

THE SPECTRUM

Depression & Bipolar Support Alliance of Greater Chicago

DBSA-GC Board of Directors Elections: November 19th

Have experience in leadership? Studying in the field of psychology, psychiatry, bipolar, depression, and/or mood disorders? The DBSA-GC Board of Directors needs board members! If you're interested, please email wecanhelp@dbsa-gc.org and we will send you information. Elections will take place on November 19th at Evanston Hospital. The board meets the 3rd Monday of each month Nov -May, with no meeting in December. No experience necessary! A stress-free, easy-going election.

We Need YOUR Help!

Are you a student? Researcher? Writer? Have some thoughts you want to share about your experience? Submit an article for our upcoming Spectrum! Send your writing to: wecanhelp@dbsa-gc.org with the subject "Spectrum" and we'll review your article and contact you for our next issue!

NEW SUPPORT GROUP: *St. Benedict the African Church:*

Located at 6550 S. Harvard Ave. Chicago, IL 60621: This group meets on the second Monday of each month at 5:00PM. For more information, contact Hank Trenkle, facilitator, at (847) 293-7136.

Hope For Recovery

Bipolar Magazine

HOPE guides us through our darkest times. Without it, we stay mired in despair.

HOPE allows us to believe that change is possible—that even in the midst of a relapse, you will find your feet again. HOPE gives us the strength to get up and try again. HOPE has therapeutic value, says Michael Thase, MD, a professor of psychiatry at the University of Pennsylvania and director of its Mood and Anxiety Program. He says, "It's long been known that when people feel hopeful they have much less risk of suicide and a better response to treatment".

Nancy Snow, PhD, a professor of philosophy at the University of Oklahoma, has written about HOPE as a character trait that helps us thrive. Her definition of HOPE: "The desire to attain a certain end and the belief it is possible to attain it".

Optimism Plays a Role in Reaching Your Goal

Researchers who study HOPE use a scale that assesses how much influence people think they have over reaching a goal and what





DBSA-GC needs a webmaster!

DBSA-GC is looking for a volunteer to manage its website! Know anyone? Please contact us at wecanhelp@dbsa-gc.org if you are:

- Technologically savvy
- Available by e-mail
- Have 1-2 hours per month to volunteer on website development
- Available for an initial re-vamp of the website, and subsequent occasional updates as dictated by the Board of Directors

Our website was created years ago with wix.com. We have made periodic updates to it, but none of us are technologically savvy enough to spruce it up! Being a 501(c)(3) not-for-profit organization, we unfortunately do not have the means to hire a professional webmaster. We desperately need a volunteer to help us! If you have experience in web development, or know someone who does, please contact us at wecanhelp@dbsa-gc.org.

THANK YOU!

pathways they might use to get there. Optimism also plays a role—the confidence that things will somehow, work out for the better. Or as Michael Thase puts it, “hope is a combination of lessening suffering and psychic pain and building more positive expectations for the future.”

In Nancy Snow’s view, an innate hopefulness may be established when we’re young. She says, “Having supportive, encouraging parents, what is called parental scaffolding, helps us to be effective agents.” But there are ways to build up your HOPE reserves later in life, too. Clinical psychologist Anthony Scioli describes four foundational dimensions: setting and striving towards goals, acquiring coping skills, developing empowering relationships, and deepening your sense of faith.



Says Thase, Many people feel more hopeful when their condition is understood and they feel some sense of figuring it out, or at least putting it in perspective. A sense of relief can be gained by realizing that one’s condition is not unique and that people recover.” He, also notes, that to sustain HOPE over time, the goals we set must be realistic and, above all, grounded in our own values and desires. Thase helps his patients explore what is deeply important to their well-being, whether that’s finding meaningful work or getting the symptoms under better control.

What all these doctors are saying is: HOPE is a combination of lessening suffering and psychic pain and building more positive expectations as expressed in this article.

Save the Date!

12/10/2018

DBSA-GC's Board of Directors Annual Holiday Party will be on Monday, December 10, 2018 at 7:00PM on the lower level of Devon Bank at 6445 N. Western Ave., Chicago, IL. Everyone is invited and this is a party! Enjoy the holiday festivities with complimentary dinner, desserts, bingo, holiday gift bags and prizes! Hope to see you there!



Bipolar Disorder and Depression: Understanding the Difference

Katie Hurley, LCSW, Feb. 2018

<https://www.psych.com/depression.central.bipolar.depression.html>

Bipolar disorder is easily confused with depression because it can include depressive episodes. The main difference between the two is that depression is unipolar, meaning that there is no “up” period, but bipolar disorder includes symptoms of mania. To differentiate between the two disorders, it helps to understand the symptoms of each one.

Symptoms of depression

The essential feature of major depressive disorder is a period of two weeks during which there is either depressed mood most of the day nearly every day or loss of interest or pleasure in nearly all activities.

Other potential symptoms include:

- Significant weight loss when not dieting or weight gain and changes in appetite
- Insomnia or hypersomnia nearly every day
- Psychomotor agitation or retardation nearly every day
- Fatigue or loss of energy nearly every day
- Feelings of worthlessness or excessive guilt
- Impaired ability to think or concentrate, and/or indecisiveness
- Recurrent thoughts of death, recurrent suicidal ideation without a plan, or a suicide attempt or suicide plan

The symptoms of major depressive disorder cause significant distress or impairment in social, occupational, or other areas of functioning. To meet the diagnostic criteria for major depressive disorder, there should be no history of a manic episode or a hypomanic episode.

Symptoms of bipolar disorder

Although bipolar disorder can include the above depressive symptoms, it also includes symptoms of mania. Bipolar disorder is characterized by mood swings that fluctuate between depressive lows and

manic highs. A manic episode is described as a distinct period of abnormally and persistently elevated, expansive, or irritable mood and increased goal-directed activity or energy, lasting at least one week.

Symptoms of mania include:

- Inflated self-esteem or grandiosity
- Decreased need for sleep
- More talkative than usual or pressure to talk
- Flight of ideas, racing thoughts
- Distractibility
- Increase in goal-directed activity
- Excessive involvement in potentially reckless activities (usually involving drugs, money, or sex)



With bipolar disorder, the mood episode is severe enough to cause marked impairment in social or occupational functioning or to require hospitalization to avoid self-harm.

Types of bipolar disorder

There are two types of bipolar disorder. Understanding the different types of bipolar disorder can help distinguish between bipolar disorder and depression.

- **Bipolar I disorder:** This is diagnosed when a patient has had at least one manic episode, regardless of whether or not there has been a depressive episode.
- **Bipolar II disorder:** This diagnosis is given when a patient has had at least one depressive episode and a period of elevated mood referred to as hypomania. Bouts of hypomania are not as extreme as mania and are shorter lived. Patients with Bipolar II tend to experience longer depressive episodes and shorter states of hypomania. Patients often seek treatment during the depressive episode, as the hypomanic symptoms might not impact functioning as much.
- **Cyclothymic disorder:** The essential feature of cyclothymic disorder is a chronic, fluctuating mood disturbance involving numerous hypomanic symptoms and periods of depressive symptoms that are distinct from each other. The hypomanic symptoms do not meet the full criteria for a hypomanic episode and the depressive symptoms do not meet the full criteria for a depressive episode.

Treatment for bipolar and depression

Left untreated, both bipolar disorder and major depressive disorder can have a major impact on social and occupational functioning. Both include the risk of suicide. The good news is that both conditions are treatable. Combination treatment often works best in both cases. Possible treatment modalities include:

- Talk therapy
- Cognitive behavioral therapy
- Family therapy (involvement of family members increases success)
- Medication management (including antidepressants and/or mood stabilizers)

Patients with both depression and bipolar disorder respond well to highly structured routines. Creating a routine helps patients know what to expect and follow through with medication management independently.

How To Reduce Screen Time In The Digital Age

Nina Schroder, MSW, LCSW | Aug. 10, 2018

Originally posted on NAMI's (National Alliance on Mental Health) blog:

<https://www.nami.org/Blogs/NAMI-Blog/August-2018/How-to-Reduce-Screen-Time-in-the-Digital-Age>



Smartphones have transformed modern life in more ways than anyone could have imagined. They enable 24/7 access to infinite information and tools that help us stay organized, track our fitness, express ourselves and be entertained. However, easy access to these digital devices and their habit-forming qualities has led to high screen time for both children and adults and emerging research suggests that such high screen use can have a negative impact on mental health.

Since the rise of the smartphone, indicators of mental “wellness” such as happiness, self-esteem and life satisfaction have decreased while serious mental health issues like anxiety, depression, loneliness and suicide have increased significantly, particularly among young people. A possible reason for this might be that more time on screens, particularly social media, leads to increased risks of stressors like social isolation, cyberbullying, social comparison, decreased life satisfaction, reduced productivity and distraction from personal values and goals.

Increased time on screens also means there’s less time available for positive real world experiences that promote mental health, like exercise, quiet reflection and quality, in-person social connection. With all of this in mind, it’s not surprising that research suggests that less time on social media leads to better well-being.

While more research is needed, it certainly appears that less screen time bodes well for mental health. So, consider the following tips to keep screen time in-check, leaving more room for healthy, positive real-world experiences.

Connect For Real

Despite opportunities for online “connection,” loneliness is at an all-time high. Indeed, quality face-to-face social connection is critical to mental wellness. So, make it a goal to have screen-free, in-person social connections with friends, co-workers and loved ones on a daily basis. Consider making it a standard to power down whenever there is an opportunity for conversation such as in the car, standing in line and during meals or social gatherings.

Commit To A Screen-Free Bedroom

Screen time within an hour of bedtime can negatively impact sleep, which can contribute to physical, mental and cognitive issues. However, the lure of a screen in a quiet bedroom is hard to resist. It’s

difficult to ignore texts, resist a Netflix binge or mindlessly scroll through social media. Eliminate the temptation by keeping phones out of the bedroom entirely and reach for a book or magazine instead.

Avoid Multitasking

Put away your phone when you need to focus on a task, particularly related to school or work. Research on multitasking shows that it causes distraction, reduces productivity and increases errors. One study showed that subjects whose phones were in a different room performed better on a cognitive test compared to those whose phones were in front of them—and set on “Silent” mode. In addition to reduced productivity and cognitive impact, media multitasking also has been linked to lower wellbeing.

Notice Motives And Feelings

Ask yourself if being on your phone is what you really want to be doing at that moment. By using mindfulness, you can identify if you’re trying to avoid negative feelings or a necessary task, or whether you’re truly enjoying your digital experience. This exercise can help with getting in touch with your emotions and improve purposeful decision-making around screen use.

Pursue Healthy Interests And Activities

Making time for hobbies or activities that promote health, personal growth or connections with others can help to reduce screen use and provide a sense of meaning and purpose. Some examples are: reading books, hiking in nature, taking mindful walks, prayer or meditation, joining a club, practicing yoga, cooking, volunteering or learning to play an instrument.

Practice Reflection And Gratitude

A daily practice in quieting your mind and counting your blessings can boost positive emotion and improve psychological wellness. Research suggests that gratitude may protect against social comparison and envy — common experiences with social media. Reflect on what is good and right in your life. During quiet, screen-free time, write down five good things from each day. Savor simple pleasures like a sunny day, a good cup of coffee or a friendly exchange with someone.

Clarify Your Values

Take time to mindfully consider what you value most in life. What do you want your life to be about? Quality relationships? Physical and emotional health? Spiritual growth? Professional growth? Regularly consider whether screen use is moving you toward or away from your values. If you notice that your screen use is moving you in an unwanted direction, give yourself grace, hit the figurative “reset” button and get back on track.

Nina Schroder, MSW, LCSW is a mental health therapist at Virginia Commonwealth University in Richmond, VA. She specializes in the treatment of anxiety and depression and researches the effects of high screen use on mental health, emotional resilience, and overall wellness. Nina is passionate about helping others increase wellness and emotional resilience in the Digital Age and delivers lectures and workshops both locally and nationally. You can reach her at nina.schroder@yahoo.com.