

Celebrating our 20th Anniversary



The Compass

A Publication of New Directions Delaware, Inc.

A support group for PEOPLE with DEPRESSION or BIPOLAR DISORDER...and for THEIR FAMILIES AND FRIENDS

Volume 11 Number 3

Winter 2011

New Directions Delaware: The Year in Review

It has been a very gratifying and humbling year at New Directions Delaware. We've seen more people than ever coming to our semi-monthly support groups, and several new faces have stepped forward to volunteer their time and talent as facilitators. Monthly educational meetings were well attended, and the annual Drew Sopirak Memorial Program was a huge success. On a sad note, Miles Bart...the heart, the soul, the co-founder of New Directions...died on April 8 at the age of 82.

The highlight of the year was undoubtedly the "Drew Program" as it has come to be affectionately known. Named in honor of Drew Sopirak, and supported generously every year by his parents, Andy and Allyn Sopirak, the Drew Program welcomed Dr. Dan Gottlieb to Brandywine High School on April 18, 2011, where the noted therapist, author, speaker, and radio host spoke with compassion, sensitivity, and humor to an appreciative audience that hung on his every word. Dr. Gottlieb spoke eloquently about the longing all of us experience for human contact, compassion, and understanding. He suggested that the simple words, "Tell me your story," can be the beginning of hope and healing under almost any circumstances. Dr. Gottlieb's message was inspiring and uplifting, and it is safe to say that those in attendance last April came away from the evening deeply moved.

Throughout the year, numerous professionals supported the educational mission of New Directions by volunteering their time to share their expertise on a wide variety of topics. These dedicated men and women included the following:

in January, Brenda Criddell and Anthony Fracioni from the Delaware Division of Vocational Rehabilitation spoke to us about the process of applying for *Social Security Disability Income*;

in February, Kris Bronson and Sharon Cooper from Alliance Counseling talked about *Reducing Stress through Breathing, Meditation, and Mindfulness*;

in March, New Directions welcomed an old friend, Nick Kotchision, to speak about *The Psychology of Forgiveness*;

in May, Dr. Terry Boyadjis introduced us to *Transcranial Magnetic Stimulation (TMS)* as a treatment for mood disorders;

in June, Victoria Kim from the Mental Health Association of Delaware addressed the very difficult but important topic of *What To Do if a Loved One is Suicidal*;

in September, another old friend of New Directions, Dr. Ranga Ram, spoke on the *Myths and Realities about Medication* in the treatment of mood disorders;

in October, Dr. Dan Block, who has been a consultant to New Directions for many years, provided a very thorough and comprehensive presentation on the *Diagnosis and Treatment of Bipolar Affective Disorder*;

in November, Dr. Jon Baylin, a Psychologist with Broudy and Associates, presented an overview of *Eye Movement Desensitization and Reprocessing (EMDR)*. That same evening, we also heard from Brad Why, a Psychiatric Nurse Practitioner with Bancroft Behavioral Health, who spoke about *Supplemental Strategies to Help Manage the Symptoms of Mood Disorders*;

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(Year in Review—Continued from page 1)

before turning the calendar ahead to 2012, we look forward in December to hearing from Dr. James Walsh, Pastoral Counselor and Assistant Professor at Wilmington University, who will speak at our annual Catherine Adams Memorial Program. His topic will be *Keeping the (Holiday) Spirit Invigorated: Lessons from Positive Psychology & Spirituality*. It promises to be an enjoyable and informative evening.

To all of these wonderful professionals, the New Directions Board extends its heartfelt gratitude on behalf of our entire membership.

Finally, it seems fitting and appropriate to close with a remembrance of Miles Bart. He was, in the words of Judy Pennebaker, friend and early member of New Directions, "*father figure, friend, counselor, entertainment director, spiritualist, and financial advisor...a model of stoicism and dignity.*" As the year draws to a close, let us remember with fondness and appreciation the man who "*courageously reached out to others, helping in their quest toward stability and peace.*"

To all, and to all your loved ones, we extend our best wishes for a joyful holiday season, and a very Happy New Year!

The Compass

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The Compass is going Green!

**Join our e-mail list to stay up-to-date
Instructions for joining are on the back cover**

Erratum

In the previous issue the "Ask the Doctor" article (page 9 of Volume 11, No. 2 - Summer 2011), on the question concerning generic medications, it was indicated that the FDA "requires a less than 5% difference in blood levels" when considering generic vs brand name medications. It should have stated that it requires the bioavailability to be between 80% & 125%. This was an error in the transcription of Dr. Block's original manuscript by the Editor and not an error by Dr. Block.

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Managing Stress and Symptoms During the Holiday Season

by Shauna Sullivan, LCSW, LLC

The holiday season can be a stressful time for many of us, and it can be even tougher to manage stress along with symptoms of a mood disorder. Below are some tips to help manage stress during this busy time, as we try to fit in family gatherings along with adjusting to the colder weather and darker evenings.

Try to keep to your regular schedule: Sometimes this can get away from us quicker than we realize, but it's important to try to maintain our regular sleep and wake habits, as well as activities such as support groups and therapy appointments. Even if you don't keep a regular calendar, perhaps making a schedule for the next couple of months would be helpful in achieving your goals and staying focused.

Set limits with others when necessary: As much as we may want to attend every event, or stay over at a family member's house, it's not always a good idea. It's okay to say no to certain things if you know that it could bring on more stress, or try to space out activities (for example, only one evening event per weekend.) Instead of looking at this as a sacrifice, try to see it as a positive way of taking care of yourself. Conversely, if you feel you have too much time on your hands, consider volunteering. Lots of charities need extra help, especially this time of year.

Encourage a "no-negativity zone": It can be difficult, especially with certain acquaintances, to keep from getting swept away in negative talk. If it's too uncomfortable to verbally set a limit, sometimes walking away can be the best thing. Our minds do a good enough job of negative thought patterns, and many of us don't need any extra help! Staying positive is contagious and can have a good effect on those around you, too.

Don't underestimate the value of exercise: Even taking a walk can have more than one benefit: the physical exercise, plus giving you a mental "time-out" and change of scenery. Try to build something in each day, even if it's parking further away in the parking lot, taking the stairs instead of the

elevator, or taking a pet for a walk. The colder weather can make us feel like we want to avoid doing things outside, but sometimes the crisp air is exactly what we need to refresh us, inside and out.

5. Give yourself some extra care and understanding: Try to be patient and understanding with yourself if you feel more tired, sad, or stressed. This is a difficult time of year for many, so give yourself some extra care and kindness. Sometimes all it takes is imagining what you would tell a friend to do in your situation to encourage a less self-critical and forgiving pattern of thought.

The holiday season can be challenging for many of us, but just remember there is support available if you need it. May you all have a safe, peaceful, and healthy holiday season.



Bipolar disorder, depression remain hidden, misunderstood

by Ruth Z. Deming

On Sept. 20, the formal repeal of “don’t ask, don’t tell” took effect. Gay people in the military shed their vows of silence. Individuals were free to admit their sexual preferences. Imagine their relief! No more hiding; no more secrecy.

It reminded me of the vow of silence most people with mental illness have taken. I, myself, had bipolar disorder for 18 years, gone now for some unknown reason. I had my first manic-psychotic break (out-of-reality episode) at age 38 and regaled my boss with the details.

We were best of friends. She ran a small art magazine and treated me like a daughter.

And she fired me on the spot.

Are people any more enlightened 27 years later?

Polls show the American public has gradually accepted gay individuals who fought long and hard for equality, many sacrificing their lives to be treated as equal citizens.

The same cannot be said for people with mental illness, including the more than 5.7 million adults (2.6 percent of the population) with bipolar disorder, according to the National Institute of Mental Health.

At New Directions Support Group for people with depression, bipolar disorder and their loved ones, the non-profit I founded in 1986, few people disclose their illness to their employers, and some don’t even tell their friends or family.

Misunderstanding abounds. Our members know they’d raise eyebrows should they speak of their condition. One wrong step at work and their boss would look for reasons to let them go. Fear of the mentally ill is the reason.

But for every Jared Loughner, there are a thousand Patty Dukes, Catherine Zeta-Joneses and Virginia Woolfs.

Our success stories are legion.

By coming together and sharing our stories at New Directions, we talk the talk with people who truly understand and do not judge us. Our members are not afraid to cry in our group or to laugh with joy. All walks of life are represented. We have high-wage earners as well as those on disability who are able to work part time at fairly nonstressful jobs. Over the years, we have hosted attorneys, nurses, a couple of physicians, an architect, a college professor — you name it.

We encourage our young people to return to college after their illness initially knocks them down. And they

do. Life is not over because you’re diagnosed with a brain disorder.

But you won’t read about their triumphs over their illness on Facebook or in the newspapers. Stigma is still very much with us. We are heroes to one another. To live with bipolar disorder — extreme “highs” and “lows” — or with a depression so severe you wish you were dead, takes an immensely strong individual who must forget about the past and the true horrors of the illness and reach for the future.

Not easy, but we do it.

Did you know that mental illness has existed since pre-historic times? Abnormal behavior has also been seen in the great apes, according to a 2006 neuroscience journal. Hindu scrolls from as long ago as 600 B.C. suggest that mental illness was caused by inappropriate diet, disrespect toward the gods and mental shock due to excessive fear or joy (sure sounds like bipolar disorder), according to writer Dinesh Bhugra. Ancient treatments included the use of herbs and ointments, charms and prayers and shocking the person.

Sounds exactly like how the illness is treated today, except we take pills, and in extreme cases, get shock treatments, as does the wife of the former governor of Massachusetts, Kitty Dukakis, who gets monthly maintenance treatments for her illness.

You would never know it, but people you come in contact with every day suffer from depression or bipolar disorder. The affable manager of a clothing store may have bipolar disorder. So, too, the pharmacist at the drug store. An attorney I once sought for help later came to our support group.

Some day, people will realize bipolar disorder is a treatable illness, just like diabetes, and is managed successfully by medication, therapy and lifestyle changes. As Joni Mitchell sings in “Woodstock”: “We are stardust, We are golden, and we’ve got to get ourselves back to the garden.”

Hopefully, sooner than later.

Editors Note:

Ruth Z. Deming is a psychotherapist, writer and director of New Directions Support Group for people with mood disorders. For information, call 215-659-2366, ext. 1, or visit www.NewDirectionsSupport.org.

Ruth was the inspiration and mentor of Miles Bart, who co-founded New Directions Delaware after learning from Ruth’s model. New Directions Delaware is not connected to New Directions Support Group, except in gratitude and common purpose.

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My Loved One Doesn't Understand - Really?

by John McManamy

Loved ones and metal illness. "My husband gets angry," Sarah wrote on [Bi-polarConnect](#). "It makes no sense when I'm in crisis ... I can't help it when I'm crashing or in a panic. He cannot understand ..."



We may have depression or bipolar, but our loved ones suffer from it.

A loved one who doesn't get it - a good many of us have been there. Back in the old days, my response would have been along the lines of a suggested reading list for her husband. Then, perhaps, a dialogue could start.

But my thinking has come a long way since then. I am a patient, but I have also experienced first-hand the frustration of a loved one.

At least half of the queries I get from readers come from loved ones, including family members and sweet-hearts. Without exception, they are at a loss and their stories are heart-breaking. They are the innocent bystanders of our illness.

I've also had ample opportunity to listen to loved ones

at various mental health venues, plus I am forever engaging them (or, rather, they are engaging me) in conversations in coffee shops, on public transport, everywhere. I have also had an opportunity to sit in with a DBSA-run friends and family support group.

Believe me, our loved ones see our illness far differently than we do. We may complain that they don't understand us, but far too many of

us fail to recognize the horrible abuse we have put them through.

No question about it, to live with a person with a mental illness is to live in an abusive relationship. Until we own up to this hard cold truth, we will never make peace with ourselves and our loved ones. We will always be stuck in our recovery, perpetual victims, always finding fault in the people who love us, always blaming our outrageous behavior - illness-related or not - on our illness.

I cannot disclose what took place in our friends and

(Loved One—Continued on page 7)



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(Loved One—Continued from page 6)

families group I attended, but I can mention this much: A father was in tears, at the end of his rope. I felt I needed to jump in, but as a patient. We put you through hell, I said, or words to that effect. But you are the best thing we have going for us. We can't do it without you ...

I noticed the look on his face. I noticed the others in the room were listening intently. No doubt, they had heard this before, but from fellow family members. What made my little homily significant was that this time the words were coming out of the mouth of a patient.

At last, came the thought, someone who understands. Understanding. Isn't that what we are all looking for?

Back to Sarah: First I acknowledged her concerns, but then I suggested it would be more constructive to view matters from her husband's perspective:

"When YOU act up or act out," I wrote, "HE is the one who suffers." Even the most compassionate person in the world can only put up with this for so long.

Loved ones hate the "can't" word, I continued. "You may think you are asking for sympathy and understanding. A loved one interprets this as a complete lack of sympathy and understanding from you."

They need to be hearing that we - the ones living with mental illness - are taking responsibility, even if we are having difficulty managing. Something along the lines of: "I really appreciate this makes life hard on you. It's not easy for me to control my behavior at times, but I'm working on it, and I could really use your help on this."

Now, I advised Sarah, instead of an adversary, you may

have an ally. You've owned up to the problem. You've accepted responsibility. You've acknowledged your loved one's feelings. You've given him a reason to hope.

Believe me, this is music to a loved one's ears.

"If your husband is to understand you," I wrote, "first you need him on your side. You need his good will and support. For that to happen, you need to be the initiator, you need to set the good example. If he's smart, he will start to respond positively."

Coupled with this is the reality that loved ones need to see tangible signs of change. Talking a good game is not enough. If your loved one strongly hints at something, then you need to be acting on it. If this means putting the top back on the toothpaste, then put the top on the toothpaste.

You can also score brownie points by taking your own small initiatives, say by getting out of bed in the morning 10 minutes earlier.

Naturally none of this is easy when you are the one who is ill, but the stakes are enormous. There are no guarantees, but we are talking the difference between a sympathetic loved one who represents by far the best thing going for you and a stranger in your home and in your bed. Believe me, from one who has lived both sides of this equation, the effort is worth it.

As I concluded to Sarah: "Your old approach hasn't worked. Time to try something new."

Aspirin and Prozac Can Mix Badly, Study Says

By SHIRLEY S. WANG

Antidepressants and aspirin don't mix, a new study suggests.

Researchers found that painkillers such as aspirin and ibuprofen appear to decrease the effectiveness of a popular class of antidepressants that includes Prozac and Celexa.

The finding, published Monday [April 25, 2011], may help explain why even the most effective antidepressants don't work for everyone. At best only about two-thirds of patients respond effectively to Celexa and other selective serotonin reuptake inhibitors, or SSRIs.

Non-steroidal anti-inflammatory drugs, or NSAIDs, are a widely used class of pain medicines and include aspirin and ibuprofen but not acetaminophen.

"It appears there's a very strong antagonistic relationship between NSAIDs and SSRIs," said Jennifer Warner-Schmidt, first author of the study and a researcher at Rockefeller University in New York. "This may be one reason why the response rate [in patients of SSRIs] is so low."

The finding, which needs to be confirmed in further studies, was published in the journal *Proceedings of the National Academy of Sciences*....

It isn't clear from the study whether taking ibuprofen for an occasional headache is enough to blunt the effect of an antidepressant or whether it takes long-term use for a condition such as arthritis for there to be an inhibitory effect.

(Aspirin—Continued on page 8)

(Aspirin—Continued from page 7)

Major depression is estimated to affect 16.5% of U.S. adults over their lifetime, according to the National Institute of Mental Health.

Antidepressants, the bulk of which are SSRIs, were the second most popular drug class prescribed in the U.S. last year, netting \$11.6 billion in sales, according to IMS Health, which tracks pharmaceutical sales.

There were 253 million prescriptions for antidepressants in the U.S. in 2010.

The Rockefeller researchers initially looked at changes of a biochemical marker of depression in mice when the animals were consistently given an SSRI, an anti-inflammatory or both medicines.

They figured if there was any effect from combining the two, it would have been to improve depressive symptoms since inflammation, an immune system response to infection, is thought to worsen or even cause depression in some people, Dr. Warner-Schmidt said.

Instead, they found that mice given a combination regimen had a dampened response—and sometimes no response—to the antidepressant compared to the group that got the SSRI alone. Mice who received just the anti-inflammatory didn't show any change in the protein marker, called p11.

The researchers then looked to see if there was any evidence of this effect in humans. By examining data from an already-completed 4,000-patient large clinical trial of depressed patients known as STAR*D, they found that there was indeed a significant difference. Depressive symptoms—such as feeling down, crying more frequently than usual or having decreased appetite—in patients who took Celexa went away 55% of the time, but that rate dropped to 45% in individuals who reported they also had taken an anti-inflammatory.

The results, though preliminary and in need of replication, suggest that there could be clinical implications for patients who take both types of medications, experts said.

"If it's substantiated in further studies, it would certainly imply we would have to use a different treatment for patients who are chronically taking NSAIDs," like those with arthritis, said Steve Wengel, a depression researcher and chair of the University of Nebraska Medical Center psychiatry department who wasn't involved with the current study.

But Dr. Wengel said that physical pain can make depression worse so patients taking both types of medicines may have harder-to-treat depressions.

The Rockefeller researchers plan to carry out a study that follows human SSRI users over time—some taking NSAIDs and some not—to better investigate the issue.

Madhukar Trivedi, who co-led the STAR*D trial and wasn't involved in the new study, called the mouse data "clearly compelling" and the STAR*D analysis "very fascinating" but in need of follow-up.

Dr. Trivedi, a psychiatry professor at the University of Texas Southwestern Medical Center, Dallas, said he wouldn't routinely urge depressed patients to stop taking an NSAID based on the findings, but if they weren't responding well to the SSRI, he would evaluate whether they needed the painkiller.

Patients who are taking these medicines shouldn't stop them on their own, experts said, and should talk to their doctor if they have concerns.

It isn't clear why NSAIDs suppress the effect of SSRIs, but it could be simply an interaction between the drugs where NSAIDs prevent SSRIs from reaching the brain, the researchers said.

"Physicians should consider the advantages and disadvantages of giving an anti-inflammatory with the antidepressant depending on how severe the pain is and how depressed they are," said Paul Greengard, senior author on the paper and head of the molecular and cellular neuroscience lab at Rockefeller.

This article originally appeared in the April 26, 2011 issue of the Wall Street Journal.

* **Friendship is born at that moment when one person says to another:** *
* **What! You too? I thought I was the only one.** *
* **C.S. LEWIS** *
* *English essayist & juvenile novelist (1898 - 1963)* *

WE THANK OUR CONTRIBUTORS

MEMORIALS

CONTRIBUTORS

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Upcoming Program and Support Meeting Schedule

Meetings are held at Aldersgate United Methodist Church, 2313 Concord Pike (Rt. 202) next to Fairfax Shopping Center. Meetings begin at 7:15 p.m. All meetings are free; donations are requested to defray expenses. For more information visit our website www.newdirectionsdelaware.org or call 302-286-1161 .

January 9 and 23	<i>Support Meetings</i>
January 16 ("Double Header")	<i>Adjunct Therapy for Mood Disorders and Traumatic Stress</i> <i>Speaker: Mary Kennedy</i> , licensed clinical psychologist in Delaware and the best-selling author of forty novels. <i>Pet Therapy</i> <i>Speaker: Lynne Robinson</i> , Executive Director, <i>Paws For People</i>
February 13 and 27	<i>Support Meetings</i>
February 20	<i>CBT Strategies - Change Your Thinking - Change Your Life</i> <i>Speaker: Bruce W. Rappaport</i> , MDIV, Private Practice Counselor in Wilmington, DE

What is New Directions?

It is a safe harbor for those seeking understanding about depression and bipolar disorders.

It is a respite from the daily emotional swings that impact the personal lives of hundreds in our region.

It is an opportunity to learn from professionals about the ways we can handle mood disorders, for either ourselves or our loved ones coping with the pain.

It is family.

It is support.

It is the strength that comes with understanding and support from a caring community of volunteers dedicated to assisting individuals find some peace of mind through conversation and education.

New Directions is made up of members of our community who are dedicated to helping those with or affected by depression and bipolar disorders. They are not professionals. They are you and they are me. Together we believe that we make a difference in the lives of those we serve. We do this through semi-monthly support groups, monthly educational meetings, seminars, mailings, and literature about these disorders and how to live with them.

What kind of impact are we having?

- Semi-monthly support group meetings have increased in attendance 25% over last year
- Interest in restarting our 12 week Seminar remains strong
- Requests for the Compass, our quarterly newsletter, are increasing
- Attendance at our annual Drew Sopirak Memorial Program continues to grow

Why? Because of the many volunteers who care and are willing to give unselfishly of their time to provide for others. As an all-volunteer organization we rely on the generosity of the community to see that the funds needed for rental of meeting facilities, purchase of educational literature, and informational mailings can continue. Your support is critical in assisting New Directions meet its mission of support and caring for those with or affected by depression and bipolar disorders. Your gift of \$25, \$75, \$150, or whatever you can afford, will make it possible for New Directions to continue its valuable outreach to those seeking our help.

It is individual donations that sustain our operations. During the past few years, contributions from corporations and other organizations have stopped. With these uncertain economic times it is likely we will continue to rely on those most touched by activities New Directions provides. Our modest budget of \$20,000 does so much for so many. One gift of \$40 covers the room rental for a support group night; a gift of \$60 rents the park pavilion where we hold our annual picnic; \$75 covers the cost of printing and postage for our monthly mailing; and if \$5 is all you can manage...well, 5 people contributing \$5 each pays our monthly Verizon bill! Please consider your gift today and send it in the enclosed envelope.

We appreciate the fine work of our volunteers, but without the generosity of individuals like you our ability to help is diminished.

Thanks so much for your attention to this appeal.

I wish to contribute the following to help New Directions Delaware achieve its purpose to educate, inform, and support individuals, families and professionals about depression and bipolar disorder:*

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The Compass Newsletter, Volume 11 Number 3

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The Compass is going Green!

Printing and postage are the largest portion of our budget. In the future, we will be relying more on electronic communications.

The print version of the Compass will be curtailed in 2012.

To continue to receive information about upcoming New Directions events and current news about mood disorders, you will need to join our e-mail announcement list.

IT'S EASY TO ADD YOUR E-MAIL

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To guard against someone else entering your information, you will receive a return e-mail asking you to confirm your desire to be added to the list by clicking on a “URL”—this is completely safe and will not infect your computer in any way.

We do not spam. We will send, at most, one or two e-mails a month.

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