mental health which are quite different than adults. We get more and more inquiries about whether teenage sons and daughters would be able to find help in our weekly meetings. To address this need we need to increase the

number of trained facilitators, especially among our youngers members, who could be more in tune with the needs of teenagers, as well as our more mature facilitators, who could provide guidance and wisdom that come with age. If you are interested in helping to develop such a program, please contact me or any of our board members or facilitators.

Ralph Inglese, Continued

I was grey.	Now I'm tan.
I was rebellious.	Now I am sponsored.
I was rail thin.	Now I could lose a few.
I was cutting my own hair.	Now I have a stylist.
I was judgmental.	Now I belong to a non-judgmental gym.
I was unshockable.	Now I get shocked (literally)
I was limping.	Now I have more braces than young Forest Gump.
I was bored.	Now I sit on a board.
I had no direction.	Now I am a facilitator.
I had social anxiety.	Now I am a social butterfly.
I was humorless.	Now I am hysterical.
I was beaten.	Now I am unstoppable.
I avoided things.	Now I volunteer.
I lived in a halfway house.	Now I live in a townhouse
I was a follower.	Now I am a leader.
I was ungrateful.	Now I am very grateful.
I was dead.	Now I am not.

THE DIFFERENCE BETWEEN BIPOLAR I AND BIPOLAR II

By Lois Kroplick, DO, DFAPA

A question often asked is, "What is the difference between Bipolar I and Bipolar II?" The main difference between bipolar I and bipolar II is the severity of the symptoms.

Patients who are diagnosed with bipolar II have less severe symptoms than bipolar I. They experience mild to moderate levels of mania called hypomania. Their symptoms include feeling exceptionally happy, rapid speech and a decreased need for sleep. The mood of a patient with bipolar II can be described as "different" from their usual stable mood.

Bipolar I patients have a mood that is dynamically different from their baseline. This is called mania. Their symptoms include irritability and or grandiosity. Someone who has bipolar I can be extremely disruptive and demonstrate inappropriate behavior such as yelling and laughing loudly in public. Their mood can be described as "abnormal and out of control."

In a manic state, it is possible to have psychotic symptoms such as delusions and hallucinations. A person who has hypomania does not experience psychotic symptoms. Thus, if one has psychotic symptoms they would most likely be diagnosed as bipolar I. An exception to this rule is when a person with bipolar II is extremely depressed, they can experience psychotic symptoms.

People who are manic have a high risk of exhibiting disruptive behavior, such as throwing things when they experience anger. This behavior makes them a high risk for hospitalization. Mania significantly interferes with daily functioning. Typically, someone diagnosed with bipolar II, may exhibit behavior that interferes with their functioning, such as overspending, but is not as extreme as bipolar I.

Diagnosing bipolar II is often a challenge due to the fact that mood swings are less obvious than bipolar I. This can lead to patients being misdiagnosed and treated incorrectly. When a bipolar I or bipolar II patient is treated with antidepressants alone without a mood stabilizer, there is a risk of worsening their condition and increasing their manic or hypomanic symptoms.

The bottom line is that if you have any symptoms such as irritability, pressured speech, sleeping only 3-4 hours per night, and overspending, it is my strong recommendation that you should be seen by a psychiatrist to be evaluated for bipolar disorder.

The good news is that both bipolar I and bipolar II can be treated! The most effective treatment is a combination of medication and therapy. For both disorders, mood stabilizers such as Lithium, Depakote, Lamictal and Antipsychotic medications (such as Seroquel, Zyprexa, Risperdal or Abilify) are the hallmark of treatment. Keeping regular sleep hours, avoiding alcohol and illegal drugs, exercising and eating 3 balanced meals at regular times are also an important part of treatment. To remain in remission, it is important to stay on your medications. Continuing with treatment is an important way to proactively manage your symptoms and to prevent relapses

See the chart on page 4 to help clarify the differences between bipolar I and bipolar II.

	BIPOLAR I	BIPOLAR II
MOOD	Extremely irritable Agitated and wired Manic	Euphoric Energetic Hypomanic
SPEECH	Pressured speech	Talks fast
BEHAVIOR	Extremely impulsive High-risk behavior	Erratic behavior (ex: overspending)
HOSPITAL RISK	High	Less than bipolar I
PSYCHOTIC SYMPTOMS	Delusions Hallucinations Possible	Not psychotic unless extremely depressed
SUICIDE RISK	High	Less of a suicide risk
DEPRESSION	Common	Common

Leslie Davis Wins Leadership Award

Our founder, Leslie Davis won the 2013 outstanding leadership award from DBSA national. Leslie who is an active member of Rockland DBSA and DBSA New York State helped bring about many developments in 2013. A regular facilitator for support groups, Leslie helps mediate tough situations. She takes calls almost daily from people in crisis to help them get through difficult situations. She also spearheaded a fundraising initiative which raised more than \$3000 for the chapter. Leslie is also co-president of the Mental Health Coalition of Rockland County where she represents and advocates for DBSA while educating the community about mental health. She is the first consumer to be elected to this position, which is a tribute to the great respect she has gained in the local community. Leslie is also vice-president of DBSA New York State. Her sound advice and strong leadership will continue to expand awareness and opportunities for helping people to give an get support through the efforts of DBSA. Leslie will be presented with the leadership award at the DBSA Chapter Leadership Forum Sunday August 17.

DBSA targets raising expectations for mental health treatment.

A month-long social media campaign, *Target Zero to Thrive*, challenges mental health care professionals, researchers, and individuals living with or affected by mood disorders to raise treatment goals to complete remission—to zero symptoms.

Of course the first priority for treatment is ensuring a person living with depression or bipolar disorder is out of crisis. However, too often the end goal established for successful long-term care is for the person to maintain a stable mood. Better, or even stable, is not always well. Every person deserves the opportunity to not just survive but thrive, and to do that we need to ensure true wellness is the end-goal for mental health treatment.

Consider this, successful treatment for cancer proceeds with the goal of removing every cancerous cell—to achieve complete remission. Why then, do we consider treatment for depression or bipolar disorder to be successful when symptoms persist, even if the person is considered to be stable?

The cost of settling for reduced symptoms is simply too great. It is, in fact, a matter of life and death—for when symptoms persist, individuals who have mood disorders are:

- at significantly greater risk of relapse⁽¹⁾
- more likely to experience significant functional impairment, making the day-to-day demands of job and family challenging, and too often, debilitating.⁽²⁾
- more likely to have life-threatening co-occurring conditions, such as heart disease, hypertension, and diabetes—a huge factor in why individuals with mental health conditions die, on average, 25 years younger than those without mental health conditions⁽³⁾
- at a higher risk to die by suicide⁽⁴⁾

DBSA President Allen Doederlein shares, “Living with a mood disorder can damage hope and lower expectations; so a person may not expect or think they deserve a full life. We, as peers, clinicians, researchers, and family, need to help them expect and achieve more—by raising the bar for treatment. Targeting zero symptoms may seem like a formidable goal, but there are over 21 million reasons and Americans living with depression or bipolar disorder to make it a goal worth pursuing!”

⁽¹⁾ Am J Psychiatry. 2000 Sep;157(9):1501-4.

Does incomplete recovery from first lifetime major depressive episode herald a chronic course of illness?
Judd LL1, Paulus MJ, Schettler PJ, Akiskal HS, Endicott J, Leon AC, Maser JD, Mueller T, Solomon DA, Keller MB.

⁽²⁾ J Clin Psychiatry. 2007 Aug;68(8):1237-45.

Mood symptoms, functional impairment, and disability in people with bipolar disorder: specific effects of mania and depression.

Simon GE1, Bauer MS, Ludman EJ, Operskalski BH, Unützer J.

⁽³⁾ Bipolar Disord. 2004 Oct;6(5):368-73.

Recovery Steps (Reprinted from www.dbsalliance.org)

What is Recovery?

Mental health recovery is a journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in a community of his or her choice while striving to achieve his or her full potential.—SAMSHA (the Substance Abuse and Mental Health Services Administration/Center for Mental Health Services) (<http://www.samhsa.gov/>)

Next Steps in Recovery

Depression and bipolar disorder are mood disorders—real physical illnesses that affect a person's moods, thoughts, body, energy, and emotions. Both illnesses, especially bipolar disorder, tend to follow a cyclical course, meaning they have ups and downs.

Treatment for these illnesses can also have ups and downs. As much as we may want it to, wellness often does not happen overnight. It is normal to wish you could feel better faster or to worry that you will never feel better. However, know that you *can* feel better, and that ultimately you are in charge of your recovery. There are many things you can do to help yourself.

Relief of symptoms is only the first step in treating depression or bipolar disorder. Wellness, or recovery, is a return to a life that you care about. Recovery happens when your illness stops getting in the way of your life. You decide what recovery means to you.

You have the right to recover according to your needs and goals. Talk to your health care provider (HCP) about what you need from treatment to reach your recovery. Your HCP can provide the treatment(s) and/or medication(s) that work best for you. Along the way, you have a right to ask questions about the treatments you are getting and choose the treatments you want.

It can also be helpful to work with a therapist, family member, friend, or peer supporters to help define your recovery. Your definition of a meaningful life may change over time.

At times, depression and bipolar disorder might make it seem difficult to set a goal for yourself. It might feel almost impossible to think about the things that you hope for or care about. But goal setting is an important part of wellness, no matter where you are on your path to recovery. Work on what you can when you can.

Setting Goals

Identifying life goals is the heart of the recovery process. When we see a future for ourselves, we begin to become motivated to do all we can to reach that future. Goals can be big or small, depending on where you are in your recovery journey.

Ask Yourself

- What motivates me?
- What interests me?
- What would I do more if I could?
- What do I want?
- What do I care about, or what did I care about before my illness?
- Where do I want my life to go?
- What brings me joy?; What are my dreams and hopes? cont., on p, 5

Recovery Steps (continued from page 5)

It can help to start small and work up to larger goals. You might want to begin by setting one small goal for yourself at the beginning of each day. As you move forward with your recovery, look at the different areas of your life and think about your short and long term goals.

Possible Short Term Goals

- Be out of bed by xx:00 am.
- Finish one household chore.
- Call a DBSA support group.

Possible Long Term Goals

- Get training or experience for a job.
- Change a living situation, e.g., find an apartment.

Build a relationship with a friend or family member

Remember to break your goals down into small steps at first. A goal such as "move to a new city" can be difficult to visualize and plan all at once. Ask yourself what you need to do first. What can you do now that will help you eventually reach this goal? Not only will this help move you closer to your goal, but it will also help give you a positive feeling of accomplishment.

Further Reading:

- [Creating the Life that You Want: The Ten Steps to Accomplishing a Goal](#)
- [Setting Wellness Achievement and Maintenance Goals](#)

What are some things I can do that might help me feel better?

Know the difference between your symptoms and your true self.

Your HCPs can help you separate your true identity from your symptoms by helping you see how your illness affects your behavior. Be open about behaviors you want to change and set goals for making those changes.

Educate your family.

Involve family or friends in treatment when possible. They can help you spot symptoms, track behaviors, and gain perspective. They can also give encouraging feedback and help you make a plan to cope with any future crises.

Work on healthy lifestyle choices.

Recovery is also about a healthy lifestyle, which includes regular sleep, healthy eating, and the avoidance of alcohol, drugs, and risky behavior.

Find the treatment that works for you.

Talk to your HCP about your medications' effects on you, especially the side effects that bother you. Remember to chart these effects so that you can discuss them fully with your HCP. You might need to take a lower dosage, a higher dosage, or a different medication. You might need to switch your medication time from morning to evening or take medication on a full stomach.

There are many options for you and your HCP to try. Side effects can be reduced or eliminated. It is very important to talk to your HCP before you make any changes to your medication or schedule.

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Talk with your HCP.

Always talk with your HCP first if you feel like changing your dosage or stopping your medication. Explain what you want to change and why you think it will help you.

Treatments for Depression and Bipolar Disorder

Effective treatments can help you:

- reach your goals.
- build on the strengths you have and the things you can do.
- develop a person-centered wellness plan.
- live your life without the interference of symptoms.

Treatments can include some or all of these elements: therapy, medications, peer support, and overall lifestyle changes.

Medications for Depression and Bipolar Disorder

Your HCP might prescribe one or more medications to treat your symptoms. These may include the following:

- **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.

Talk Therapy

There are many types of talk therapy that can help you address issues in your life and learn new ways to cope with your illness.

Goal setting is an important part of talk therapy.

Talk therapy can also help you to:

- understand your illness.
- overcome fears or insecurities.
- cope with stress.
- make sense of past traumatic experiences.
- separate your true personality from the mood swings caused by your illness.
- identify triggers that may worsen your symptoms.
- improve relationships with family and friends.
- establish a stable, dependable routine.
- develop a plan for coping with crises.

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- understand why things bother you and what you can do about them.
- end destructive habits such as drinking, using drugs, overspending, or risky sex.
- address symptoms like changes in eating or sleeping habits, anger, anxiety, irritability, or unpleasant feelings)

Support from people who understand is another important part of recovery. There are many ways to get this support. DBSA offers support groups, online groups, and wellness tips from peers in [the DBSA Facing Us Clubhouse](#).

- [Find a support group](#)

Lifestyle

A healthy lifestyle is always important. Even if symptoms of depression or bipolar disorder make things like physical activity, healthy eating, or regular sleep difficult, you can improve your moods by improving your health. Take advantage of the good days you have. On these days, do something healthy for yourself. It might be as simple as taking a short walk, eating a fresh vegetable or fruit, or writing in a journal. A talk about lifestyle changes should be a part of your goal setting with your HCPs. You have the power to change. You are the most important part of your wellness plan. Your treatment plan will be unique to you. It will follow some basic principles and paths, but you and your HCPs can adapt it to fit you.

Recovery Information for Friends and Family

- [Family and Friends' Guide to Recovery from Depression and Bipolar Disorder](#)

ALBANY LEGISLATURE DAY

On March 18th Board member Eric L. Balzer, Esq. travelled to Albany for the annual Legislators' Day. He was accompanied by members of NAMI Rockland and the Rockland County Mental Coalition as well as retired mental health professionals and consumers.

The purpose of this annual trip is to lobby local representatives on behalf of their organizations, discuss issues concerning mental health and draw attention to programs facing budgets cuts. As it happens the state budget was in the final stages of negotiation and the timing of the visit was opportune.

On behalf of the Rockland DBSA Eric visited our local representatives to lobby for a grant to allow us to expand our community outreach, host more programming and provide more training for our facilitator volunteers.

The group met with State Senator David Carlucci from Rockland who is the chairman of the Mental Hygiene committee as well as local representatives Ellen Jaffee and Kenneth Zebrowski.

Hopefully there will be good news to report in our next newsletter. Stay tuned!

Questions to Ask your HCP about Your Medication or Treatment (repeated from Issue 1 of the Newsletter)

- How does this treatment work in my brain? What chemicals or processes does it work on?
- When will I start to feel some improvement? What symptoms should this treatment relieve?
- What might the side effects of my treatment be? How can I cope with them?
- What are the risks associated with my treatment?
- How can I recognize problems if they happen?
- Is there anything I can do to make this treatment more effective?
- Is this the usual treatment for my illness? If not, how did you choose it?
- What is our next step if this treatment is not effective?
- How will this treatment affect the treatments I'm receiving for other illnesses?
- How can I reach you in an emergency

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Rockland County

DBSA National: www.dbsalliance.org
DBSA New York: www.dbsanystate.org



If only money grew on trees...we wouldn't have to ask.

Please donate to the Rockland County Depression and Bipolar Support Alliance. Rockland County DBSA exists through your donations. We are a 501(c)3 not-for-profit. Your generous donations help us provide support to the many individuals who come to our support groups. As a peer-to-peer run group our motto is We've Been There...We Can Help.

Donations can be made by going to our website www.dbsarockland.org and simply clicking on the PayPal button. Or, send us your donation to DBSA Rockland, 13 Case Court, Monroe, NY 10950. All donations are tax deductible to the extent allowed by law.



Depression and Bipolar
Support Alliance
Rockland County

FACILITATOR TRAINING

for the beginner and advanced facilitator

Presented by DBSA National

Ingrid Deetz, Vice President Chapter Relations

Question: What is DBSA support group facilitation?

Answer: The simple task of empathetically guiding peers in a healthy, confidential, and purposeful discussion that strives to improve the lives of people living with mood disorders. Learn to become a better group participant.

A two day event: Saturday and Sunday June 7-8, 2014

Registration and breakfast is from 8-8:45 am and the program begins promptly at 9:00 am on both days. Lunch will be served around noon, and the program should end between 4:00 and 5:00 pm

June 7 is for those who have never facilitated

June 8 is for experienced facilitators who have specific questions about difficult situations they have encountered.

The facilitator training is being held at Good Samaritan Hospital located at 255 Lafayette Avenue in Suffern, NY (in Rockland County) in the auditorium.

A suggested donation of \$15.00 per day to cover food is requested or \$25 for the 2 days. Please send your registration to Leslie Davis at dbsa.rockland@gmail.com or mail your registration and donation to Leslie at 13 Case Court, Monroe, NY 10950

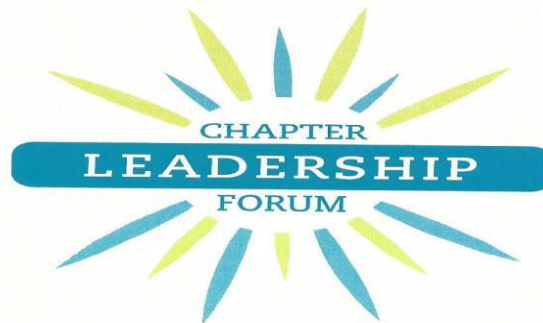
Any questions call 845-847-1182

ROCKLAND COMMUNITY COLLEGE WELLNESS FAIR

On April 29, 2014 the annual Wellness Fair was held at Rockland Community College. Representing DBSA Rockland were members Julian Harvey and Eric L. Balzer, Esq.

This event provides space for participating groups and businesses focused on healthy living and wellness. Also present were members from NAMI Rockland. Our members explained and provided materials that dealt with mood and food, recognizing depression and bipolar disorders, family resources. Similar materials were also available in Spanish.

The event was well attended despite the weather. Members of the public were invited to attend our weekly meetings and the response was encouraging.



From Surviving to Thriving

- Who:** DBSA state organization leaders, chapter leaders, and all support group participants
- What:** Special one-day forum full of helpful tips and information on keeping our groups recovery-focused and meeting participants at their level of recovery
- When:** Sunday, August 17, 2014, 10:00 AM–5:00 PM
- Where:** Kean University in Union, New Jersey
- How:** Join us in-person in New Jersey or via live Webstream from your home or office!
- Cost:** **FREE!** (registration is complimentary as a benefit of your affiliation for all chapter and state org participants)
In-person registration is now open!
DBSAAlliance.org/CLF



730 N. Franklin Street, Suite 501

Tentative Agenda for Leadership Forum

8:30 – 10:00 am Registration/Check-in Desk Open

10:00 am From Surviving to Thriving

When so many are struggling with making it day-to-day, how can we even begin to share the idea of thriving with them? Isn't better" good enough? Come learn why it's important to make "thriving" the goal in your support groups and how you and do this while still meeting people at their stage of recovery.

10:45 am – 11:45 am The Five Stages of Recovery and Their Dangers

In this session we will explore the five basic stages of recovery that we are likely to encounter in support group participants.

11:45 – 12:15 pm Recognition of Chapter Service Awards and Life Unlimited Awards

Celebration is one of the fundamental components of recovery and we have a lot to celebrate. Join us as we recognize our 2013 Chapter Service Award winners for their amazing accomplishments.

12:15 – 1:30 pm Networking Lunch (provided)

1:30 – 2:30 pm Creating an Environment that Supports Recovery

How can DBSA chapters promote recovery. Come learn what some of our most successful chapters are doing in their communities.

2:30 – 2:45 pm Break

2:45 - 3:45pm Helping in Each State of Recovery

What can we do to help people move forward.

3:45 – 4:15 pm Leaving Committed to Action