



DBSA TAMPA BAY NEWSLETTER

DEPRESSION AND BIPOLAR SUPPORT ALLIANCE TAMPA BAY

May - August

Providing Education, Support and Hope

2011

Antidepressants and Therapy Compared

The widespread use of safe, effective antidepressants like Prozac has put advocates of traditional psychotherapy on the defensive. Who wants to lie on a couch recounting their dreams at \$160 an hour when they can pop a pill and hear birds chirping?

Fortunately the stereotype of talk therapy as a bastion of self-indulgent, unscientific chatter is changing as insurance companies and mental health experts press for more evidence-based treatment. The result, say patients and researchers, is growing proof that all types of talk therapy can be effective, even for patients whose problems are biochemical.

“Drugs and therapy are essential”

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learned to predict the chemical shifts in his brain that precipitated his debilitating depressions. Meanwhile, antidepressants have kept him functioning at an even keel between episodes. “For me, drugs and therapy turned out to be essential,” he says.

“No compelling data suggests that everyone with depression must have both drug therapy and talk therapy,” says William C. Sanderson, PhD, a psychology professor at Hofstra University in Hempstead, N.Y

Drugs work faster, but not better

Medication often works faster than talk therapy. On the other hand, talk therapy promises something pills can't: the life skills for managing inappropriate emotions, countering negative thought patterns, and forging closer, more productive relationships. These tools can also help prevent subsequent episodes of depression. “Therapy is a commitment of time and money, and it's not a quick fix,” says Jayne Bloch, a certified psychoanalyst in private practice in New York City. “It puts you in a position of vulnerability—seeking

help and opening yourself up to self-discovery. But the rewards are great. Getting to understand yourself and learning to experience the range of one's emotions helps to create more options in your life.”

DBSA Tampa Bay does not endorse or recommend the use of any specific treatments or medications mentioned in this newsletter. For advice about specific treatments or medications, individuals should consult their physicians and / or mental health professionals.

“Literature, arts, and history have been shaped by the remarkable creativity of individuals with bipolar disorder, including Vincent van Gogh, Martin Luther, Robert Schumann, Pytor Illyich Tchaikovsky, and Pulitzer Prize winners John Berryman, Amy Lowell, and Anne Sexton.”

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A Message From Our President

May is National Mental Health Month, a time to raise awareness about mental illness. DBSATB encourages each person in the community to learn more and educate themselves concerning mental health. The importance of mental wellness is for all persons.

Those that attend the support groups should be recognized for willing to improve their lives. The family and support people are important to help end the stigma associated with mental health. Mood Disorders are diseases, not a weakness.

Without the DBSATB volunteers, the services offered would not be possible. Each of us should thank them for their efforts, dedication, time and sacrifices in their personal lives.

To the members that have renewed your membership, new members, those that have made donations through the support groups and mailed donations, thank you so much.

The funds make it possible to offer web site, literature, email, phone and publish the newsletter of which we would like to print more, but do not have the funds. Perhaps you would like to sponsor someone for the bowling fundraiser (Saturday May 21 cost \$15.00) if you are not able to attend.

Anyone who would like to make a donation of \$15 for scholarship per person is welcome to do so. Donations for scholarship is for persons who would like to participate in the bowling but cannot afford the \$15 for bowling and shoes for the fundraiser. If you would like to donate for scholarship, please mail a check or money order to DBSA Tampa Bay,

P.O. Box 340572, Tampa, Florida 33694 by May 15, 2011. Thank you for your continued support of DBSA Tampa Bay.

Sincerely,

Neil Bush

Neil Bush
President

DBSA Tampa Bay Speaker's Bureau

Would you like to have a speaker at your group or organization?

Members of our organization volunteer to give informal talks about depression and bipolar illness.

For more information, please email us at info@dbsatampabay.org

Ways to Avoid Depression Relapse

- Staying healthy
- Don't take on too much
- Exercise regularly
- Work on a positive attitude
- Take care of your health
- Put off big decisions
- Stop blaming yourself
- Watch your diet
- Don't stop treatment
- Volunteer
- Avoid alcohol and drugs
- Manage stress
- Have an attitude of gratitude
- Join a support group
- Reconnect
- Build your self-esteem
- Talk to people you trust
- Get your rest

Educational Resources

American Psychiatric Association
888-357-7924 • www.psych.org

American Psychological Association
800-964-2000 • www.apa.org

Advocacy Center
800-342-0823
www.advocacycenter.com

Child & Adolescent Bipolar Foundation
847-256-8525 • www.bpkids.org

DBSA (National)
800-826-3632
www.DBSAlliance.org
dbsa.invisionzone.com
facingus.org

Military Veterans Suicide Hotline
1 800-273-8255

National Alliance for the Mentally Ill
800-950-6264 • www.nami.org

National Association for the Dually Diagnosed
800-331-5362

National Family Caregivers Association
301-942-6430

National Foundation for Depressive Illnesses
800-248-4344

National Institute of Mental Health
800-421-4211 • www.nimh.nih.gov

Panic Disorder Line:
800-64PANIC(7-2642)

Anxiety Disorder Line:
800-888-8-ANXIETY(26-9438)

National Mental Health Association
800-989-6642 • www.nmha.org

Confidential Depression Screening
www.depression-screening.org

The Fly lady
flylady.net

FDA Revisits Risks of Electric Shock Treatment

They used to call it “Edison’s medicine” or, with a touch of gallows humor, a “Georgia Power cocktail” — the practice of hooking mentally troubled patients up to an electrical current and jolting them until they went into convulsions.

Pioneered in the late 1930s, electroshock therapy, as it was more commonly known, was a scientifically crude practice that often left patients dazed and disoriented, sometimes with broken bones. For many it became a symbol of the callousness that often characterized the treatment of the mentally ill.

But that was then. Though its use waned as a result of reformers’ attacks and the development of powerful drugs that offered an alternative treatment, electric shock therapy never entirely disappeared. The controversy over its use resurfaced in January when an advisory panel of the Food and Drug Administration met to consider a proposal for changing the official risk classification of today’s electroshock devices.

Influential voices in the mental health establishment, including the American Psychiatric Assn. and the National Alliance on Mental Illness, urged the FDA to drop such devices into a medium-risk category, arguing that modern electroconvulsive therapy, or ECT, as it’s now known, has proved safe and effective over many years of use.

Although medical science still doesn’t understand exactly how it works, modern versions of the treatment offer the last, best hope of patients suffering from extreme depression and several other intractable psychiatric disorders, proponents say.

About 100,000 people, two-thirds of them women, are thought to receive such treatment annually.

“For a very small population of severely depressed people, there’s no other form of treatment like ECT,” said Roberto Estrada, chief of electroconvulsive therapy services at New York’s Lenox Hill Hospital. “It’s for patients who are beyond the reach of conventional psychotherapy and who don’t respond to drugs.”

Others remain sharply critical of the treatment, calling it dangerous, ineffective and often harmful.

“The classification should not be downgraded, and there should be a

suspension of its use until it’s proven safe,” said Daniel Fisher, a Boston psychiatrist who argues that the jolts of current cause permanent brain damage. “To me, it’s unbelievable that they’re considering downgrading it. It would be putting it in the same classification as a wheelchair or a syringe.”

In January, after two days of hearings by the FDA advisory panel, 10 members favored keeping ECT equipment in the high-risk category, while eight favored ranking it a medium-risk device for treatment of depression. The panel also favored keeping the device’s high-risk rating for treatment of schizophrenia.

Most panel members agreed that ECT works to relieve acute depression in most patients, at least in the short run. But they were concerned about a lack of studies documenting safety and effectiveness over the long haul.

“The indications are all chronic conditions that are mostly lifelong, and for us not to have data in hand [for] a reasonable assurance of safety and efficacy long-term I think is a major failure,” said panelist Mae Gordon, a professor at the Washington University School of Medicine in St. Louis.

An advisory panel’s findings are not binding, though the FDA usually follows them.

At its core, ECT remains a mystery more than 70 years after its first use.

“We know that it does work, but we don’t know specifically how,” said William Narrow, an associate director of research at the American Psychiatric Assn.

It’s that combination of effectiveness, at least in extreme cases, and doctors’ inability to explain how it works that have kept both the treatment and the controversy alive.

In today’s version of ECT, an electrical current is applied to one side of the head, triggering a convulsion similar to a grand mal epileptic seizure that lasts for up to a minute. A typical course of ECT involves six to 12 sessions over three to five weeks.

Each session costs \$1,000 to \$2,000, and an ECT device, about the size of a bulky briefcase, runs about \$15,000.

In contrast to the form of electroshock used half a century ago — the treatment that produced the stereotypical images of straining, violently convulsed patients —

present-day ECT is given under general anesthesia and with muscle relaxants.

“Unless you were watching the EKG or the EEG, you wouldn’t know that the person’s actually gotten the shock,” said Larry Tye, a journalist who witnessed the ECT treatments of Kitty Dukakis, wife of former Massachusetts Gov. Michael S. Dukakis. Tye and Kitty Dukakis co-wrote a book about the benefits of electroshock therapy.

Modern ECT uses a far lower dose of electricity — enough to light a 25-watt bulb for one second — than the earlier procedures. To reduce chances of memory loss, it’s no longer administered to both sides of the brain.

One key point of contention between supporters and opponents is the scope and duration of memory loss. While the loss is temporary in most cases, doctors say, some patients report permanent memory deficits.

Tye said he found people who lost so much memory that they became stout opponents of ECT. Others regarded their loss as an acceptable tradeoff for feeling better.

Whatever the risk-benefit calculations of individual patients now, electroshock still carries historical baggage.

In early years, convulsing patients sometimes turned blue or broke teeth or bones.

And practitioners sought to apply it to a range of what they perceived as problematic conduct, leading to the spread of electroshock not just through mental hospitals but into prisons, where it was used as punishment as well as a way to modify behavior of troublesome inmates.

At the Georgia State Sanitarium, then the largest mental institution in the United States, inmates in the 1940s received the Georgia Power cocktail merely for being uncooperative.

The misuse also extended to psychiatrists groping for treatments for hard-to-reach patients.

“For years it was a voodoo treatment that was used for practically everything because it was all we had,” said Julia Frank, a professor of psychiatry at the George Washington University School of Medicine. She noted that anti-psychotic drugs didn’t begin to appear until the early



DBSA Tampa Bay Bowling Fundraiser

**Bowling for DBSA
Tampa Bay**

\$1.00 OFF COUPON

Bowling & Shoes for DBSA Tampa Bay

Good only for event on May 21, 2011

One coupon per person per event

Let's have some fun while supporting DBSA Tampa Bay, Tampa Bay's largest organization for family members and individuals living with Depression and Bipolar Disorder.

WHEN: Saturday, May 21, 2011
TIME: 3:00 PM - 5:00 PM
WHERE: BRANDON CROSSROADS BOWLING
609 Crater Lane
Tampa, Florida 33619

COST: Donation to DBSA Tampa Bay of \$15
(includes shoe rental and 2 hours of bowling)

Depression and Bipolar Support Alliance Tampa Bay
813-878-2906 - www.dbsatampabay.org
info@dbsatampabay.org



Brandon Crossroads Bowl

Contact DBSA Tampa Bay if you have any questions or would like to learn more about this event or about the organization.



How You Might React To A Depression Diagnosis

Many People Are Relieved To Hear That Depression Is A Real Disease.

“People tend to react strongly in one of two ways when I tell them that they have clinical depression,” says Rakesh Jain, MD, director of psychopharmacology at R/D Clinical Research Center in Lake Jackson, Texas. “Many people experience extreme relief. It’s huge. They know they’re not crazy, weak, or stupid.” Others react with denial, he says. “People often want to fight it on their own. They fear looking weak more than they fear being ill.”

A Feeling of Failure

Pat McEvily, 52, of New Rochelle, N.Y., ignored his depression for 18 years after being diagnosed by a psychiatrist. His Irish Catholic upbringing left him feeling that medication would be a cop-out.

“I was convinced that my depression was a moral failure, even though I had a priest friend who told me it wasn’t,” he says. McEvily finally sought treatment, but he says he still fights the feeling of having failed.

Experts say such stigma is not just in patients’ minds. “It’s ridiculous to pretend that there aren’t people who get fired or pressured if they’re seeing a therapist,” says Corey Greenwald, MD, a psychiatrist in Atlanta.

The Payment Problem

The insurance companies make the stigma even worse, says Dr. Greenwald. Mental health services are almost never covered as comprehensively as medical care.

I Felt the Stigma

In addition, he says, “your mental health benefit is administered by a

different company—subcontracted out to some mental health care company. If you’re sick, call this number. But if it’s mental health, then you call some other number, another company. The whole idea that depression is something ‘outside’ or ‘other’—there’s sick and then there’s this stuff.”

Diagnosis can bring relief

On the other side of the equation, Terrie Williams, 53, of New York City, was amazed at the transformation her diagnosis sparked. “Once I heard the words, ‘You’re clinically depressed,’ I breathed a huge sigh of relief and thought, ‘So that’s what’s wrong with me,’” she says.

Antidepressants won’t change your personality

Some people are afraid of the mental health system or of the medications that a doctor may prescribe for depression. “Patients ask me if depression medications will change who they are as people. It’s an understandable concern,” says Jewel Shim, MD, assistant clinical professor of psychiatry at the University of California–San Francisco.

“Antidepressants target the symptoms of depression, not your personality,” says George I. Papakostas, MD, assistant professor of psychiatry at Harvard Medical School. (Watch a video of a psychiatrist explain the potential benefits of antidepressants, and how they might work for you.) “People around you may notice a change in your demeanor during treatment, though. Patients may seem less sad, less anxious, less irritable or angry, more content.” (Health.com)

1950s, and antidepressants didn’t come along until later that decade.

ECT’s bad reputation was further tarnished in the 1975 film “One Flew Over the Cuckoo’s Nest,” the movie adaptation of the Ken Kesey novel. The nonconformity of Randle McMurphy, the free-spirited mental patient played by Jack Nicholson, earned him electroshock sessions and eventually a lobotomy.

Only two small companies, Mecta Corp. of Lake Oswego, Ore., and Somatics of Lake Bluff, Ill., make the ECT devices. Officials at both companies declined to comment on the FDA review.

Some advocates of ECT worry that if the equipment stays in the high-risk category, manufacturers won’t be able to afford new testing.

But most panelists seemed confident that ECT would survive.

“We’re not going to be shutting down ECT. We’re not going to be taking a device off the market,” said Jane Paulsen, a psychology professor at the University of Iowa who recommended keeping the high-risk designation.

DBSA Tampa Bay
is an all volunteer
non-profit
organization

DBSA Tampa Bay
Website:

www.dbsatampabay.org

The place to learn more!
Research back issues of our newsletter.

Discover documents of interest.

Link to other resources.

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puts you in a position of vulnerability—seeking help and opening yourself up to self-discovery. But the rewards are great. Getting to understand yourself and learning to experience the range of one's emotions helps to create more options in your life.”

DBSA Bowling Returns

A bowling fund raiser has been scheduled for May 21st to raise funds to support the operations of DBSA Tampa Bay. The event will be held from 3-5 PM at Brandon Crossroads Bowling (609 Crater Lane in Brandon).

Two hours of bowling, including shoes, will cost \$15. A major portion of this amount will go to DBSA. The event is open to anybody who wants to come. For more information and a \$1 off coupon, look for the bowling announcement at our website dbsatampabay.org.

We look forward to seeing you at the bowling alley on May 21st!

Tom Mueller to Speak to DBSA at May 17th Lecture

DBSA's Blanchard Lecture Series returns on May 17th with a lecture from Tom Mueller from the Crisis Center of Tampa Bay. The title of his presentation is Tools for Suicide Prevention and Reducing Depression and Anxiety. Mr. Mueller has spoken to DBSA before and we look forward to his return engagement.

The event will be held at the Jimmie Keel Library (2902 W Bearss Avenue in Tampa). Starting time is 7 P.M.

Study Highlights How Moms' Depression, Anger Stresses Kids

Even very young children can get stressed by depressed parents who display negative emotions toward them, researchers confirm.

The new study included 3-year-old children who were subjected to different harmless, but stress-inducing, situations, such as causing them to become slightly nervous or frustrated. After each stressful event, saliva samples were taken from the children to measure levels of the stress hormone cortisol.

The researchers also observed the interaction between children and their parents — usually the mother — as they did a task together or as the parent read a book to the child.

The largest stress responses were seen in children whose mothers had been depressed at some point in the child's life and whose mothers also displayed hostility — frustration, anger, annoyance or critical comments — when playing with their children.

There weren't enough fathers in the study to offer a sense of how they interact with children, and depression was less common among fathers, said Lea Dougherty, of the University of Maryland, and colleagues at Stony Brook University.

Stress is a risk factor for depression. These findings suggest one way that a parent's depression can lead to depression in a child, the study authors explained.

The report is slated for publication in an upcoming print issue of the journal *Psychological Science*.

The findings are “actually quite hopeful, because, if we focus on the parenting, we could really intervene early and help parents with chronic depression when they have kids,” Dougherty said in a news release from the Association for Psychological Science. (Healthday.com)

Celebrity Revelations of Bipolar Disorder Helps Reduce Stigma

When celebrities such as Oscar-winning actress Catherine Zeta-Jones announce they are receiving treatment for bipolar disorder, it helps reduce the social stigma of mental illness, experts say.

Personal revelations like her disclosure last week shed light on mental health disorders and treatments that can help, said David Miklowitz, professor of psychiatry at UCLA's School of Medicine.

"People can live successful lives with bipolar disorder," he said.

Zeta-Jones said that "after dealing with the stress of the past year," the 41-year-old actress "made the decision to check into a mental health facility for a brief stay to treat her bipolar II disorder."

Zeta-Jones is married to Michael Douglas, who battled throat cancer last year and declared in January that he is cancer-free after undergoing chemotherapy and radiation. The couple has a 10-year-old son and 7-year-old daughter.

About 2 percent of the population has bipolar disorder, according to the National Institutes of Health. Miklowitz said there are four subtypes of the condition. The two most common are bipolar I and II.

Zeta-Jones said she suffers from bipolar II disorder. It is a less extreme version of type I, said Alan Manevitz, a clinical psychiatrist at Lenox Hill Hospital in New York.

In bipolar II, he said, bouts with depression are much more common than manic bouts, which are characterized by high energy, sleeplessness, grandiose thoughts and irritability.

When mania does set in, it's "hypomania," a lower level, yet still higher than an average person's upbeat days.

"We all have mood swings. They're normal. You wake up on the wrong side of bed, or you're excited about going to a Mets game," Manevitz said.

He said bipolar II sufferers in hypomania may be "the life of the party" but also impulsive.

When they seek medical help, they're more likely to come in when depression is manifesting itself, Manevitz said.

If a medical expert is unaware of the manic phases, antidepressants may be prescribed to treat depression.

The problem is that if a person with bipolar II takes antidepressants, the medication can cause a sudden shift to a manic state.

He says mood stabilizers, such as lithium, can be prescribed first. An antidepressant can be introduced later if depression persists, he said.

While no one knows for sure the cause, Miklowitz said there are theories about what's going on in the brain chemically, including abnormal activity in the gaps between cells, called synapses. There's a genetic link, too.

Bipolar disorder is a very treatable illness, said Manevitz. "It's not a character flaw." (Gannett News)

OUR MISSION

The Depression and Bipolar Support Alliance Tampa Bay's mission is to provide education, self-help, fellowship and other direct services to people with Affective Disorders and to their relatives and friends. This organization is a non-profit, 501(c)(3) organization operated by its members. DBSA Tampa Bay is affiliated with the national organization DBSA. Contributions are tax deductible as provided by law.

Membership Application

Name _____

Family Members _____

Address _____

City/State/Zip _____

Phone _____ Email _____

How did you hear about our organization? _____

Confidentiality is very important to us. Our membership list stays within DBSA Tampa Bay only and will not be sent to any other organizations.

Please print clearly and mail to DBSA Tampa Bay, PO Box 340572, Tampa, FL 33694

MEMBERSHIP (includes newsletter)

\$20⁰⁰ Individual or Support Person

\$30⁰⁰ Family/Household

\$100⁰⁰ Individual Lifetime

\$150⁰⁰ Professional Honor Roll for 2005

NEWSLETTER

\$10⁰⁰ Newsletter only / year

\$24⁰⁰ Priority Packet / year (\$6/issue)

\$ _____ **DONATION**

\$ _____ **TOTAL**

Depression and Bipolar Support Alliance Tampa Bay SUPPORT GROUPS

Please be on time in consideration of others.
Times and locations may change due to circumstances beyond our control

Brandon (Tampa):

Monday 7:00 PM - 8:30 PM
Brandon Christian Church
910 Bryan Road (at Lumsden)

Tampa (Northdale):

First and Third Thursdays,
6:30 PM - 7:45 PM
Jimmie B. Keel Regional Library
Room Number 1
2902 W. Bearss Avenue

James Haley Veterans Hospital

First and Third Thursdays
7:00 - 8:30 PM.
13000 Bruce B Downs
Rm 1C-104

Town and Country Hospital:

Wednesday 7:00 PM - 8:30 PM
6001 Webb Road
Meeting in Cafeteria Private Room 1

USF Area (Tampa):

Tuesday 7:00 PM - 8:30 PM
USF Department of Psychiatry and
Behavioral Medicine.
3515 East Fletcher Ave.
Directions: From Fletcher Ave, turn south at
Magnolia Drive. The Psychiatry Center is
the first building on the left.

Support Group Guidelines

- * We are here to support mental health and your prescribed treatment. Family and friends are welcome.
- * We maintain confidentiality: What is said in group stays there.
- * As volunteer facilitators, we help guide your discussions. We share experiences, wisdom, successes, and common problems.
- * We limit the discussions to depressive, bipolar, and other affective disorders.
- * We are not mental health professionals and do not diagnose, advise or recommend specific treatments or doctors.
- * Our participants respond with compassion, not judgment. Sharing is encouraged, however you are not required to. You may remain silent if you wish.
- * We are support groups and not therapy groups. We are here to give and receive support.

National Suicide Hotline:
1-800-SUICIDE

Project Return Community Center:

Friday 10:00 AM - 11:00 AM
304 W. Waters Ave., Tampa

St. Petersburg (West side):

Thursday at 7:00 PM - 8:30 PM
Pasadena Community Church
The Life Enrichment Center Room 3A
(Behind the Church) 227 70th St. S.

St. Petersburg:

Monday 7:00 PM - 8:30 PM
Lutheran Church of the Cross
4545 Chancellor St., NE
From 4th Street turn East on 62nd Ave N.
Turn right on Bayou Grande Blvd. NE.
Turn left on Shore Acres Blvd. NE.
Turn right on Chancellor St. NE.

St. Petersburg Baptist Church

Tuesday 7:00 PM - 8:30 PM
1900 Gandy Blvd. N.
Rooms 9 and 10
- Regular Support Group
- Group for spouses and significant others only

Zephyrhills:

Monday 7:00 PM - 8:30 PM
Florida Hospital (formerly EPMC)
7050 Gall Blvd. (Use Hwy. 301)
Meeting is in the Speech Therapy Room
near the Wellness Center.

Multiple Copies?

DBSA Tampa Bay members, affiliates and supporters may order multiple copies of our newsletter via Priority Mail for \$24/year (3 issues). A packet holds about 25 newsletters

Would You Like To Reach Us?

Call 813-878-2906

or you can also email us at:
info@dbsatampabay.org

Would you like to become a member of the DBSA Tampa Bay?

Would you like to receive our newsletter?
Please refer to the application on page 7.
We also appreciate any donations which help
to defray the cost of our services

Thank You.

DBSA Tampa Bay

PO Box 340572

Tampa, FL 33694

DBSA Tampa Bay

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