

MOODS

Serving People with Unipolar and Bi-polar Illness, Their Families and Friends, since 1981

November 2016

From the Chair by Dr. Li Faustino

Why separate families?

Why do we separate friends and family into a separate group? From time to time this question comes up. Usually it is when a newcomer with the illness, who is nervous to come to their first meeting, wants their family member with them in the group. More rarely, a family member will want to bring in their sick loved one to be in the group with them.

It might seem strange that a group so much about support that it is in our title would not allow these members to attend a group together. So we try our best to explain it to people when they come to the groups expecting to attend together.

Many years ago MDSG operated as one big group. There were, in fact, family members together in groups with loved ones with the illness. What seemed to happen over and over was the person with the illness did most of the talking. The family member did not get a word in or get to tell their side of the story. The reason for this will vary from situation to situation and the truth is that it would not be fair to either party to not get a chance to voice their experience.

As you may know, some family members do not understand the illness. They think their loved one is lazy, or is not trying hard enough, or is purposely ignoring them. On the other side of this coin, some family members under-

stand the illness, but the person with the illness is having difficulty accepting it. Either way, both parties need to be able to talk freely about that or how annoyed they are with their family, without getting into an argument with their family. Further, each will benefit from support and understanding from their respective groups.

The whole point of support groups is that the support, information and insights come from people other than your family or mental health professional (this is why we also do not allow therapists to accompany their patients to group).

So how do you deal with the

anxiety of attending a group alone for the first time? We assure those who are nervous that there is no pressure to talk. We also let them know that over the years, we see that most newcomers swear they will not talk, and then they become so comfortable in their first group that they do end up talking. But that is just to attest that they will likely feel better soon. There is still no pressure to talk.

In the end, each group preserves its integrity as a safe context for all the members to talk about their side of the story, their experience and their frustrations with their family. And it is very important that people are able to do that.

Ask the Doctor with

Li Faustino, Ph.D.

Once diagnosed bipolar, am I bipolar for life?

It depends. If this question means, do you need to stay in some kind of treatment (like medication and psychotherapy) for life, then usually. But there are some people who remain symptom-free and well for years and eventually (under the direction of their doctor) go off medication later in life or stop psychotherapy. However, that is not common. There are also some cases of people whose bipolar disorder seems to “calm down” when

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David Hellerstein, M.D.

How does your psychopharmacologist determine the frequency of your appointments?

Generally, based on how you're doing. Initially, when you're in the evaluation and early treatment phases, visits are more frequent, whereas after you're feeling stable and doing well, they are stretched out. During long-term maintenance, they may be quite infrequent. And if you're in a crisis or having difficulty taking or tolerating medicines, the visits would be more frequent again. Every psychopharmacologist practices differ-

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Ask the Doctor with Li Faustino, Ph.D.

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they get older. Another way to answer this question is in regard to the label of bipolar. Sometimes it is important that one's diagnosis is central in their life because being able to function and recover depends on them crafting their life around it. However, it is definitely possible that one comes to a point in their life where being bipolar is not central and they shed that label as a defining part of their identity.

There seem to be so many types of therapy to choose from these days from Cognitive Behavioral to Interpersonal. How do I know which one is right for me?

You actually don't have to choose just one. The research shows that the best predictor of a good outcome in psychotherapy is not the type of the therapy, but the strength of the relationship between you and your therapist. We call this the "therapeutic alliance" and it refers to the collaborative relationship and understanding that you and your therapist have of what kind of work you will do in your treatment. Sometimes this "plan" is discussed explicitly and sometimes it is implicit and simply understood. With that said, there has been plenty of evidence that Cognitive Behavioral Therapy (CBT) is effective for depression and anxiety, but a good treatment will include much more and many types of therapy.

Ask the Doctor with David Hellerstein, M.D.

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ently, but often the initial visits are every two to four weeks during the evaluation phase, perhaps monthly to bimonthly during the maintenance phase, and for people who have been stable for many years the visits may be as infrequent as every 3 to 6 months.

How does your doctor determine how well you are doing, by his observations of you when he sees you for half an hour?

If you're coming for regular medication visits, your psychiatrist has gotten an extensive history including how you're doing at present, your previous history, your medical problems, your current life stresses, your strengths and social supports, and a host of other types of key information. By knowing your symptoms and how they've responded to medication, as well as side effects, your doctor can see how things have changed over the past month or however long since your last visit. A good clinician (of whatever specialty) develops skills to assess how a patient is doing fairly rapidly, and then can make necessary treatment decisions, based on how the person has changed over time. Half an hour is actually a lot of time to do such an assessment; many patients tell me that they only see their psychiatrist (or their primary care MD, for that matter) for ten minutes at a time, sometimes only five minutes. To me, those shorter visits pose more of a challenge.

Researchers in a study at Stanford University investigated whether they could predict the likelihood that antidepressants would work for patients with depression based on their childhood stress exposure and amygdala (brain) activity. Stress included abuse, neglect, family conflict, illness or death, and natural disaster. Brain activity of the 70 patients with major depressive disorder was measured while they viewed pictures of emotional faces. Antidepressants were less likely to work for those in the high stress category, however, these patients had a greater chance of benefiting from the medication if their brains were highly responsive to happy facial expressions. Patients with low childhood stress were most likely to benefit from antidepressant treatment. Their chances rose if their brains were less sensitive to both happy and fearful stimuli. Thus, for some patients, it might help to first try therapy techniques that address the impact of trauma in a person's life. (condensed from NIH Research Matters).

Mood Disorders Support Group
New York

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All information in the newsletter is intended for general knowledge only and is not a substitute for medical advice or treatment for a specific medical condition.

Ask the Doctor Send your questions about depression and bi-polar illness to newsletter@mdsg.org Questions will be answered by a psychiatrist or psychologist as appropriate and as space permits.

Web Sites Offering General Information About Mental Health Disorders

Part 1

Prepared by

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www.helpguide.org

HelpGuide reassures users, whether a teen, a parent, an adult, whether facing a troubling issue or experiencing emotional pain, no matter how bad things seem—that there is hope. Research linking stressors to mental, emotional, and social issues makes self-awareness and self-help the cornerstone of healing and health maintenance. HelpGuide collaborates with Harvard Health Publications to make expert content available to consumers on a full range of topics for teens, parents and adults. It also offers an Emotional Intelligence Tool Kit which teaches a skill set that you can learn for keeping your nervous system in its comfort zone and on track so that your mind and body can function optimally, even when you feel threatened.

www.aacap.org

The American Academy of Child and Adolescent Psychiatry (AACAP) is to promote the healthy development of children, adolescents, and families through advocacy, education, and research, and to support the professional needs of child and adolescent psychiatrists throughout their careers. AACAP is committed to promoting a partnership with youth and families to improve the mental health of America's youth. The AACAP Youth Connection, made up of youth, young adults and child psychiatrists promotes

Mental Health Services Announced by New York City

Chirlane McCray, First Lady of New York City, announced new mental health services. Her letter reads as follows:

When our family needed mental health support, we weren't sure where to look. Now, thanks to [NYC Well](#), all New Yorkers have somewhere to turn when they need mental health care.

NYC Well is a one-click, one-call connection to counseling, crisis intervention, peer support, and referrals to ongoing treatment and support services. Help for you or someone you care about is as close as your phone or computer, and it's free and confidential. You can reach NYC Well 24 hours a day, 7 days a week, 365 days a year. Here's how:

- Call 1-888-NYC-Well
- Text "WELL" to 65173
- Log on to nyc.gov/nycwell

We know that mental illness is treatable, and with the right help people can turn their lives around. That's why we launched [ThriveNYC](#), our comprehensive plan to build a more inclusive mental health system. NYC Well is at the core of that plan, and it is for everyone—no matter where you live or how much money you make.

We want every New Yorker to know this number: 1-888-NYC-Well. If you or a loved one is struggling with mental illness or substance misuse, help is available right now at NYC Well.

youth voice and empowerment throughout AACAP and within the behavioral health system by developing educational materials that include "In our own words" videos and tip sheets. The videos include: "Coping with Mental Illness", "Myths and facts", and "Talking About Mental Illness".

www.annenbergpublicpolicycenter.org

http://

www.annenbergpublicpolicycenter.org/ahrci/copecaredeal-org/

The Annenberg Foundation Trust's Adolescent Mental Health Initiative was created to synthesize and disseminate scientific research

on the prevention and treatment of mental disorders in adolescents. This initiative produced the award-winning *Treating and Preventing Adolescent Mental Health Disorders: What We Know and What We Don't Know*, a definitive guide book for mental health professionals; a series of four books for parents, counselors and others concerned with the prevention and treatment of mental disorders in adolescents; and eight books for teens designed to help them cope with prevalent mental health disorders, including depression and substance abuse. The Trust disseminated the volumes nationally and online at its link to website: CopeCareDeal.org.

Tory is a MDSG Board Member and was a long-time West Side facilitator.