



Medication Update

Safety Alerts

Risk of Suicidality in Children Treated with Strattera

The FDA recently alerted health care providers that treatment of children and adolescents with Strattera increases the risk of suicidal thinking. Strattera (atomoxetine) is approved to treat ADHD in patients 6 years and older.

A new boxed warning will point out that children who are started on Strattera therapy should be observed closely for suicidal thinking or behaviors, clinical worsening, or unusual changes in behavior. This is especially important during the initial months of therapy or when the dose is changed. Families should contact their child's doctor if they observe any of these signs.

Eli Lilly, the drug's manufacturer, will also be developing a Patient Medication Guide to provide this information directly to patients and their caregivers.

FDA Public Health Advisory

Paroxetine (Paxil, Paxil CR, Pexeva, paroxetine hydrochloride) and Birth Defects

The Food and Drug Administration (FDA) has determined that exposure to paroxetine in the first trimester of pregnancy may increase the risk for congenital malformations, particularly cardiac malformations. At the FDA's request, the manufacturer has changed paroxetine's pregnancy category from C to D and added new data and recommendations to the *Warnings* section of paroxetine's prescribing information. Paroxetine is

available as Paxil, Paxil CR, Pexeva, and generic paroxetine hydrochloride.

Women who are pregnant, or planning a pregnancy, and currently taking paroxetine should consult with their physician about whether to continue taking it.

Women should not stop the drug without discussing the best way to do that with their physician. ■

Source: FDA's medical reporting website, Medwatch

NAMI CCNS Seeks Team Members for New Psychoeducation Program

NAMI CCNS is one of three NAMI Illinois affiliates selected to participate in the "Provider Education Program," an award winning course designed to educate line staff at local mental health agencies. Each affiliate fields a team of 2 experienced NAMI teachers, 3 adults with serious mental illness in recovery, and a licensed mental health professional who is a family member and/or person in recovery. Provider Education Program teachers are paid for teaching this demanding curriculum.

There will be a paid, 3 and 1/2 day training in Oak Brook March 30 to April 2. Teams will learn to teach a 12 week workshop for staff at agencies, hospitals, residential treatment centers, and other mental health organizations. Each team must commit to teaching the course two times in two years.

To find out more about this exciting opportunity please contact Barb Maier, 847-446-8416, or maier354@comcast.net

From the Co-Presidents

Dear Members,

On January 10th the annual NAMI CCNS board of director's meeting was held at Rush North Shore Hospital. The co-presidents presented an overview of our goals and objectives for 2006 and highlighted our accomplishments in 2005. We are grateful to the many volunteers who gave their time, energy, and talents to this organization and who helped make our success possible. The slate of six new board candidates and four incumbent members was unanimously voted into office. The popular "Ask the Doctor" format with Dr. Bob Schulman was extremely useful for family members and consumers alike.

Our new board consists of twenty-three members with diverse backgrounds and experiences. NAMI CCNS currently serves a membership of 200 people in 16 communities. As we continue to expand and reach out to the communities, our mission remains the same: to raise mental health awareness, promote information, education, advocacy, and the elimination of stigma.

As we look back over the past twelve months, we would like to thank our outgoing members who have served our board so generously. They include Todd Logan, a playwright and long time member, Deborah Walsh, our fundraising chair, Ellen Roth, our community outreach coordinator, and Allan Carlile, a financial accountant and coordinator of our Sundays at One social program. Looking toward the coming year, we would like to welcome our six new members: Frieda Ankin, Lester Appell, Joan DeCleene, Robert Peel, John Schladweiler, and Joyce Shatney. We look forward to working with them as they bring new views and experiences to the board.

Among our most notable accomplishments this past year has been the development of a housing committee and the impact of our Community Outreach program has had on community agencies that include police departments, schools, hospitals, libraries, religious organizations, and mental health facilities. Our ongoing mission is to educate the public about the many services we provide; our impact on participants' lives is significant.

Under the direction of Judy Graff, our housing chair, we are compiling a local resource guide to help consumers and families in need of coordinated services and housing. We hope to have this available in the spring. Judy is also collaborating with legislatures and service providers to find new ways to create housing opportunities. If you have any questions or would like to help, please contact Judy at 847 444-1505 or at JDGSLP@yahoo.com.

In closing, we would like to remind everyone to make a special effort to reach out to those around them. Although February has the fewest days, emotionally, it can be the longest month, and many people may feel themselves in a downward spiral. One of the best things we can do for our own mental health is to do something for another person. There is someone who would benefit from hearing from you. Give him or her a call.

Sincerely,

Ann George and Candice Hughes

2006 Board of Directors

Co-Presidents

Candice Hughes & Ann George

Vice President, Julie Savastio

Recording Secretary, Maun Dee

Corresponding Secretary

Patricia Rodbro

Frieda Ankin

Lester Appell

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Robert Peel

Michael Rodbro

Stan Rothbardt

Jill Friedberg-Rubin

Candice Savastio

John Schladweiler

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Questions, comments?

Please e-mail:

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Visit our website: www.namiccns.org
Website maintained by Tom Maier

February March 2006



VIEWPOINT

To My Husband and Caregiver: A Valentine

Let's face it: If I asked you to "Be Mine" on a day like today—a day spent in bed watching the birds twitch and twitter across the white winter sky—you'd probably run. Who'd want to befriend, let alone marry, someone whose good moods are evanescent and unsustainable?

No couple entering a relationship has a crystal ball. If someone had told you would spend much of your life as the caregiver to a spouse with mental illness, you'd probably have high-tailed it out of there. And I wouldn't have blamed you. I didn't marry you to be my rescuer; you didn't marry me to play lifeguard. And yet we've endured. You've been my head cheerleader and proper-upper, the man who sustains and nurtures me.

Yet we know the havoc depression can wreck on a relationship. For the last fifteen years, we've been in a threesome (and not the fun kind): you, me, and my depression. Every morning, the instant I wake, I take a mental inventory: How do I feel? How anxious and worried am I? What will I be unable to do today?

Whom will I be unable to see or talk to?

Depression is like the fat kid sitting on your side of the seesaw, weighing the relationship down, making it lop-sided and skewed. Why? Because depression's relentless narcissism ensures that everything is always about me: About how I am. About what I can and can't do. About my needs and concerns.

You may think depression's stranglehold on my mind precludes much in the way of thoughts about you and how this has affected your life (I know it certainly seems that way). Yet I think about the life you could have had: The household filled with friends, the joy, the spontaneity. Instead, you dedicated yourself to my mental health, to making my life as fulfilling and supportive as possible. When I was at my sickest, you took over the childcare and helped raise three great kids. You sacrificed your business to put me first. I am not unaware of these things. And yet, more often than not, my gratitude goes unspoken, unacknowledged.

I'd like to think that even if we'd had that crystal ball thirty years ago, you'd still have married me. I'd like to think that there is, even on the worst days enough of my "core" personality that makes me attractive to you. God knows something is keeping you here. Neither of us bargained for this mess; but together you've made my life worth living. I love you. And thank you. ■

Changes in the Special Education Law

An Insight On Schaffer Vs. Weast

By Matt Cohen, Special Education Attorney

The recent US Supreme Court decision, *Schaffer v. Weast*, has resulted in widespread media coverage which gives the impression that parents have effectively lost the right to advocate for their children. This impression is false and it is important for all concerned with the rights of kids with disabilities to set the record straight; the decision does not have the cataclysmic implications claimed by some.

First, the decision expressly avoided ruling on whether state burden of proof rules for special education cases were overturned. Many states, including Illinois, have state rules that expressly or implicitly assign the school districts the burden of proof in special education cases. These laws were not overturned and unless, or until, the courts overturn those laws, they remain in force.

Second, the burden of proof is a highly important but technical litigation rule. Most cases are not so close that the burden of proof is the legal threshold by which the cases are determined. In cases which strongly favor parents or schools, the burden of proof should not be an issue.

Third, the Court recognizes that schools have a "natural

advantage" in information and expertise. The decision emphasizes the importance of schools providing parents with "all records that the school possesses in relation to their child." Equally or more important, it stresses the importance of "an independent educational evaluation....(based on) all the materials that the school must make available." The court emphasizes that for the process to be fair, the parents must have a "realistic opportunity to access the necessary evidence" and have access to experts "with the firepower to match the opposition." As some courts have dismissed the value of outside evaluations in comparison to the opinions of school evaluators, the *Schaffer* decision should make clear: 1) the importance of outside evaluators having access to sufficient information to make accurate findings, arguably including access not only to records, but also to observation of the child and program, and 2) that such outside evaluations must be given equal weight to the school's evaluations.

Some schools may conclude that the *Schaffer* decision is a license to do less. While assigning the burden to the schools in all cases would have been an even stronger outcome in support of parents rights, the *Schaffer* opinion should not be read as blanket permission for schools to do what they wish or to provide inadequate programs. ■

Matt Cohen can be reached at 312-419-0252

Source: *Answers for Special Kids*,
www.answersforspecialkids.org Reprinted with permission

A Guide to...

Depression and Other Mental Disorders: Support Groups Can Help

If you have depression or another mental health condition, joining a support group can be a valuable addition to professional treatment. Support groups can help you feel less alone, find new coping skills and motivate you to stick to treatment plans. They can also be a source of hope for recovery and a more enjoyable future.

Depression and mental health support groups abound. Choosing a support group can be challenging but ultimately rewarding. Here's a look at how support groups may help you and how to find one that suits your needs.

Understanding support groups

A support group is a gathering of people who share a common condition or interest. Most mental health support groups focus on specific conditions, whether it's depression, substance abuse or eating disorders, for instance.

Members of the support group share their experiences and practical information about the way they've handled their own situation. They also offer emotional comfort and moral support.

Support groups may be formed by someone with depression or another condition or by someone interested in it, such as a family member. In some cases, they may be formed by nonprofit organizations, mental health clinics or other groups. *[see Visions for Tomorrow and Sundays at One support groups in Calendar]*

In-person support groups may meet in a variety of locations, such as in someone's home, in a church, in a community center or in a clinic. They can also meet electronically, with support shared over the Internet.

Support groups are not the same as group psychotherapy sessions. Group therapy is a formal type of mental health treatment that brings together several people with similar conditions under the guidance of trained mental health professionals.

Gaining benefit from support groups

Good support groups can offer a variety of benefits, from the emotional to the practical. The benefits of support groups include:

- **Making connections.** Meeting others with depression or another mental health condition may make you feel less

alone or isolated. A safe and welcoming environment, filled with compassion and understanding, can also reduce any stigma you may feel over having depression or another mental disorder.

- **Improving your coping skills.** Support groups offer the chance to draw on collective experiences. Others who have "been there" may have tips or advice about coping with your condition that hadn't occurred to you. Brainstorming with others may inspire even more ideas. For instance, swapping information about antidepressants for depression can help you see how others handle side effects.

- **Getting motivated.** Support groups can encourage you to seek professional treatment if you haven't yet. They also may encourage you to take a more active role in your treatment or stick to your treatment plan when you feel like giving up. And they may help you tap into community resources, such as housing or transportation assistance.

- **Finding hope.** Sharing experiences and making connections can make you feel better about life in general. Seeing others make strides against depression or another mental illness may give you hope about your own future.

You may be nervous about sharing personal issues with people you don't know. At first, you may reap benefits simply by listening. Over time, contributing your own ideas and experiences can help you get more out of a support group.

Evaluating support groups

Support groups come in many forms. Which one is best for you depends on your needs and wishes.

For instance, perhaps you prefer a structured, moderated group, where you're more likely to find organized discussions and educational information. A moderator or facilitator can help ensure that all participants have equal time and that discussions stay on track.

Here are some questions to consider when evaluating a support group:

- Is it geared toward a specific condition?
- Is the location convenient for regular attendance?
- What is the meeting schedule?
- How long has the group existed?
- Is there a facilitator or moderator?
- What are the confidentiality guarantees?
- Does it have established ground rules?
- Is it sponsored by a reputable health care facility or organization?
- Does it avoid false promises of quick cures?
- Does it encourage you to continue your regular medical care and treatment?

- What is the mix of participants, such as gender and age?
- How many people usually attend?
- What is a typical meeting like?
- Does it charge reasonable fees, if any?

Plan to attend a few sessions to see how you fit in. If the group makes you uncomfortable or you don't find it useful, try another one.

Remember that even a support group you've come to cherish can change over time as participants come and go. Periodically evaluate the group to make sure it continues to meet your needs.

We must accept finite disappointment, but we must never lose infinite hope.

Martin Luther King

Finding support groups

You've decided which kind of support group characteristics sound most appealing to you. Now how do you actually find a group to join?

First, ask your doctor, therapist or mental health expert for a suggestion.

Other ways to find a support group include:

- Contacting a local, state or national mental health organization
- Asking your church, synagogue or other place of worship
- Looking in your phone book under mental health, counseling or similar topics
- Checking your newspaper for a listing of support resources
- Contacting community centers or libraries
- Getting recommendations from friends or family
- Searching the Internet

Spotting red flags in support groups

Despite all of their benefits, support groups have the

potential to interfere with your medical treatment if you're not careful.

Don't abandon treatment with your regular doctor or mental health professional when you join a support group. Support groups are not meant to replace that treatment. They may, however, be a valuable supplement to professional care.

In addition, be wary of information you receive about treatment or medications if it doesn't come from medical professionals. Remember that some information discussed in a support group may not be entirely accurate. If you have depression, for instance, don't be tempted to stop taking antidepressants without consulting your doctor simply because you may hear about a "natural" product to take instead.

Here are some red flags that may indicate the support group isn't in your best interests:

- You feel worse after joining the support group
- You feel pressure to try a certain kind of treatment
- Other members encourage you to stop traditional treatment
- Sessions are centered around complaining and negativity
- Members insist that you reveal private information
- It charges unreasonable fees
- It requires you to buy certain products it endorses
- It demands your allegiance to a cult-like leader
- A few people dominate the discussions

Support groups for depression and mental illness have blossomed on the Internet. And they can be just as valuable as those that meet in person. But keep in mind that while the anonymity can be appealing, it can also be deceiving. The people you're interacting with may not be who they say they are. Also, make sure you don't let extensive Internet use lead to isolation from your in-person social network.

Be sure to talk openly with your doctor or mental health professional about your participation in support groups.

Helping yourself through support groups

Support groups for depression and other mental health conditions can offer a valuable addition to your medical care. They may teach you new coping skills and encourage you to follow through on treatment. They can also broaden your social horizons and make you feel less isolated. Although opening up to others can initially be difficult, you may get more out of a support group than you thought you could. ■

Source: The Mayo Clinic, reprinted with permission

Calendar

February 1 Board of Directors meeting at Wilpower, Inc. 444 Frontage Rd., Northfield, 7:30 pm.

February 9 "Visions for Tomorrow" Support and Discussion Group for parents of children, adolescents, and young adults with mental disorders. 7:30 pm. Kenilworth Union Church, 211 Kenilworth Ave., Kenilworth. Call Barb Maier for information at 847 446-8416.

February 15 TARA Chicago Personality Disorder/Emotion Dysregulation Support Group
Professionally led group for family members of persons with BPD or other emotional dysregulation issues. Northwestern Memorial Hospital conference facility in Chicago. 6:30-9:00 pm. \$5 per session donation. Please email: rh5mail-tara@yahoo.com before attending for information. Web: www.tara4bpd.org

February 15, March 15 and April 19

Rush Neurobehavioral Parent Connections recognizes that parents of children with neurobehavioral disorders often face challenges unique to children with special needs. Parent Connections is held at RNBC, 9711 Skokie Blvd., Suite D, Skokie, from 1:00- 2:30 pm. There is no fee to participate in this program. Please contact Cate Gonley at cgonley@rush.edu or FAX 847 933-0874.

February 26 "Sundays at One" is a support group for young adults with mental disorders who want to do things together. 1:00-3:00 pm at Borders Bookstore, 49 S. Waukegan Road,

Northbrook (corner of Waukegan and Lake Cook Roads). For information and registration, call Nate Maier 847 446-8416 or Alan Carlile 847 736-4587.

March 1 Board of Directors meeting (*See February 1st listing*)

March 9 "Visions for Tomorrow" Support and Discussion Group (*See February 9th listing*)

March 15 TARA Chicago Personality Disorder/Emotion Dysregulation Support Group (*See February 15th listing*)

March 26 "Sundays at One" (*See February 26th listing*)

March 30 Annual Mental Health Day Rally and Lobby in Springfield.

This is one of our best opportunities to demonstrate to the Illinois legislature the breadth of support for improved funding for mental health services through the number of people who meet with their state senators and representatives and gather for the Rally. It is extremely important that we have a large attendance. Call Mental Health Summit for information, 773 753-4440 or go to mentalhealthsummit.uchicago.edu

March 30-April 2 Provider Education Program in Oak Brook. To find out more about this exciting opportunity, please contact Barb Maier, 847-446-8416, or maier354@comcast.net (*See Announcement, page 1*)

Applications for Subsidized Housing

The Housing Authority of Cook County has announced that it will accept applications from income eligible seniors and persons with disabilities interested in being placed on the waiting list for its subsidized housing buildings between January 3 and February 15, 2006. Application packets will be available at a number of libraries and local agencies including:

- Evanston Public Library, 1703 Orrington Ave., Evanston
- Skokie Public Library, 5215 Oakton Street, Skokie
- The Village of Skokie, 5127 Oakton, Skokie
- Niles Public Library, 6960 West Oakton Street, Niles
- Des Plaines Public Library, 1501 Ellinwood, Des Plaines
- Arlington Heights Memorial Public Library, 500 North Dunton Ave., Arlington Heights

The buildings in Evanston managed by HACC are the Perlman Apartments at 1900 Sherman and Walchirk

Apartments at 2300 Noyes Court. Other north suburban buildings include:

- Albert Goedke House, Arlington Heights
- Armond D. King Apartments, Skokie
- Henrich House, Des Plaines
- Huntington Apartments, Niles
- Wheeling Tower, Wheeling

(The libraries and local agencies listed above are application pick up sites only and will not mail application packets.)

Applications must be postmarked no later than Wednesday, February 15, 2006 and received in the HACC PO Box no later than February 25, 2006. Late applications will not be accepted.

Illinois Legislative Update

Compiled by Sally Mann

National

Medicare Part D Update

In order to address continuing problems with the implementation of the new Medicare drug benefit program, the Bush Administration has ordered prescription drug plans to provide a 30-day supply of any drug that a low-income beneficiary (including a dual eligible) was previously taking, for no more than \$5 for each covered drug (\$2 if the medication is generic).

As part of transition rules set forth by the federal Centers for Medicare and Medicaid Services (CMS) last year, drug plans were supposed to be making this emergency 30-day transition supply available starting January 1. However, many retail pharmacists and drug plans either did not know about this requirement, or were not complying with it. This directive from the President should help ensure that drug plans and pharmacists begin meeting their responsibility to ensure that no dual eligible walks away from the pharmacy counter without his/her prescription being filled.

This order follows two weeks of uncertainty for some Medicare beneficiaries, particularly low-income beneficiaries who are dually eligible for both Medicare and Medicaid. A major problem has been computer systems that verify plan enrollment, but not the individual's status as dual eligible. As a result, many of these beneficiaries are being charged vastly more than the \$1/\$3 co-payment they were supposed to be charged.

As a result of these problems, as many as 20 states (including California, Illinois, Ohio, Pennsylvania and all of the New England states) have announced plans to step forward and pay for prescriptions that should have been paid by the new Medicare drug benefit since January 1. CMS is currently pressing drug plans to meet their obligations to cover prescriptions so that financial exposure to these states is limited.

Senate Budget Bill May Be Harmful For Medicaid Recipients With Serious Mental Illnesses

In late December, the Senate passed the Budget Reconciliation package (S 1932) on a 50-50 tie vote, with Vice President Dick Cheney casting the tie-breaking vote, allowing the bill to pass. S 1932, as passed, allows states to impose co-pays and other cost sharing requirements in their Medicaid programs. However, because of a last minute

procedural "point of order," the bill must now go back to the House for a second vote. The House is not expected to reconvene until January, at which time it will be required to vote again on the amended budget package, presenting advocates with a final opportunity to block the legislation.

NAMI intends to redouble its efforts to reach out to House members in the coming weeks to defeat the amended budget package. Please contact your U.S. Representative to urge opposition to S 1932 when it comes up for a vote. Explain that the Medicaid cost-sharing requirements contained in S 1932 will prevent impoverished people living with severe mental illnesses from receiving needed treatment and will therefore lead to increased homelessness, hospitalizations, criminalization, and suffering.

First Cut in Mental Health Funding in More Than 20 Years

The final version of HR 3010—FY 2006 Labor and HHS Appropriations Conference Report—funds mental illness research at NIMH at \$1.418 billion. This is only \$6 million above current levels – well below the \$48.2 million increase contained in the Senate version of the legislation.

The final agreement on HR 3010 holds most programs at SAMHSA at current funding levels. This includes the Mental Health Block Grant (\$432.8 million), PATH (services for homeless individuals with mental illness) (\$54.8 million), Jail Diversion (\$7 million), Children's Mental Health (\$105.2 million), and protection and advocacy (\$34.3 million). As with NIMH, all programs at SAMHSA (and the Center for Mental Health Services, CMHS) will be subject to a one percent across-the-board reduction.

The only activity at CMHS to receive a substantial increase in the final version of the Labor-HHS bill is youth suicide prevention and campus mental health programs authorized under the Garrett Lee Smith Act. Specifically, the bill increases funding for suicide prevention programs by \$10.5 million, to \$27 million. This is a remarkable accomplishment in the current budget environment, particularly considering that these programs at CMHS were funded at only \$3 million just three years ago. NAMI is extremely grateful for the leadership of Senator Gordon Smith (R-OR) in pushing for this increase in federal investment in youth suicide prevention. ■

Source: NAMI www.nami.org



NAMI CCNS
Box 612
Winnetka, IL 60093

Place
Stamp
Here

NAMI CCNS EDUCATION CLASSES, SUPPORT GROUPS AND OTHER SERVICES

*NAMI CCNS' two psychoeducational classes

***Visions for Tomorrow** 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** 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. (TBA; check www.namiccns.org)

Care and Share is a support group for people with mental disorders, as well as their friends and families. (TBA; check www.namiccns.org)

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 for details)

Response Team A "warm line" (not a crisis hot line) for anyone looking for resources, referrals (or just a chance to connect to others) 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 for details)

Other Organizations

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

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 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 pm. 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 pm. 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 Thursday evenings at Resurrection Hospital, 7435 W. Talcott, Chicago. 7:30-9:00 pm. Call Carol Miller for information at 773-774-3019.

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 Mona Berman for information at 847-559-0001, ext. 4.

Obsessive Compulsive Foundation of Metropolitan Chicago Call for information 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 Support Group

Professionally-led group for family members of persons with BPD or other emotional dysregulation issues. Meets the third Wednesday of each month at the Northwestern Memorial Hospital conference facility in Chicago. 6:30-9:00 pm. \$5 per session donation. Please email: rh5mail-tara@yahoo.com before attending for information. Web: www.tara4bpd.org ■