



Serving people with depression and manic depression, their families and friends since 1981

Spring 2014

Weekly Support Groups

*Doors open at 7:00 p.m.
Groups begin at
7:30 p.m.*

Manhattan West Side on Wednesdays

St. Luke's Roosevelt Adult Outpatient Psychiatric Clinic

411 West 114th St (bet. Amsterdam Ave. and Morning-side Drive.)

Manhattan East Side on Fridays

Beth Israel Medical Center, Bernstein Pavilion, 2nd floor,

Nathan Perlman Place (bet. 15th & 16th Streets, First & Second Aves)

Support groups allow participants to share their thoughts, feelings and personal experiences in small, confidential gatherings. Separate groups are available for:

- newcomers
- unipolar (depressive)
- bipolar (manic depressive)
- Under-30s
- family and friends.

Groups meet simultaneously. Support groups are free for members, and \$5 for nonmembers.

In Memoriam: Ivan K. Goldberg, M.D.

By Paul Urbanski, Ph,D
Chairperson, MDSG Board of Directors

It is with great sadness that we notify you of the passing of Dr. Ivan K. Goldberg. For many of our members, Dr. Goldberg is best remembered as a popular speaker at MDSG's lectures. His Q&A format was always warmly received, and reflected his tireless desire to find cutting-edge treatments for those struggling with mood disorders. He contributed valuable information in this newsletter with his column, "Ask the Doctor" and sought to be a reliable resource for MDSG members, their friends and family. He was MDSG's longest-serving board member, its medical advisor and a true friend. Dr. Goldberg's intellect, compassion and sense of humor will be greatly missed.

A psychiatrist and clinical psychopharmacologist in private practice in New York City, Dr. Goldberg founded Depression-Central.com, an internet clearinghouse of psychiatry-related research and professional papers. He served as a staff member of the National Institute of Mental Health, the Department of Psychiatry at Columbia-Presbyterian Medical Center, and Columbia University's College of Physicians and Surgeons. The author of *Questions and Answers About Depression and Its Treatment: A Consultation With a Leading Psychiatrist* and many other books, Dr. Goldberg was the recipient of the 2014 Distinguished Service Award presented by the American Psychiatric Association.

Dr. Goldberg was devoted to providing advanced and innovative treatment for disorders that did not respond to standard drug treatments. He was especially interested in depression and bipolar depression that was deemed "treatment resistant" and frequently worked with



Photo credit: unknown.

people diagnosed with atypical depression, rapid-cycling bipolar disorder, and severe mixed states. Dr. Goldberg's extensive experience allowed him to become one of the most prominent and respected leaders in his field.

An avid photographer, Dr. Goldberg's prints can be found in numerous museums including the Arizona State Museum, Boca Raton Museum, Milwaukee Art Museum, and the Museum of New Mexico, as well as museums in Europe and Japan. He has photographed in Central and South America, Iceland, Europe, North African and the U.S.

We at MDSG offer our sincerest condolences to Ivan's wife, Cynthia Meyer Goldberg; his daughters, Bonnie Goldberg and Meredith Goldberg; two step-sons, Vincent and Eric Matal, and granddaughter, Isabel Kendall.

Those of us who had the good fortune of knowing Ivan will remember him warmly as a thoughtful, insightful and tireless advocate for those struggling with mood disorders. His contributions to MDSG will leave a lasting imprint, both on the organization and our members.

Cards for Ivan's family may be sent to Ivan's office:

The Goldberg Family
177 East 87th Street, Suite 407
New York, NY 10128

Psychology Space

Li Faustino, Ph.D

One of our recent lectures at MDSG was entitled “Good Grief! How to Prevent Mourning from Becoming Depression” delivered very eloquently by Dr. Lois Kroplick, a psychiatrist in private practice in Westchester. In light of the recent passing of our beloved Ivan Goldberg, it seems fitting to discuss mourning and the helpful points raised in Dr. Kroplick’s lecture.

Some of us knew Dr. Goldberg very well and worked with him for years, while others saw him as a patient, and still others had a more distant relationship. It is important to think about mourning in any of these

situations. Even if you did not know Ivan at all, it is still good to know what distinguishes mourning from depression, since anyone with a mood disorder is at greater risk for a depressive episode when confronted with any trigger, including loss.

So how can we tell if we’re mourning or depressed? The two do look similar. Both have symptoms such as crying, sadness, disruptions in sleep and appetite, and loss of interest in activities. However, the sadness of mourning is usually experienced in waves that ebb and flow, the sad thoughts are focused on the loss, and

there may be moments of laughter. With depression, the sadness is more constant, has fewer waves, and there’s almost no humor. Sad thoughts are usually focused more on self-criticism than loss.

Even with these distinctions, mourning and depression can still be hard to tease apart. What’s more, the two can overlap. The most important thing to know about grief is that there is no “right” way to do it, and there is no specific time frame in which you are supposed to recover. If you are still grieving after many years, don’t be harsh on yourself. Explore ways to make sure you are function-

ing at your best — but let go of the “should”. Mourning may be experienced in different ways over time.

My relationship with Ivan Goldberg was long, and we experienced many ups and downs at MDSG together. At times we worked very closely to resolve big problems. Ivan was supportive and helpful in every way during my training as a psychologist. When I attended a service after his passing, I appreciated the opportunity to process loss with his friends and family.

Answers to SAMHSA Quiz from page 4

1) **C.** Roughly one in five adults had a diagnosable mental illness. This percentage is consistent with previous years.

2) **B.** 41% of adults with a diagnosable mental illness received treatment. Among those with serious mental illness, 61.9% received treatment.

3) **B.** 77.9% of those with Medicaid or CHIP received treatment, compared to 68.6% of those who had private insurance. Only 50.2% of people who had no insurance received treatment.

4) **A.** Cost was the top deterrent to getting care: 45.7% of respondents cited it as the reason they did not receive treatment. Slightly

over 28% of people thought they could manage the problem on their own, and 23% said they didn’t know where to go for help.

5) **B.** 2.2 million youth ages 12 to 17 (9.1% of the population) experienced a major depressive disorder in 2012.

6) **D.** Nine million American adults (3.9%) had serious thoughts of suicide in the past year.

The full report of the survey on which this quiz is based can be found at SAMHSA.gov

Resources!

Podcasts

Stuck inside? The Depression and Bipolar Support website has free podcasts on a variety of topics. Go to dbsalliance.org and click on Education for a complete listing.

Zentangles

Somewhere between doodles and fine art there lies a relaxing exercise called Zentangles. All you need are fine-line pens and white paper to get started. Zentangles are designed to focus the mind on drawing one line at a time. The results are startlingly beautiful.

You can buy a kit with supplies, or visit Zentangle.com and click on ‘Learn’ for information on basic techniques.

Mood Disorders Support
Group New York
MOODS
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Inquire about bulk orders.
MDSG is affiliated with the Depression and Bipolar Support Alliance.

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The Reader's Corner

Betsy Naylor

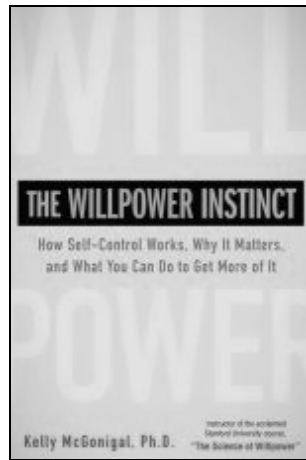
The Willpower Instinct: How Self-Control Works, Why It Matters, and What You Can Do to Get More of It

by Kelly McGonigal, Ph.D.
Avery paperback 2013

Why do we give in to desires without thinking of the consequences? Why are bad habits so impossible to break? Dr. Kelly McGonigal's fascinating book *The Willpower Instinct* delves into these questions in an extremely helpful way. Based on a popular 10-week course at Stanford's Continuing Studies program, *The Willpower Instinct* explores why we behave the way we do, and provides concrete tools for change.

People often think of willpower as a tyranny of *shoulds* that we need in order to correct our mistakes and inadequacies. McGonigal tells us this isn't so. Willpower is "...a biological instinct, like stress, that evolved to help us protect ourselves from ourselves." When it works, willpower is what allows us to balance our yearning for short-term gratification in balance with our long-term goals.

Each chapter of the book focuses on one facet of willpower, explaining what the research shows, and what we can do to sidestep common pitfalls. One of the biggest misconceptions people have is that they think their lack of self-control is a moral failing. But the human body is hard-wired to re-



spond to things we anticipate will give us immediate pleasure. Problems arise because, as McGonigal explains, "Our brains mistake the promise of reward for a guarantee of happiness, so we chase satisfaction from things that do not deliver."

We've all been in situations where we make short-term choices that sabotage a long-term goal. When this happens, we tend to be plagued by feelings of regret and guilt. Those uncomfortable feelings make us feel bad in a different way, so we do something to make ourselves feel better. Usually that something is to indulge in a treat or drink or cigarette or mindless computer game -- and the nasty cycle repeats itself.

The good news is that we can train ourselves out of this cycle. The trick is to learn to see the distinction between what we *think will make us feel better* and what truly does. The more often we stop to consider why our willpower fails us, the more we will be able to keep our longer-term goals in mind.

If pausing to examine our feelings before acting upon them sounds something like mindfulness, it is. Some of the techniques for strengthening our 'willpower muscle' are familiar to anyone who has struggled with a mood disorder. Meditation and exercise are high on the list; little things like getting enough sleep and eating reasonably healthy meals make a difference. Most important, though, is training ourselves to recognize the patterns in when and why we fail, and the circumstances in which we succeed. That requires introspection, and a willingness to listen to our thoughts without judging ourselves.

One intriguing chapter discusses the "halo effect". This is the wrinkle in logic that tells us that since we've been good in one way, we deserve a break in another. Even when we think there's no relationship between patting ourselves on the back and indulging, we're wrong. Research studies show that putting a salad option on the fast-food menu makes people more likely (yes *more* likely) to order a greasy burger and fries. This is because merely noticing a healthy choice can make us feel virtuous; the halo effect translates that into a justification for indulging in a higher-calorie meal.

The way to prevent the halo effect is to be attentive to when and why we give ourselves license to give in to

temptation. McGonigal notes that "For a change to stick, we need to identify with [our actual goal, like weight loss], not the halo glow we get from being good." Remind yourself *why* you chose not to smoke all morning, or why you didn't eat those cookies, rather than on the fact that you did. Focusing on the purpose behind resisting a temptation leads to a higher rate of success in making good choices.

Another pitfall is what researchers call the what-the-hell effect. If you already passed your two-drink limit, what's another drink? If you gorged at lunch, you might as well have cheesecake for dessert. We somehow assume that it's easier to restart another day, that we'll have more self-control tomorrow.

In MDSG discussions, we talk a great deal about what we can do to get better, but almost no one mentions willpower as a mechanism for change. We are forever making choices: Now or later? Very hungry or hungry? Yes or no? It helps to pay attention to the thoughts and feelings that drive us toward making the choices we do.

Willpower will be one of the issues we'll be discussing in the Topics group at MDSG.

The 2012 SAMHSA Survey Quiz

The 2012 National Survey on Drug Use and Health results are in. Each year the Substance Abuse and Mental Health Services Administration (SAMSHA) conducts this survey so there's a benchmark for assessing the mental health of the country. How much do you know?

1. According to SAMSHA, the number of adults in the U.S. who experienced a diagnosable mental illness in 2012 was:
a. 12.5 million
b. 25.6 million
c. 43.7 million
d. 55.3 million

2. The percentage of people in the SAMSHA study who received some sort of treatment was:
a. Between 0 and 25%
b. Between 26 and 50%
c. Between 51 and 75%
d. Over 75%

3. Adults who received treatment for a major depressive episode were most likely to

have which of the following types of insurance?

- a. None
- b. Medicaid or CHIP
- c. Private insurance

4. The top reason people did not receive treatment was:

- a. They couldn't afford it.
- b. They didn't know where to go.
- c. They thought they could manage it on their own.
- d. They were afraid of stigma.

5. The number of youth ages 12 to 17 who experienced a major depressive episode in 2012 was:

- a. Between 3 and 4 million
- b. About 2 million
- c. Just over 1 million
- d. 600,000

6. The percentage of Americans who had serious thoughts of suicide was:

- a. Less than 1%
- b. Between 1% and 2%
- c. Between 2% and 3%
- d. Over 3%

Answers to Quiz are on page 2.

In the News...

It's Not All in the Neurons

Scientists in Israel have discovered that non-neuronal brain cells called microglia may play a role in depression that's brought on by exposure to chronic stress. Microglia cells are primarily involved in the immune system, but they also play a role in responding to stress.

Researchers at Hebrew University induced depression-like symptoms in mice by exposing them to random, chronic stress for five weeks. They found that the stress resulted in a reduction in the number of microglia cells, and compromised the cells' appearance. Mice for whom the scientists blocked activation of these cells prior to inducing the stress did not show the same signs of depression or cell death. When the "depressed" mice were treated with drugs to stimulate microglia growth, they recovered quickly.

Source: Science Daily.com January 8, 2014

Specific Depression Symptoms Derail Work More

A recent study at SUNY Albany identified the symptoms of major depression affect work outcomes the most.

The highest-ranking factors were insomnia, hypersomnia (excessive sleeping), inability to make decisions, and emotional distress. Fatigue was also significant for women. The study included people who do not have formal diagnoses as well as those who do, since depression often goes undiagnosed.

The researchers noted that by targeting the symptoms which most affect employment outcomes, it may be possible to lessen the economic impact of major depression and increase productivity.

Source: Medical News Today January 27, 2014

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Cognitive Health for Better Bipolar Outcomes

Katherine Burdick, Ph.D

Associate Professor of Psychiatry and Associate Professor of Neuroscience, Mount Sinai School of Medicine

March 4, 2014

Note: This lecture was rescheduled from December 10 due to inclement weather

Bipolar Disorder is tricky to treat. First there's the issue of emotional speed control, and regulating mood so it's neither too slow nor too fast. Add to that the different types of Bipolar Disorder, each of which requires a different approach to treatment. Medication is critical to treatment and stability, but it's only part of the answer. We also need structure in

our lives, good sleeping habits, and we have to take care of our physical health. Now new scientific research suggests there's yet another critical component: we need to take steps to reduce the likelihood of long-term cognitive impairment that's often connected to Bipolar Disorder.

This is where Dr. Katherine Burdick comes in. Dr. Burdick's research focuses on how to improve long-term outcomes for people with Bipolar Disorder. She takes all the variables of the disease into account, but is particularly interested in preventing cognitive fallout. Why? Because deficits in executive function, verbal memory, psychomotor speed, and ability to pay attention appear to be major players in whether one recovers or continues to suffer. Join us to find out why this is... and what you can do about it.

Suicide: How to Predict it, How to Prevent it

Igor Galynker, Ph.D, M.D.

Associate Chairman, Department of Psychiatry, Founder/Director of Family Center for Bipolar Disorder, Beth Israel Medical Center

April 8, 2014

Note: This lecture was rescheduled from December 10 due to inclement weather

Over 38,300 suicides were completed in the U.S. in



2010, and 90% of those were by individuals with a mental disorder. The majority had been receiving mental health services within days or months of their death. Yet

suicide can be prevented. The problem is knowing how we can predict when someone is at risk. What warning signs should we look for to know that a suicide is imminent? How can we intervene effectively?

Dr. Igor Galynker, a specialist in this area, says that a suicidal act is not a "thinking" process. Most people think about suicide at some point in their lives, but don't act on the thought. Suicide is an urge that is acted out to stop pain.

Survivors of suicide attempts often speak with gratitude of how they later realized that suicide would have been a permanent solution to a temporary problem. Join us at our April 8 lecture to find out how to know when someone you love is at risk, what you can do about it, and how to monitor your own mental health to address problems that could result in self harm.

How to Sleep Better and Be Less Depressed

Shelby Harris, Psy.D, P.C.

Director, Behavioral Sleep Medicine Program, Montefiore Medical Center

May 6, 2014



feel lousy, even if you're not

Insomnia is one of the most common symptoms of depression. Lack of sleep makes you

already struggling with your mood! A series of recent studies on sleep offer extremely good news: sleep therapy treatment can almost double the effectiveness of depression treatment.

Cognitive Behavioral Therapy for Insomnia, known as CBT-I, is a short-term intervention with long-lasting results. It works for 40-50% of people in just four to eight sessions, and is often covered by insurance. The biggest problem is usually finding someone trained in this therapy. There are currently only 160 clinicians trained in this therapy.

Fortunately for us, on Tuesday, May 6, psychologist and behavioral sleep therapist Shelby Harris will speak to MDSG about CBT-I: what it is, how it works, and what kinds of benefits people with mood disorders can expect from treatment. Dr. Harris is the Director of the Behavioral Sleep Medicine Program at Montefiore Medical Center, and a therapist in private practice in Tarrytown, NY.

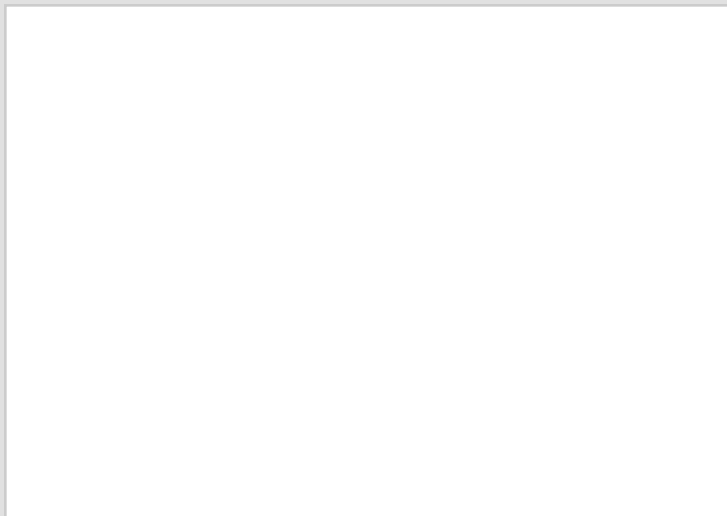
Join us for this great lecture, and perhaps get a better night's sleep afterwards!

About MDSG's Lecture Series

MDSG's lectures are designed to keep us up to date on emerging trends in research and treatment.

All lectures are held on Tuesday evenings at the Podell Auditorium in the Bernstein Pavilion at Beth Israel Medical Center. Enter at Nathan Perlman Place between First and Second Avenues and 15th and 16th St. Doors open at 7:00 p.m., and lectures begin at 7:30 p.m. The cost is \$4 for members, \$8 for non-members. We would be happy to have you join us.

MDSG, Inc.
PO Box 30377
New York, NY 10011



Stay Healthy, Keep MDSG Healthy

We all know it takes a huge amount of work to keep ourselves stable and healthy. MDSG plays a key role in supporting us in those efforts. The cost of membership and lecture admission doesn't come close to covering our expenses. Your financial support is crucial. Please give what you can.

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