



## Medication Update

### Lamotrigine (Lamictal) Linked to Risks for Hypersensitivity Reactions and Multiorgan Failure

The FDA approved safety labeling revisions for lamotrigine tablets and chewable dispersible tablets (Lamictal and Lamictal CD, made by GlaxoSmithKline) to warn of the risks for hypersensitivity reactions and multiorgan failure associated with their use.

Serious rashes requiring hospitalization and discontinuation of treatment have been reported in patients receiving lamotrigine. In clinical studies, the incidence of these rashes (including Stevens-Johnson syndrome) was approximately 0.8% in pediatric patients younger than 16 years and 0.3% in adults receiving lamotrigine as adjunctive therapy for epilepsy. In patients with bipolar and other mood disorders, the rate of serious rash was 0.08% for adults receiving lamotrigine as initial monotherapy and 0.13% for those receiving adjunctive treatment with the drug.

Although nearly all cases of life-threatening rashes have occurred within 2 to 8 weeks of treatment initiation, isolated cases have been reported after prolonged treatment (e.g., 6 months). Duration of therapy is therefore not an indicator of rash likelihood.

Because it is not possible to predict whether rashes will be benign or severe/life-threatening, the FDA advises that lamotrigine be discontinued at the first sign of a rash unless another etiology is confirmed. The FDA notes that cessation of lamotrigine therapy may not prevent a rash from becoming life-threatening or permanently disabling or disfiguring.

The FDA has also received reports of hypersensitivity

reactions in patients receiving lamotrigine therapy. Some cases were fatal or life-threatening and included clinical features of multiorgan failure/dysfunction, including hepatic abnormalities and evidence of disseminated intravascular coagulation.

Because early manifestations of hypersensitivity (e.g., fever and lymphadenopathy) may occur in the absence of rash, patients with these symptoms should be evaluated immediately. If an alternative etiology cannot be ruled out, lamotrigine should be immediately discontinued.

*Continued on page 3*



You are invited to our  
**"Heart to Heart" Get Together**  
**Tuesday, February 13**  
for CCNS members and participants in our  
psychoeducation classes

**Please join us from 7 to 9 p.m.**  
for an evening of fun, fellowship,  
and sweets

**East Garden Reception Room (111AB)**  
**The Winnetka Community House**  
**620 Lincoln Avenue, Winnetka**

Contact Frieda Ankin Fdankin@aol.com  
or 847-256-0668  
or Pat Rodbro pmrodbr@comcast.net  
or 847-945-6402  
Hope to see you there

## From the Co-Presidents

Dear Members,

Thank you for your vote of confidence for allowing Ann George to serve a second term as Co-President and Julie Savastio to begin her first term as Co-President. NAMI CCNS salutes Candice Hughes, our former Co-President who served tirelessly for the past four years. An additional thanks is extended to our Board Members, Committee Chairpersons and their Committees, as well as our patrons for their endless support.

As we approach Spring 2007, we can focus on what we want—and don't want—in our lives. Although we are working on a new strategic plan for our organization, (more about that in our next issue), we remain dedicated to NAMI's mission of treatment, rehabilitation and recovery of persons with brain disorders while providing information, education, advocacy, support, research, resources, and referrals. According to the National Institute of Mental Health, severe mental illnesses are more common than cancer, diabetes or heart disease; 20% of families is affected by severe mental illness during their lifetime.

When we hear "I didn't know where to turn," or "I can't face my family and friends," or "the heaviness of the intense anger is overwhelming," along with other comments from people, the woes of mental illness constantly remind us to address NAMI CCNS' mission.

Our 2007 goals are to increase membership in NAMI CCNS and heighten awareness of mental illness. Our dream is to move into a facility that can serve as a one-stop center for mental illness information. We propose to have access to research and information (including how to help personnel, caretakers, caregivers and consumers with their needs or requests); where to find housing, assisted living and compensation; and, even how to find a compassionate attorney who can represent an individual/family when there's a problem associated with mental health. The one-stop center would also provide an array of other assistances. Many who suffer from mental illness sink more deeply because of a lack of information.

NAMI CCNS is striving to help individuals and families impacted by mental illness to become educated for greater understanding. The center would aid in that endeavor. Your tax-deductible membership dues of \$35.00 will help immeasurably. Thank you.

Best Wishes,

Ann George and Julie Savastio

### 2007 Board of Directors

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Questions, comments?

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Visit our website: [www.namiccns.org](http://www.namiccns.org)

Website maintained by Tom Maier

**February March 2007**



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## **Medication Update/ continued**

Prior to initiation of therapy, patients should be warned that rash, fever, lymphadenopathy, and other symptoms of hypersensitivity may be symptomatic of a serious adverse event and instructed to report such occurrences immediately to their healthcare professional.

### **Aripiprazole (Abilify) Linked to Rare Risk for Neuroleptic Malignant Syndrome**

The FDA approved safety labeling revisions for aripiprazole tablets and oral solution (Abilify, made by Otsuka Pharmaceutical Company, Ltd) to warn of the rare risk for neuroleptic malignant syndrome associated with use of antipsychotic drugs, including aripiprazole.

Rare cases of neuroleptic malignant syndrome during aripiprazole therapy have been reported in the worldwide clinical database. Symptoms include hyperpyrexia, muscle rigidity, altered mental status, and evidence of autonomic instability. Elevated creatine phosphokinase levels, myoglobinuria, and acute renal failure may also occur.

Although there is no general agreement regarding specific pharmacologic treatment options for uncomplicated neuroleptic malignant syndrome, management should include the immediate discontinuation of antipsychotic drugs and other agents nonessential to concurrent therapy, intensive symptomatic treatment and monitoring, and treatment of other concomitant medical problems, if possible.

Aripiprazole is indicated for the treatment of schizophrenia and acute manic/mixed episodes associated with bipolar disorder.

### **FDA Approves New Drug for Schizophrenia**

The Food and Drug Administration (FDA) today approved Invega (paliperidone) extended-release tablets for the treatment of schizophrenia. Paliperidone is a new molecular entity, which means this medication contains an active substance that has never before been approved for marketing in any form in the United States. Paliperidone is the principal active metabolite of risperidone, a marketed drug for treating schizophrenia.

“Schizophrenia can be a devastating illness requiring lifelong medication and professional counseling,” said Douglas Throckmorton, MD, Deputy Director of FDA’s Center for Drug Evaluation and Research. “Today’s approval adds to the treatment options for patients with this condition.”

The effectiveness of Invega in the acute treatment of schizophrenia was established in three 6-week, placebo-controlled trials conducted in North America, Europe and Asia. The 1665 participating adults were evaluated for the full array of signs and symptoms of schizophrenia. In the three studies using doses ranging from three milligrams (mg) to 15 mg a day, the effectiveness of Invega at relieving symptoms of schizophrenia was superior to the placebo treatment. The recommended dose range for Invega is three mg to 12 mg a day.

Among the commonly reported adverse events were restlessness, extrapyramidal symptoms (movement disorders), rapid heart beat and sleepiness. Invega is a member of a class of drugs called atypical antipsychotics that have an increased rate of death compared with placebo in elderly patients with dementia-related psychosis. Invega is not approved for dementia-related psychosis.

The effectiveness of Invega has not been evaluated in placebo-controlled trials for longer than six weeks, and patients who use the drug for extended periods should be periodically reevaluated by a physician.

Invega is manufactured by ALZA Corp. in Mountain View, CA. for Janssen, L.P. in Titusville, NJ. ■

*Sources: FDA MedWatch and Center for Drug Evaluation and Research; Public domain*

## **Your Input Needed**

Do you have a mental health issue you don't know how to solve? Would you like information about a particular government program? Do you need help finding housing or day programs? Would you like financial, estate planning, or other legal advice?

We're planning future bi-monthly public education meetings, and we'd like to know what topics you'd like to hear discussed.

Please e-mail Sandra at [sanfam2fam@yahoo.com](mailto:sanfam2fam@yahoo.com) and give her your suggestions. She's looking forward to hearing from you.

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## Book Review

### **The Burden of Sympathy: How Families Cope With Mental Illness / By David A. Karp**

By Sally S. Mann

Much has been written about those who suffer from mental illness, but the families of the mentally ill suffer, too. In his book, *The Burden of Sympathy: How Families Cope With Mental Illness*, David Karp, Ph.D. and professor of sociology at Boston College, addresses the pain that families of the mentally ill endure. As an observer of a “Family and Friends” support group at McLean Hospital in Massachusetts, Dr. Karp writes about their experiences dealing with a family member who is mentally ill. While individual situations varied (some were parents, some were spouses, etc.), common themes emerged. All of them, for instance, struggled with trying to understand the nature of the illness; to what degree they were responsible for the care of their loved one; trying simultaneously to manage their own emotions; and maintaining a degree of normalcy in their own lives. Dr. Karp advises that families dealing with mental illness can be helped when they come to accept what he calls “The Four C’s”: Understanding that they didn’t *cause* it, they can’t *cure* it, they can’t *control* it and the best they can do is to learn how to *cope* with it. This theme is emphasized throughout the book.

Parents dealing with children who are mentally ill deal with the disappointment and realization that their children may never utilize their talent or reach their potential. Children of a mentally ill parent feel a sense of betrayal or abandonment. All of the participants in Dr. Karp’s study expressed feelings of pain, grief, guilt, shame, anger, fear, confusion, powerlessness and frustration in dealing with their loved one, but they also felt a sense of obligation and hope.

After the initial shock of learning that a loved one is suffering from mental illness, families are often faced with the difficulty of finding the right therapist and getting the correct diagnosis. Also, because of the stigma often associated with mental illness, the patient and the family may reject the diagnosis. Later they may experience a surge of hope that with medication and care a solution and cure can be found. Eventually, however, most come to the reluctant realization that many forms of mental illness are chronic.

Once caregivers accept the diagnosis, they must recognize that they can neither control nor cure the illness. Believing that there is a medical basis for their loved one’s behavior helps to relieve caregivers of any guilt that they may have played in causing the illness (although there are those who

believe there may have been an incident that triggered it).

Dealing with the obligation to their family member who is ill is one of the most difficult tasks caregivers face. How much do they owe and how much should they do are questions that they continually ask. Naturally this depends upon whether the person who is ill is an adult or a child. When the patients refused to recognize that they were ill and refused medication and treatment, caregivers felt extremely angry and helpless.

Family members never know whether their choices are correct and where to draw the line on their obligations. The agonizing questions they ask themselves are: “To give money or withhold it? To allow a child to live at home, or demand that he or she lives independently? To accept a spouse’s failure to work as a product of his or her illness, or insist that he or she exercises greater personal responsibility? To rescue a family member in trouble, or let him or her struggle with the consequences of his or her actions?”

Feelings of frustration were fueled by having to deal with the mental health system—“a complex network of bureaucracies that no one finds user friendly.” They were angry at the refusal of doctors and therapists to tell them what was going on. Protecting the confidentiality of the patient is the excuse that is given; however to caregivers it makes no sense when the mentally ill person is not competent to make reasoned judgments. Furthermore, caregivers feel that they can help therapists more fully understand their patients. Some caregivers felt that they were being blamed for the patient’s behavior. In his study, Dr. Karp found that the majority of the 60 people he interviewed found it necessary to seek counseling for themselves.

“Rather than minimizing the pain for families, encounters with the system too often exacerbate the troubles.” Families were faced with the twin difficulties of finding the right care and, in the absence of insurance parity, finding ways to pay for it.

Dr. Karp concludes his book with a strongly critical analysis of the fragmented and inadequate mental health system. One of the problems in thinking about mental illness is “that no one can judge with any confidence where normal behavior ends and disease begins, when people’s mental and emotional functioning is so impaired that they truly suffer from a disease and therefore, should not be held responsible for their behaviors. The unwillingness to see mental illness as a legitimate disease is evident in our legal system.... defendants no matter how obviously disconnected from conventional reality are judged responsible for their crimes and sent to prisons instead of hospitals.” ■

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## Meet The Neighbors at...

### Yellowbrick in Evanston

By Linda Logan

Jesse Viner, M.D., Founder and Executive Medical Director of Yellowbrick, is a man who thinks about transitions. About the transition from childhood to adulthood, about the transition from illness to wellness, and about the transition from living in a protective, therapeutic community to living on one's own.

Over the years, Viner, a practicing psychiatrist and psychoanalyst, has seen many local young adults with mental disorders or emotional problems sent to out-of-state hospitals, residential treatment centers, or therapeutic boarding schools. Fortunately, he notes, many improve. Places such as Austin-Riggs and The Menninger Clinic, Viner says, "provide excellent interventions for the acute episode of illness." Once stabilized, the young people are discharged and sent back to their home communities.

And therein lies the problem.

Too often, Viner observes, the skill sets learned at the treatment centers begin to unravel when the young person returns home. Back in his or her "real world"— among parents, friends, and school— many young people begin to

decompensate; some are re-hospitalized. Why? Because of the chasm between what is learned in an isolated, therapeutic environment and the challenge of real world conditions back in their home communities.

### The Community

Indeed, the community lies at the heart of Yellowbrick's model and philosophy. Unlike therapeutic centers segregated from cities, Yellowbrick deliberately situated itself in the heart of Evanston.

Yellowbrick provides young people with an intensive therapeutic residence or supported apartments to live in while they participate in customized aspects of a full spectrum of professional and life skill services. Daily activities include educational and interpersonal group programs, a substance abuse curriculum, psychodrama, instruction in self-hypnosis and exercise, dialectical behavioral therapy, occupation and vocational therapy, and support for involvement in an off-site 12-step program.

The Residence, a four-flat apartment building on Sheridan Road in Evanston, is a block from the lake and walking distance to Evanston's shops, library, Northwestern, and the

*Continued on page 6*

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## Advocacy Update

### Prisons and Mental Health

By Scott A. Allen, M.D. and Josiah D. Rich, M.D., M.P.H.

*Reprinted with permission of The New England Journal of Medicine*

We believe that physicians have an often unrecognized responsibility to advocate for the reform of systems that are harmful to their patients. The current policies and sentencing laws that result in mass incarceration represent an enormous social experiment in which there is vast racial and economic inequity. For more than two decades, there has been a dramatic and steady increase in the number of people incarcerated in the United States. Much of this increase results directly from inadequate treatment of mental illness and addiction in the community. The natural history of addiction and mental illness often results in illegal activity, and persistently inadequate treatment perpetuates a cycle of crime and incarceration.

In part because prisoners have a constitutional guarantee of

health care, physicians are an essential component of correctional institutions. Yet incarceration can often be harmful to a patient's physical and mental health. In U.S. prisons, rehabilitation has been largely abandoned in favor of punishment, which conflicts with a therapeutic approach and often results in neglect of the psychological and medical needs of patients with mental illness or addiction. Even in situations in which treatment has been proved effective, it is often underused in correctional settings. According to a report from the Bureau of Justice Statistics, although 83% of state prisoners reported past drug use and 57% were using drugs during the month before committing their offense, only 20% participated in treatment for substance abuse while in prison. In federal prisons, 63% of all prisoners in 1997 were held for drug offenses, yet only 15% of them reported participation in treatment for substance abuse while incarcerated.

Although there are some potential health benefits from incarceration, including access to basic requirements such as nutrition, shelter, medical care, and forced relative

*Continued on page 6*

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**Yellowbrick / continued**

“L.” To encourage interaction with the wider community, residents are expected to participate at least three hours a week in school, job or volunteer-related activities. Currently residents have volunteered at the Evanston YMCA or local schools or day care centers.

“Experiences in the Yellowbrick and surrounding Evanston community are...processed within treatment.” Thus, Viner notes, the young persons’ interactions and experiences are processed in “real time,” affording them the opportunity to see what behaviors and attitudes work in the real world, and which are problematic and need improvement.

**“Emerging adults”**

Yellowbrick’s exclusive focus is the treatment of young people ages 18 to 35. Viner believes this age period—which he refers to as “emerging adults”—is critical to emotional development. The strain of this developmental period often leads to the initiation or acceleration of mental illness. Yellowbrick affirms young people’s need “to sustain a level of self-integration and stability to enable them to create and implement a constructive life plan.” The repercussions of problems that are left unresolved or unchecked during this period can, according to the *Child Community Study*, be, in fact, “life-long.”

Yellowbrick seeks to treat the whole person. Goals are to facilitate mindfulness, self-acceptance, behavioral self-regulation, interpersonal relationships and develop educational and vocational skills and tools for daily living.

Yellowbrick treats (but is not limited to): eating disorders and obesity, PTSD, anxiety and affective disorders, as well as personality disorders and problems related to trauma, abuse and loss.\* Families are considered an integral part of the

emerging adult’s treatment. Families are included as part of the extensive multidisciplinary intake and evaluation process as well as family therapy and monthly Family Rounds where the strategic progress and plan of each treatment is reviewed. Additional family consultation and treatment resources are available through Yellowbrick’s close working relationship with The Family Institute at Northwestern University.

*\*Not all disorders and behaviors are appropriate for treatment at Yellowbrick. Those individuals with chronic, persistent mental illness may lack the requisite motivation and capacity to make use of treatment. Any individual with violent impulse behavior problems or individuals whose behavior is an implicit or explicit threat to self or others, and anti-social behavior are excluded from the program. ■*

**At a Glance**

Yellowbrick Program  
1560 Sherman Avenue, Evanston  
Jesse Viner, Founder and Executive Medical Director  
For information, call Pam Tansey RN, LCSW at 866-364-2300 ext.224  
[www.yellowbrickprogram.com](http://www.yellowbrickprogram.com)

Yellowbrick is a premium private provider specializing in comprehensive and integrated care of emerging adults and their families. Yellowbrick features intensive therapeutic residences and supported apartments as well as professional and intensive out-patient services. Resident capacity: 12; Intensive Outpatient Program (IOP): 12  
Minimum length of stay: 3 months  
Fees: Residential rate is \$685 per day, private pay; IOP rate is \$395 per day

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**Advocacy Update / continued**

sobriety, many of these benefits can be provided more efficiently in less expensive, nonpunitive therapeutic settings, such as residential treatment programs and group homes. The current practice of mass incarceration cannot be condoned, in our view, given its effect on the health of individuals and its destabilizing effect on communities.

We feel strongly that physicians have the ability and the duty to advocate for effective and humane treatment for patients. The correctional system has been ineffective in providing therapy, including proven approaches such as

mental health services, expanded high-quality drug treatment, and support services for reentry into society after incarceration. We believe that it is time for physicians to influence the sentencing laws, policies, and procedures that directly affect the health and well-being of patients and society and to advocate for more humane and effective community-based alternatives for addressing addiction and mental illness.

Center for Prisoner Health and Human Rights, Providence, RI 02906 ■

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# Calendar

**February 7** Board of Directors meeting, 7:30 p.m., WilPower, 444 Frontage Road, Northfield.

**February 13** “Heart to Heart” get together for all NAMI CCNS members and participants in our psychoeducation classes. Please join us from 7:00 p.m. to 9:00 for an evening of fun, fellowship, and sweets. East Garden Reception Room (111AB), The Winnetka Community House, 620 Lincoln Avenue, Winnetka. Contact Frieda Ankin Fdankin@aol.com or 847-256-0668 or Pat Rodbro pmrodbro@comcast.net or 847-945-6402.

**February 8** “Visions for Tomorrow” support and discussion group for parents of children, adolescents, and young adults with mental disorders. Kenilworth Union Church, 211 Kenilworth Avenue, 7:30-9:30 p.m. Call Barb Maier for information, 847-446-8416.

**February 25** “Sundays at One” Borders Bookstore, 49 Waukegan Rd., 1:00 p.m. Call Nate Maier 847-446-8416 or Candice Savastio 847-736-7992 for information.

**March 7** Board of Directors meeting (*see February 7*)

**March 8** “Visions for Tomorrow” (*see February 8*)

**March 13** NAMI CCNS Educational Program, TBA. 7:30 p.m. at Kenton Knox Conference Center at Rush North Shore Medical Center, 9701 N. Knox, Skokie.

**March 26** “Sundays at One” (*see February 25*) ■

## SAVE THE DATE

**NAMI CCNS Annual Spring  
Fundraising Event**

## TAG DAY

**May 11 and 12**

### NEW CLASSES STARTING

**WRAP** is a 12-week self-help and recovery course taught by adults in recovery to adults recovering from mental illness, designed to: decrease and/or prevent intrusive or troubling feelings and behaviors; increase personal empowerment improve quality of life; and assist people in achieving their life goals and dreams. Class is free of charge. Classes start in February. For information and registration, call NAMI CCNS at 847-724-1460.

**Visions for Tomorrow** is an 8-week course designed for parents of children with mental disorders. The class covers schizophrenia, anxiety disorders, obsessive-compulsive disorders, the affective disorders, as well as ADHD and eating disorders. Brain biology is outlined, treatment and medication are discussed, and communication and coping strategies are examined. Class is free of charge. Classes start in February. Call Barb Maier for registration and information at 847-446-8416.

**Family to Family** is a 12-week class for close friends and family members of individuals with affective disorders, schizophrenia and schizoaffective disorders, borderline personality disorders, anxiety disorders, obsessive-compulsive disorders, as well as co-occurring disorders. Classes are designed to help caregivers understand and support individuals with mental disorders while maintaining their own well-being. Also discussed are the biology of brain disorders, medications, and acquiring strategies for handling crisis and relapse. Workshops on problem solving, listening, and communication techniques, as well as gaining empathy by understanding the subjective, lived experience of a person with mental illness are also presented. Class is free of charge. Classes start Wednesday, March 7 and go through April 25, 7:00-9:30 p.m. in Northfield. Call Joyce for information and registration at 847-853-6191.



NAMI CCNS  
Box 612  
Winnetka, IL 60093

Place  
Stamp  
Here

## NAMI CCNS EDUCATION CLASSES, SUPPORT GROUPS AND OTHER SERVICES

### *\*NAMI CCNS psychoeducational classes*

**\*WRAP NEW CLASS BEGINS IN FEBRUARY** A free, 12-week self help and recovery course taught by adults in recovery to adults recovering from mental disorders. WRAP is designed to: decrease and/or prevent intrusive or troubling feelings and behaviors; increase personal empowerment; improve quality of life; and assist people in achieving their life goals and dreams. For information and registration, call NAMI CCNS at 847-724-1460.

**\*Visions for Tomorrow NEW CLASS BEGINS IN FEBRUARY** An 8-week course designed for primary care givers of children with mental disorders. The class covers bipolar disorder, schizophrenia, anxiety disorders, eating disorders, ADHD, as well as brain biology, treatments, medications, communication and coping skills. Class is free of charge. Call Barb Maier for information at 847-446-8416.

**\*Family to Family NEW CLASS BEGINS IN MARCH** A 12-week class designed for family members and close friends of individuals with mental illnesses. The course covers schizophrenia, depression, bipolar disorder, borderline personality disorder, panic disorder, obsessive compulsive disorder, co-occurring addictive disorders, as well as medications, coping skills, and advocacy. Class is free of charge. To register, call Joyce at 847-853-6191.

**General Meeting** is an educational program featuring speakers with expertise in the mental health field. (See Calendar)

**Care and Share** is a support group for people with mental disorders, as well as their friends and families. (See Calendar)

**Visions for Tomorrow Support and Discussion Group** is for parents of children, adolescents, and young adults with mental disorders. Call Barb Maier for information at 847-446-8416. (See Calendar)

**Response Team** A "warm line" (not a crisis hot line) for anyone looking for resources, referrals, or support about dealing with mental disorders. Call the NAMI CCNS office and leave a message at 847-724-1460.

**Sundays at One** is a social meeting group for young adults (ages 18 to 35) coping with mental disorders. Run by Alan Carlile, Candice Savastio, and Nathan Maier (who struggle with chemical imbalances). Call Nate at 847-446-8416. (See Calendar)

### OTHER ORGANIZATIONS

**Anorexia Nervosa and Associated Disorders** offers information on referrals and local support groups for eating disorders. Call Dawn at 847-831-3438.

**Autism Society of America, North Suburban Autism Support Group** is held the first Tuesday of the month and is open to anyone interested in meeting families, professionals, and others involved with autism spectrum disorders. Skokie Village Hall (Community Room, lower level), 5127 W. Oakton, Skokie, 7:00 p.m.

**Child and Adolescent Bipolar Foundation** is a national, parent-led organization of families raising children diagnosed with bipolar disorder. For information on support groups, visit [www.bpkids.org](http://www.bpkids.org) or call 847-256-8525.

**Depression and Bipolar Support Alliance of Greater Chicago** meets the second and fourth Monday of each month at the Devon Bank, 6445 N. Western Ave., Chicago. 7:30 p.m. Call Chet for details at 773-465-3280.

**Depression Support Group** meets the fourth Monday of every month at the Kenilworth Union Church, 211 Kenilworth Avenue, Kenilworth, 7:00-9:00 p.m. Individuals and families interested in learning more about depression and bipolar disorder are invited to attend. Call 847-251-4272 for information.

**Obsessive Compulsive Disorder Support Group** meets the first Monday evening of each month at the Anxiety and Agoraphobia Treatment Center in Northbrook. \$20 fee. Call Alana at 847-559-0001, ext. 8.

**Obsessive Compulsive Foundation of Metropolitan Chicago** has a complete list of area support groups. Call 773-880-1635.

**Panic Disorder Support Group** meets Wednesday evenings at the Anxiety and Agoraphobia Treatment Center in Northbrook. \$15 fee. Call Marleen Lorenz for information at 847-559-0001, ext. 6.

**Recovery, Inc.** is a self-help group for people with mental disorders. Call 312-337-5661 for meeting places and times.

**TARA Chicago Personality Disorder/Emotion Dysregulation Family Support Group** Professionally led group for family members of persons with borderline personality disorder or other emotional dysregulation issues. Meets the third Wednesday of each month at Feinberg Pavilion (3<sup>rd</sup> floor), Northwestern Memorial Hospital, (conference room F), 251 E. Huron, Chicago. 6:30-9:00 p.m. Suggested donation \$5. Contact [rh5mail-tara@yahoo.com](mailto:rh5mail-tara@yahoo.com) before attending for information. ■