



Newsletter of the

## Depression and Bipolar Support Alliance

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**Join  
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[www.FacingUs.org](http://www.FacingUs.org)**

### MISSION

The mission of the  
Depression and Bipolar  
Support Alliance (DBSA)  
is to improve the  
lives of people living with  
mood disorders.

#### Your Online Home for Wellness

Do a little yoga, create a  
personalized journal and  
even watch comedy  
clips at the Facing Us  
Clubhouse,  
[www.FacingUs.org](http://www.FacingUs.org).  
It's free to join, and the  
doors are open 24/7!

## DBSA Wellness Programs: From Surviving to Thriving

Contemporary author and poet Maya Angelou once said, "Surviving is important. Thriving is elegant." But for some living with mental illness, simply surviving each day can be a profound struggle, and "thriving" is a mere dream. The purpose of DBSA's new peer-delivered Wellness Programs is to help those with mental illness move from simply surviving to truly thriving in **all** aspects of their lives—mind, body, spirit and community. DBSA's Wellness Programs respond to the alarming news that those with mental illness are dying 25 years earlier than members of the general public. The National Association of State Mental Health Program Directors (NASMHPD) published this in the October 2006 report, "Morbidity and Mortality in People with Serious Mental Illness." NASMHPD attributes this statistic mainly to consumers' lack of access to medical care and the treatable, preventable health problems that come with obesity, substance use and smoking.

DBSA's Wellness Programs address head-on these unique health and wellness challenges faced by the consumer community. Delivered by trained consumers and firmly grounded in recovery principles and practices, these two- to five-day programs are designed to motivate fellow consumers to adopt a healthier lifestyle. DBSA currently offers the following training modules, which are customizable for specific needs and/or a specific population:

- **Wellness Training 101:** Covers topics such as stress reduction, nutrition, sleep, exercise, smoking cessation, symptom management, shared decision making and relationships.
- **Smoking Cessation Support Group Training:** Trains peer leaders both in smoking cessation principles and group facilitation.
- **Smoking Cessation Peer Specialist Training:** Prepares already-trained peer specialists to "specialize" as smoking cessation coaches, teaching them about smoking and tobacco use, including how to develop a quit plan and special

considerations for those living with mental illness. It also teaches motivational interviewing, goal setting and problem solving.



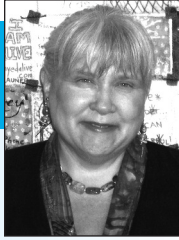
The emphasis on smoking cessation stems from the fact that tobacco use is disproportionately high in the consumer community. Smoking cessation may be the most important intervention to improve consumer health. Wellness programs like DBSA's empower individuals not only to quit smoking but also to address tobacco-related conditions such as heart disease and certain types of cancer.

DBSA's new programs emphasize the importance of **overall** wellness, both physical and mental. As DBSA President Sue Bergeson notes, "We often only get treatment for our mental health and ignore our physical health. Our physical health then declines, and problems arise which further affect our mental health. Paying attention to both is critically important." For consumers, paying attention to both mind and body can present a special challenge. For example, the technical jargon that doctors and pharmacists use is hard enough to understand on its own, but symptoms such as unstable moods, disorganized thoughts and feelings of hopelessness make it all the more confusing for those living with depression or bipolar disorder. Furthermore, the effects of some psychiatric medications can mask, or hide, the symptoms of a physical illness, causing it to go unnoticed and, therefore, **untreated**.

The untreated physical conditions that accompany smoking, substance use and obesity make the hard work of mental health recovery even harder. As the NASMHPD report explains, poor physical health creates extra, and unnecessary, obstacles to recovery. Managing an illness like diabetes or heart disease, for example, robs individuals of precious time, energy and personal resources (increased health care expenses, for example) that could

*continued on page 7*

## President's Outlook



**Sue Bergeson**

### Serious about Smoking Cessation?

**About 75% of individuals with serious mental illness are tobacco dependent compared to approximately 22% of the general population.**<sup>1,2</sup> In

fact, about **44% of all the cigarettes consumed** in the U.S. are by individuals with a mental illness and/or substance use disorder.<sup>3</sup> Those with psychiatric disorders tend to **smoke more cigarettes per day** and **obtain more nicotine** from the same number of cigarettes than the general population.<sup>1,3</sup> The prevalence of smoking among people with mental illness is one of the highest of any group in the nation.

With all the work on our new Wellness Programs, I've been thinking about smoking cessation a lot lately. It's one more thing that pulls us down. One more thing that robs our pocketbooks. One more addiction that makes our bodies weak, makes it hard for us to enjoy a job, a home ... a full life.

When I look at the smoking cessation material out there, it becomes very clear very fast that, as well-meaning as the creators of that material are, they don't understand us—people living with depression and bipolar disorder—at all. You cannot expect a message like "Stop smoking and get healthy" to motivate me if, many days, I want to die.

If the smoking cessation community is serious about finding ways to support those of us with mental illness in quitting, I believe that new programs must be created that take into account the following points:

- Motivators for quitting are different for those of us in the consumer community, so we need good facilitation skills to figure out what is important to each of us. For most of us, smoking will be a means to another end, not an end in and of itself. In recovery, remember, our focus is on what we're **creating**, not what we're giving up or ending.
- Because our community thinks about barriers and triggers differently, we need to consider them from both a mental health and a smoking cessation perspective.
- Peer support is crucial for smoking cessation. I know our professional help cares, but they just don't understand the lived experience. I cannot imagine a cessation program being successful in our community without a strong peer support element.
- Symptoms of nicotine withdrawal can be very similar to depressive symptoms. Don't tell us that withdrawal symptoms are "mild" but then describe them in ways that reflect how we feel when we're spiraling into a deep depression. Withdrawal needs to be discussed in realistic terms, to prepare us so that we don't panic when we experience those familiar symptoms.

Right now most of the work being done on smoking cessation in the consumer community focuses on teaching providers how to talk to us about quitting. It's time that changes. To beat the terrible drain that smoking has on our community, we need new tools and services created and delivered by **peers**. We deserve nothing less.

See page 7 for references.

## DBSA AND ME



**Adrienne Fitts**

My introduction to DBSA was a peer specialist training session I attended last August with others from Chicago's Jesse Brown Vet-to-Vet Organization. I'm a 100% service-connected female Gulf War veteran, and I knew I wanted to become a peer specialist. I wanted to do anything I could to help my fellow vets, and this would allow me to give back to others what was so freely given to me.

For years, I felt I was only identifiable by my diagnoses: schizoaffective disorder, PTSD, addiction, depression, diabetes, hypertension and a skin disorder. After first hearing those words, I was numb and overwhelmed but relieved to learn there was a name for what was happening to me—and a treatment. Over the years, I was in and out of the hospital. I was told I had tardive dyskinesia, permanent nerve damage that results from being overmedicated and would leave part of my face and mouth in a deformed state. But this condition was not me, and it wouldn't determine my future. I felt the real me was trapped inside. I called that person my Chia Pet—on the outside, "dead stone," but inside, a vibrant "plant" fighting to be in the light.

To reach this light, I worked with my doctors, therapist, support groups and family. Once I began to talk more consistently about my recovery goals, I remember very clearly that my life and health began to improve. Three things in particular helped me: (1) being open and honest, knowing what I was up against; (2) accepting the events that had occurred and being ready for recovery; and (3) being willing to go to any length to achieve my goal.

I still have challenging life experiences and times I feel alone on my journey. But nothing is farther from the truth. I'm surrounded by an army of peer support specialists who'll help me with whatever I'm going through. Case in point—the group at the DBSA Peer Specialist Certification Training I attended last November. While there, one of our Jesse Brown vets went into the hospital for pneumonia. He didn't survive the illness and passed away two weeks later. I'll never forget the show of support from those at the DBSA training—e-mails, cards, phone calls, letters. I was deeply touched by the way everyone "circled the wagon" for all of us back in Chicago. This vet was my friend. I know that this loss still affects me now and that I must continue doing the required work toward wellness.

I attribute my gift of life in recovery to the VA Hospital's support groups and treatment teams and to DBSA, for all of the in-depth training and workshops I've received. Coupled with willingness and action, this is the recipe for success. And I know my destiny is to WIN!

*After seven years' service in the Navy, Adrienne Fitts was honorably discharged as a Radioman Second Class. Originally from St. Louis, she's now in Chicago serving fellow vets as a volunteer peer specialist.*



**Stephen Propst, MBA**

## You Help Make Life Worth Living Again

Those of us who, like myself, live with a mood disorder kid our-selves if we pretend we can go it alone. One of the most profound determinants of our making a positive recovery is having the help of family and friends.

Supporting someone with depression or bipolar disorder isn't easy. However, a loved one or a friend can help turn the utter desperation we sometimes feel into hope for a better tomorrow.

If you're a family member or friend, adopting the right attitude toward mood disorders is crucial in supporting your loved one. Allow me to pose a few questions to help you:

- Do you truly acknowledge that mood disorders are legitimate medical illnesses that respond to treatment and management, just like diabetes or cancer?
- Are you focusing on your loved one and his/her ability to get better or on a diagnosis and a future of doom and gloom?
- Have you stopped pointing fingers and playing the blame game?
- Are you offering the kind of support that really helps, or are you actually enabling (to use a pop psychology term) your loved one's situation?
- Are you taking care of yourself, or are you at risk of becoming ill yourself?
- Are you educating yourself about mood disorders or falling prey to all the myths and misperceptions?
- Do you listen attentively and offer reasonable feedback, or do you primarily talk and offer unsolicited advice?

As a support group facilitator, I'm frequently asked questions like these by family members

and friends: *When will my son/daughter/spouse/friend decide to get help? How long does this go on? How long should we wait before we inter-vene? Should we use "tough love?"* These are legitimate questions, but there really are no simple answers ... except to try to maintain balance, objectivity and a healthy perspective.

What **can** you do, as family members or friends, to help someone with a mood disorder? The answer is to ask your loved one simple questions like:

- Do you know how much I love you, regardless of what you're dealing with?
- What can I do to help you in your recovery?
- What can we agree to do in a crisis situation?

Asking such loving questions keeps you from coming across like you know all the answers. No one does, after all. Mood disorders are complex condi-tions. You can't own your loved one's illness, but you **can** help him or her find ways to live success-fully with it and be a valuable member of the recovery team.

Those of us with mood disorders **can**—and **do**—get better. But our chances of success depend in large part on you. The right attitude and the right approach can reduce stress, improve relationships and make for a better overall quality of life for **everyone**.

Thank you for the valuable role you play. Please know that DBSA is there for you, offering a host of resources. Our website, [www.DBSAlliance.org](http://www.DBSAlliance.org), is your link to finding the empowerment and encour-agement you need. Take advantage of everything we have to offer. And just like your loved one, this wonderful organization also depends on your support. If you can keep helping us, we can keep helping you make life worth living again for the one you care about.

## DBSA's New Board Officers and Members

DBSA welcomes 2008 with new officers and mem-bers to its executive committee and board of direc-tors. **Renice Rodriguez**, a 2007 board member, was named the board's new secretary, and former board member **Danielle Byron** begins her first year as treasurer. Steve Propst, Randy Revelle and Dr. Greg Simon continue in their respective roles as chairman, vice chairman and SAB chair. **Ronald Rossetti**, who also served on the 2007 board, now joins Judith A. Cook, PhD, on the executive committee as a member-at-large.

In addition to the new executive committee mem-bers, DBSA welcomes three new board members: **Christy B. Beckmann** of St. Louis, Vice President of Marketing, Communications and Brand Management for United Way of Greater St. Louis; **E. Thomas Gimbel** of Chicago, CEO of The LaSalle Network; and **Lori L. Hoadley**, of Rockford, Ill., an employment and education attorney with Hinshaw & Culbertson.

# DBSA 2008 Board of Directors

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**Ronald Rossetti**  
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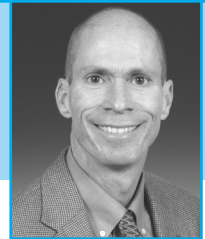
## PRESIDENT

*Non-voting member*  
**Sue Bergeson**  
Chicago

# Scientific Advisory Board Update

## Is There a Science of Recovery?

**Greg Simon, MD, MPH**  
**SAB Chair**



I'm certainly a disciple of the mental health recovery movement. But I must admit that my belief in the value and power of peer support and recovery planning is based more on personal experience, anecdotal evidence, than on the results of scientific research. So, the question is: How can we build that evidence for peer support and recovery? To spark more of this kind of research, we in the recovery movement face three significant challenges. We must find a way to

- Broaden psychiatric research's horizons to study people's strengths and goals rather than just symptoms and limitations.
- Illustrate the importance of consumer activation/empowerment and consumer-provider treatment partnerships (collaborative care).
- Demonstrate the decisive benefits to be gained by transforming health care systems into ones that promote recovery and peer support.

Historically, psychiatric research has emphasized the connection between mood disorders and disability. Current studies show that, on average, individuals living with mood disorders report that they have a poorer quality of life, they're less likely to work and they spend a longer period of time incapable of fully participating in their lives. The studies also find that reducing people's symptoms reduces disability and improves their quality of life. This is certainly helpful information, but the recovery movement focuses on improving the quality of life **even if** symptoms can't be completely eliminated. What the psychiatric field needs is a revolutionary new type of research—one that studies quality of life **apart from** symptoms. Traditional research has tended to measure negatives rather than positives. And it must change its focus—from the limitations of symptoms to the real possibility that those experiencing these symptoms can live empowered lives, full of meaning and enjoyment.

To study the benefits of consumer empowerment, psychiatry has a good way to go. Recent research on collaborative care programs

indicates that educating consumers and supporting self-management leads to increased consumer satisfaction and better symptom management. But unfortunately, most of this kind of research comes from the field of general medicine rather than psychiatry. For example, studies during the 1980s of individuals with hypertension and diabetes found that education and consumer empowerment led to better treatment outcomes for these illnesses. Those with arthritis and other chronic physical illnesses have available to them a series of peer support programs to promote better self-management, a series developed by Kate Lorig, RN, DrPH, at the Stanford University School of Medicine. It's ironic that the field of general medicine is paving the way toward more effective healing relationships, when **psychiatry** is the field that addresses, as the Greek root of the word tells us, the "healing of the soul." We need to understand more about how hope and a sense of empowerment contribute to healing.

One of the recovery movement's main goals is to transform mental health systems so that they promote these healing relationships. And we're only just beginning to think about ways to carry out the research needed to make that transformation a reality. Some time ago, I helped conduct a pilot study of peer support and recovery planning in an outpatient mental health clinic. We began the way researchers usually do, by randomly assigning half of the participants to receive the new, recovery-oriented services and half to continue with "status quo" care. But we soon realized that actually establishing a peer support program in the clinic would mean significant changes in the clinic's culture and structure—an organizational revolution, if you will. And that doesn't fit into the usual research method of randomized, controlled trials. I remember asking a DBSA colleague, "How do you do a randomized trial of a **revolution**?" We're still working on that question.

## DBSA 2008 National Conference • The Power of Peers

September 10-14, 2008 • Sheraton Norfolk Waterside Hotel • Norfolk, Virginia

Tap into the power of peers this September as DBSA presents a conference of compelling workshops, breakout sessions and an unprecedented lineup of renowned keynote speakers:

- **Kay Redfield Jamison, PhD**, professor of psychiatry at The Johns Hopkins University School of Medicine and author of *The Unquiet Mind* and *Touched with Fire*
- **Pat Deegan, PhD**, leader in the consumer/survivor movement and co-founder of the National Empowerment Center, Inc., and Boston University's Institute for the Study of Human Resilience
- and co-keynote speakers, **Richard M. Cohen**, award-



**Jamison**



**Deegan**



**Cohen**



**Fricks**

winning author and **Larry Fricks**, featured in Cohen's latest book, *Strong at the Broken Places*, and internationally known for his work designing the first Medicaid-billable certified peer specialist program in the U.S.

Join DBSA for an empowering weekend in the charming waterfront city of Norfolk! Called a "cultural center of note" by *The New York Times*, Norfolk offers world-class museums, galleries, performing arts as well as the sandy beaches of Chesapeake Bay.

For the latest information, visit  
[www.DBSAAlliance.org/Conference2008](http://www.DBSAAlliance.org/Conference2008).



# Chapter Highlights

## New Year, New Ways to Reach Out

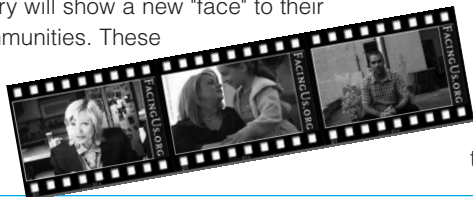
DBSA chapters and support groups serve about 70,000 people each year. This year, chapters are using new and innovative ways to let others know "We've been there. We can help." These examples highlight some of the advancements being made in hopes of reaching out to even more people as the year goes on.

### Online Support Groups

Finding peer support in your community just got easier! DBSA has launched three online, real-time support groups for people living with mood disorders. These virtual meetings, which function just like face-to-face DBSA support groups, provide you another opportunity to find the hope, help and support needed for a lifetime of wellness ... all in the comfort of your own home. For more information about DBSA's online support groups, visit [www.DBSAAlliance.org/OSGhome](http://www.DBSAAlliance.org/OSGhome).

### Facing Us

As part of DBSA's national "Facing Us" campaign, this spring 23 chapters across the country will show a new "face" to their local communities. These chapters will be hosting a live



event where people can come together to learn about mood disorders, share their stories and show the world the real "face" of recovery. Contact your local chapter for more information or to see if an event will be held in your community later this spring.

### DBSA State Organizations

DBSA state organizations serve as representatives of DBSA in their states and provide support to new and existing local DBSA chapters. Currently, there are 17 DBSA state organizations throughout the country. These organizations conduct state-wide efforts to improve the lives of people living with mood disorders. They do this by participating in a variety of activities such as statewide advocacy and legislative matters, active recruitment challenges, continuous development efforts and educational and community outreach. Find out how to get involved with a DBSA state organization at [www.DBSAAlliance.org/StateOrgs](http://www.DBSAAlliance.org/StateOrgs).

The personal empowerment and public outreach that chapters offer is invaluable ... and DBSA counts on donor contributions to help us keep our grassroots growing, so that our chapters can continue to help others along the road to recovery.



To find a chapter near you, visit [www.DBSAAlliance.org/FindSupport](http://www.DBSAAlliance.org/FindSupport).

## Specialty Support Groups

Mental illness does not discriminate; it can affect anyone. And DBSA's mission, to improve the lives of people living with mood disorders, means reaching out to all individuals, regardless of age, social or ethnic background, etc. Recognizing that there are some needs that may not always be met in a conventional support group, many chapters are now forming new support groups that serve specific needs. Some of these specialty groups may include:

- veterans
- older adults
- young adults/adolescents
- the GLBT (gay, lesbian, bisexual, transgender) community
- women experiencing postpartum depression
- speakers of Spanish or other languages spoken widely in your community
- individuals with a dual diagnosis (substance use and mood disorder)
- gender-specific (men's or women's groups)

Contact your local chapter to find out more information about the services and support offered in your community.

## New Chapters

Chapters affiliating between October 1, 2007, and February 1, 2008

DBSA South Orange County (Calif.)  
DBSA Ukiah (Calif.)  
DBSA Denver (Colo.)  
DBSA Strasburg MVF (Colo.)  
DBSA South Florida (Fla.)  
DBSA Boise (Idaho)  
DBSA Morgan County, IN (Ind.)  
DBSA Lexington (Ky.)  
DBSA Hagerstown (Md.)  
DBSA Harford County (Md.)  
DBSA Lutherville-Timonium (Md.)  
DBSA Roland Park (Md.)  
DBSA Pioneer County (Mass.)  
DBSA Jackson-Hillsdale (Mich.)  
DBSA RTP-Handlon Correctional Facility (Mich.)  
DBSA Sanilac County (Mich.)  
DBSA St. Louis Self-Help Center (Mo.)  
DBSA Bellevue Moms (Neb.)  
DBSA Carson City (Nev.)  
DBSA Metuchen (N.J.)  
DBSA Mt. Holly (N.J.)  
DBSA Cape Fear (N.C.)  
DBSA Southwest Charlotte (N.C.)  
DBSA Transylvania County (N.C.)  
DBSA Lake County (Ohio)  
DBSA Armstrong Regional (Penn.)  
DBSA Horry County (S.C.)  
DBSA Blount County (Tenn.)  
DBSA Bexar County (Tex.)  
DBSA Group Health Cooperative, Seattle (Wash.)  
DBSA Barbour County (W.V.)  
DBSA Ritchie County (W. V.)

## Headline News

**DBSA Launches New Website  
"Peers Helping Peers" Technical  
Assistance Center (TAC)**  
[www.PeerHelpingPeers.org](http://www.PeerHelpingPeers.org)

**Dispelling Stigma on NBC's  
The Today Show:  
DBSA's Larry Fricks**  
[www.DBSAAlliance.org/  
TodayShow](http://www.DBSAAlliance.org/TodayShow)



# A Mid-Autumn Night's Dream: The 2nd Annual Rebecca's Dream Gala

On Saturday, November 3, 2007, the 2nd Annual Rebecca's Dream Gala "sparkled like a midnight star-filled sky," as guest Linda Chaplik Harris, a Chicago attorney, exclaimed. "The love and warmth in the room made it magical." Held at the Chicago Cultural Center, the Gala did indeed seem enchanted ... with tiny twinkling votives, glittering gowns, exquisite orchids ... and hope. A champion of hope for the mental health community, Congressman Patrick J. Kennedy (D-R.I.), was presented with the 2nd Annual "Legacy of Life" Award for his impassioned work on Capitol Hill promoting legislation such as mental health parity. "Kennedy was thrilling," said one guest. "So much fervent, genuine passion from a politician surely can scald the cynicism off even the most disillusioned of us.... [Rebecca's Dream is] going into places that are dark, fearsome and lonesome and lighting fires, spreading comfort and offering lifesaving solidarity."



Congressman Patrick J. Kennedy receives "Legacy of Life" Award from DBSA Board Chair Stephen Propst

## Annual Gala '08 • Save the Date

Saturday, November 8, 2008

7:00 p.m.

Chicago Cultural Center

[www.ReccasDream.org](http://www.ReccasDream.org)

More than \$270,000 was raised for the Rebecca Lynn Cutler Legacy of Life Foundation, established in honor of Chicago native Rebecca Cutler, who lost her life to bipolar disorder. "No one in attendance

could have been unmoved," said guest Michael Sobel, "by the love and devotion which prompted this benefit, nor the burning need to get the message out to help others suffering from [bipolar disorder]." To that end, the Gala's proceeds will fund a variety of this year's educational and outreach efforts to promote awareness and understanding about the illness.

The Gala drew nearly 300 guests for the award presentation, special silent auction, dinner and dancing to the music of Glen Traeger and His Orchestra. Guests included Illinois Lieutenant Governor Pat Quinn; Manny Flores, alderman for Chicago's 1st Ward, and his wife Georgina; Bill Rancic, TV personality and the first-season winner of *The Apprentice*; his wife, Giuliana (DePandi) Rancic, anchor and managing editor of *E! News*; and Steve Cochran, WGN Chicago radio host. Cochran emceed the evening's festivities, which also included speeches by DBSA Board Chair Stephen Propst and President Sue Bergeson; Brett Cutler, Rebecca's brother; as well as Gail and Norm Cutler, parents of Rebecca.

## Planned Giving: Our Future and Yours

It's no secret that your goodwill helps DBSA create and maintain programs that make the future brighter for the millions of Americans living with mood disorders. And one way to share your goodwill is through planned giving. At [www.DBSAlliance.org/Future](http://www.DBSAlliance.org/Future), find out about all the easy ways to give the gifts of recovery, education and support to those with depression and bipolar disorder.

This new, user-friendly section of our website walks you through everything you need to know about planned giving:

- A glossary, so you don't get confused by unfamiliar planned giving terminology
- All of the tax and income benefits of the various kinds of planned gifts
- Tips on how to make gifts from life insurance policies, retirement plan assets or appreciated property
- How to set up your will so that the government does not benefit more than your heirs
- How to calculate your income tax deduction for charitable gifts

By designating DBSA as a recipient of your planned gift, you become a member of the Dr. Jan Fawcett Heritage Society, named after DBSA's founder, a prominent psychiatrist and researcher. But more importantly, you give others the possibility of a future full of hope.

**If you currently donate, or are thinking about giving, to DBSA, please visit [www.DBSAlliance.org/DonorSurvey](http://www.DBSAlliance.org/DonorSurvey) to answer a few quick questions. Thank you for your help!**



## New Peer Specialist Continuing Education

To comply with new federal Medicaid reimbursement guidelines for peer support, many states and organizations are now requiring peer specialists to take continuing education (CE) courses from a recognized provider, like DBSA, to maintain their certification and/or employment. This past December, DBSA kicked off an exciting new program to help peer specialists meet these requirements: live, interactive webinars worth 1.5 CE credits. The first Tuesday of every other month, peer specialists from across the country will join presenters such as Ike Powell and Larry Fricks for a new CE webinar.

All live webinars include a formal presentation followed by a Q&A session. Two weeks after the web broadcast, each course will be available online in a self-study format at the DBSA Recovery Education Center. The cost per webinar or self-study course is \$75 per individual registrant. Coming up next is "Peer-Led Health Self-Management: An Emerging Field of Practice" on April 8.

**"DBSA is providing an incredible resource for peer specialists across the country. It's great that they've stepped up to provide this ongoing training which—in many areas—is not available through any other means."**

—Melanie Green,  
Vancouver, Wash.,  
December CE  
webinar participant



**For the complete listing of CE courses/dates, information about the instructors or to register, visit [www.DBSAlliance.org/PSce](http://www.DBSAlliance.org/PSce).**

# Your New Online Home for Wellness



This past December, the “doors” to the Facing Us Clubhouse opened to rave reviews. An innovative and interactive web-site, [www.FacingUs.org](http://www.FacingUs.org)

is an online community created to provide a safe haven for those living with mood disorders and offer inspiration and encouragement to anyone seeking personal wellness. “This is a special place,” said DBSA Executive Vice President Peter Ashenden, “where visitors can spend quiet time—journaling, meditating, doing yoga or browsing the media room—early in the morning or in the middle of the night. This is an extraordinary place that will provide hope, help and support, 24 hours a day, seven days a week.”

The Facing Us Clubhouse was built to be a comfortable environment where users can feel at home. Several “rooms” in the clubhouse require you to first create a log-in account. This allows you to establish a personal “file,” so to speak, so that you can design your own unique wellness tools.

**“The Facing Us Clubhouse website is a great example of utilizing the latest in technology to bring consumers a greater level of access to self-care and recovery. It represents a model for the future in empowering people along their journey of recovery.”**

— Charles Curie,  
former administrator of SAMHSA

Once inside the Clubhouse, you can:

- Develop a wellness plan to help keep your days balanced and positive.
- Keep a personal online journal of your daily feelings and emotions. Entries are completely private.
- Share wellness tips with others on ways to maintain good mental and physical health.
- Create a wellness book filled with tips for maintaining a healthy life. These tips can be a combination of personal tips and those chosen from a library of shared tips posted to the site by other users. While each person’s book remains private, you also have the option to create books for

friends and family members as a way to offer inspiration and support.

- Print a copy of your wellness book, wellness plan and personal journal with beautiful artwork as a cover.
- Browse the multimedia room for a variety of art, audio and video presentations, public messages and personal video stories. You can also create your own personal video stories to share.
- Send an e-postcard with a birthday greeting or simple message of support.

- Connect to important resources that offer additional information about mood disorders.
- Feel secure knowing that all of the site’s activities are completely private and confidential.

**To explore the Clubhouse and see the winners of the national “Facing Us” art, video and PSA contests, visit [www.FacingUs.org](http://www.FacingUs.org).**



## Your Vote Counts!

Did you know that many elections have been decided by fewer than 100 votes? With the presidential election upon us, it’s more important than ever to learn about the issues, the candidates and where they stand. DBSA will soon be launching an online election center that will offer details on the issues as well as the candidates’ contact information, campaign contributions and voting records on important legislation. Also available will be a side-by-side comparison of each one’s position on health issues, focusing on those related to mental health. The election center will keep you informed, so that you can go to the polls educated and knowledgeable this November.



## DBSA Wellness Programs

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otherwise be directed toward their mental health recovery. Besides time, energy and resources, the problems of smoking, substance use and obesity can also rob people of the chance to attain their personal life goals, fundamental components of recovery. Substance use, for example, can have devastating personal “side effects.” It can mean failing an employee drug test and not getting that new job. It can mean stress and strain with loved ones that could lead to broken families and broken relationships, rather than healed ones. To achieve a life in recovery, it’s crucial to address wellness, both physical and mental.

Most people with a serious mental illness are well into their 40s before they enter recovery. And a 25-year shorter life expectancy means less time to enjoy fully living—thriving—in that recovery. The new Wellness Programs focus on individuals’ personal goals, such as getting a new job or mending a broken relationship, to propel them toward recovery. Through these programs, DBSA strives to empower those with mood disorders to clear obstacles from their path to reach recovery sooner ... and enjoy it longer. Our goal is more than simple “survival.” Our goal is a thriving, elegant life.

**For more information on the DBSA Wellness Programs, contact Lisa Goodale at [LGoodale@DBSAAlliance.org](mailto:LGoodale@DBSAAlliance.org).**



**Let us know what you think about the voting process and upcoming elections at**

[www.DBSAAlliance.org/VoterSurvey](http://www.DBSAAlliance.org/VoterSurvey).

**Continued from page 2, references for President’s Outlook**

1 American Psychiatric Association Practice Guidelines for the Treatment of Patients with Substance Use Disorders, Second Edition. In *American Psychiatric Association Practice Guidelines for the Treatment of Psychiatric Disorders: Compendium 2006*. (Arlington, VA: American Psychiatric Association, 2006), pp. 291–563.

2 B.F. Grant, PhD; D.S. Hasin, PhD; P. Chou, PhD, et al., “Nicotine dependence and psychiatric disorders in the United States,” *Archives of General Psychiatry* 61 (2004):1107–1115.

3 K. Lasser, J.W. Boyd, S. Woolhandler, et al., “Smoking and mental illness: A population-based prevalence study,” *JAMA* 284 (2000):2606–2610.

