The official newsletter of LymeConnection.org

MARCH/APRIL 2014

A Message From

Jennifer Reid & Karen Gaudian

Spring Greetings from Lyme Connection

This issue we're excited to tell you about: *Lyme Disease: Body, Mind and Spirit*, our upcoming annual patient seminar and health fair scheduled for Tuesday, May 13. This is the eighth year that we've held an event at Western Connecticut State University in Danbury in honor of Lyme Awareness Month. We look forward to seeing the hundreds of patients and practitioners who join us for this gathering to learn from the experts, connect with old friends, celebrate achievements, and honor the trailblazers who are changing the world's view of tick-borne diseases. This month, *Lyme Connection* editor Janet Jemmott interviews the third of our May seminar speakers, Lyme-literate Clinical Social Worker Sandy Berenbaum. Sandy shares her thoughts on the challenges families face when illness disrupts daily life as dramatically as tick-borne diseases often do. Parents whose children are struggling in school because of Lyme-disease-related issues will want to join us on Saturday, March 29, for education advocate Linda Talbert's free workshop. Linda's talk will provide the tools every

Lyme parent needs to effectively work with their school system.

Here in Connecticut, we're just a few warm days away from losing the protective snow cover that keeps us temporarily safe from ticks. That means it's time to start thinking about prevention and this issue we're spreading the word about the repellent permethrin for treating clothing. Our list of BLAST health fair appearances, regional Lyme-learning events, and support groups continues to grow thanks to our subscribers. Keep sending us your ideas and recommendations. Nothing like a great tip from a fellow patient. It's all part of our ongoing effort to keep you safe, save you money, and improve your health through *Lyme Connections*. Read on to see what we've found, and please let us know if you've got news to share.

Jennifer Reid & Karen Gaudian
Co-Chairs
Ridgefield Lyme Disease Task Force

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8th Annual Lyme Disease Patient Seminar/Health Fair on Tuesday evening, May 13 at WestConn:

Lyme Disease: Body, Mind and Spirit

On Tuesday May 13, 2014, the Ridgefield Lyme Disease Task Force will host its annual patient-focused Lyme Seminar and Health Fair at Western Connecticut State University in Danbury. This year, the event will look at the impact that Lyme disease has upon the whole person, including the brain. Free and open to the public, the event will once again be held in the University's Westside

Student Center ballroom. Speakers include former ILADS president and Lyme disease physician Steven Phillips, MD; former ILADS president, psychiatrist, and psychopharmacologist Robert Bransfield, MD; and Lyme-literate mental health practitioner Sandy Berenbaum, LCSW, BCD. Presentations will begin with a "Courage in Journalism Award" being given to *Poughkeepsie Journal* (NY) investigative reporter Mary Beth Pfeiffer for her nationally recognized series of articles about tick-borne diseases.

The evening begins at 6:00 p.m. with a Lyme-focused health fair featuring tick-control products and services, Lyme-literate providers, laboratories, and other ancillary professionals who support the Lyme patient community. Speaker presentations run from 7:00 p.m.to 9:30 p.m. The WestConn Westside Campus Student Center is located at 43 Lake Ave. Extension in Danbury, Connecticut.

Event sponsors include BugBeWear, IGeneX, Inc., Master Supplements, Inc., My Health 1st Urgent Care, NutraMedix, and Select TCS Tick Control System. Dr. William Lee Cowden will hold a free afternoon seminar in the same location for patients interested in learning more about his Nutramedix natural protocols for tick-borne diseases.

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Free Parent Workshop: Educating your Child with Lyme Disease

Workshop Leader: Linda J. Talbert, Education Advocate

Presented by the Ridgefield Lyme Disease Task Force

Date: Saturday March 29, 2014
Time: 10 a.m. - 12 p.m.
Location: 66 Prospect St., Town Hall Annex, Ridgefield

Please reserve your spot by emailing RLDTF@comcast.net.

Given the extreme and fluctuating symptoms of Lyme disease, and the effect on cognition and executive functioning, we often find ourselves struggling to get the needs of our children met in school. Linda J Talbert, a member of the ***Council of Parent Attorneys and Advocates*** (COPAA), will explain the ins and outs of supporting your child's unique educational needs.

Linda will help us understand what supports are available, and how to advocate for the school to provide those needed supports, whether it be under Special Education law (an IEP) or through a 504 plan. From her unique perspective as a special education advocate, Linda will explain how best to obtain support while protecting the relationship between the parent/s and school.
Free information packets will be provided for all registered participants.

Read more about Linda: http://www.specialeducationadvocatect.com/Site/Bio.html

Weather cancellations will be updated on our Facebook page:
www.facebook.com/RidgefieldLymeResource

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(From l. to r.) Dr. Charles Ray Jones, Sandy Berenbaum, LCSW, BCD, Denise Lang-Grant, Ed.S., LPC, and Dr. Robert Bransfield at a previous WestConn Conference

When Lyme Hits School-aged Kids;

Interview with Sandy Berenbaum, LCSW, BCD

by Janet M. Jemmott

Sandy Berenbaum is a Licensed Clinical Social Worker, with a psychotherapy and family therapy practice in Southbury, CT and Brewster, NY. She is a graduate of Temple University, and received her MSW from Adelphi University. Her professional experience working with Lyme disease patients and their families goes back well over 20 years. Sandy has written and spoken widely on Lyme disease. She is a member of ILADS and has given several presentations at ILADS annual conferences. Sandy serves as the Children's and Mental Health Editor of the Lyme Times, a publication of lymedisease.org, and has served as consultant on various Lyme Research Alliance and Lyme Disease Association projects. She is on the Advisory Board of Lyme Research Alliance, and is an advisor to the Ridgefield Lyme Disease Task Force. More information can be found on her website: www.lymefamilies.com

In a study by the CDC that analyzed private insurance claims from 2001 to 2010, the highest rates of Lyme disease diagnoses were in children aged 5 to 9 years of age. The effects of tick-borne disease upon school-aged children can be complex and far-reaching, with cognitive issues and social isolation. The following interview with Lyme-literate Psychotherapist Sandy Berenbaum illuminates some of the issues facing parents and children with Lyme disease.

Tell me a little about your work with families that have Lyme?
My background was in working with teenagers, first in a residential center and then in private practice. I got sick with what turned out to be Lyme disease, and spent six years trying to figure out what was wrong with me. Once I was diagnosed, in 1990, I called a friend who was a doctor. He also had Lyme, and he led me to a Lyme-literate physician and to my first medical conferences on

Lyme. At that time I was struggling with how my brain had suddenly disappeared after I got sick, so I knew personally that this disease causes cognitive problems and affects decision-making. So I thought maybe some of these kids I was seeing – who had school issues, behavioral problems, family problems, and anorexia - maybe some of these kids have Lyme disease.

So I continued to go to conferences and I realized how easy it was for a mental health practitioner to come up with a mental illness diagnosis and miss the underlying medical cause. I developed a one-page screening protocol for mental health practitioners to help determine whether to refer a client to a Lyme-literate doctor for a complete evaluation. I was appalled to find that every single kid that I thought had Lyme actually did. One girl had three hospitalizations for anorexia before she came to me; turned out she had Lyme. I saw kids with substance abuse issues who were self-medicating for pain who also had Lyme. Issues related to school behavior, attendance, and ability to successfully complete their schoolwork - Lyme disease was the cause for so many children!

Since I moved to Connecticut nine years ago, I've had an all-Lyme practice. I do telephone counseling with people in other parts of the country, although I won't work with kids over the phone. Primarily, I see kids, adults, and families in one of my offices - Southbury, Connecticut or Brewster, New York.

The focus of my work is on problem solving. The focus of my work is on helping people cope with this disease, helping people find ways out of feeling trapped by illness. I have a strong belief in the importance of establishing boundaries – respect for the boundaries of other people and protection of one's own boundaries. Anyone with a history of years of misdiagnosis can tell you stories about doctors and in some cases extended family members that decide what's wrong with them even when the patient or family knows that the loving family member or professional is leading them in the wrong direction, ignoring the medical cause - Lyme disease. I help parents and patients and even kids as *young as eight years old understand what boundaries are – even if I don't use that word with little kids – and I help them protect their boundaries. That is one of the roles I see with the mental health practitioner.*

Could you give me an example of a boundary?
So a kid might say, Johnny's been my best friend since kindergarten, but he says I can't be that sick because I look good - but I can't go to school. So I'd ask the child: "What does your friend know about Lyme disease? Look at you, you even know what a spirochete is." (I've had little kids describe to me – even better than some adults do – what a spirochete is.) "You can just tell your friend: I'd love to play Mindcraft with you. Can you come over and play on the Wii together? But I don't want to talk about Lyme, my Mom's handling that." Can you see how empowering that would be to an eight-year-old? That's an example of establishing a boundary. That kid's learned something that may come in handy years later, in any number of ways.

Adults often run into problems with extended family members, even grandparents, who say, You know, I just saw someone interviewed and he's an expert from a major medical center . . . Often the mom has done significant research, talked to other people, established support networks. It's really not the grandparent's place to get into areas they weren't invited. So rather than getting into what was said by the major medical center, you can say, "Mom I appreciate your love and care. What I could really use - since I'm pretty overwhelmed with managing the house and taking my child to doctors - is if you could make meals for a while, even a couple of meals a week, or if I could give you a grocery shopping list; that would be really helpful." Don't get defensive or question the credibility of the medical center that was referred to.

What if it's a spouse who refuses to acknowledge that it's a disease that's affecting the child, or is dismissive about it. What do you say?

That's a big problem that I see a lot. It's usually the mother that's in the trenches with the child. I'm not being sexist; this is my observation. The father is usually working really hard to pay for this expensive illness. I've had mothers that had graduate degrees and Wall Street careers and they've had to leave it all to care for their child. So the mother is the stay-at-home parent because of need. That works out well if the father allows the mother to be the decision maker. I've seen fathers who will say, she's doing a great job, I really trust what she's doing, and I really appreciate that I don't have to do the research.

When you don't have that, I suggest inviting the father to come for at least one session. Or, if I'm working with the mom over the phone, I invite him to be involved via conference call or speakerphone with a telephone counseling session. I pay a lot of attention to what's going on with the parents. Then if the father's unwilling to come, I work with the mother towards appropriately dealing with her husband over how to manage the child's illness. It's so easy to get defensive with a spouse. If a husband says I want you to take our child to an infectious disease doctor, I'd have the mother say, "What is the evidence that makes you suggest going to an infectious disease doctor? Show me the documentation that you're looking at." You can have a mother suggest that her husband comes to a support group meeting. Have them come and hear what other people have to say. If a husband keeps pushing for an IDSA doctor, I'd have the mother say: "If you want me to take the child to another doctor, I'll do that but it must be somebody that understands this disease. How many Lyme conferences has the doctor attended?" So you challenge him on the source of the information. Those of us who are Lyme knowledgeable know that an infectious disease doctor is usually the wrong direction.

Have you found that educating family members is the best way to go when you have this disbelief or denial about Lyme disease?

Yes and no. If they want to be educated then I suggest - as with the schools -

you don't overwhelm them with literature. Carefully choose what you want them to read. They will only have so much time and interest. Pick one or two articles that are relevant and highlight what's important for them to read.

The primary caregiver may feel trapped. They need to have choices and they need to have boundaries. The spouse of the primary caregiver doesn't want to feel trapped either, and they may feel trapped by the expense of the illness; and there may be more than one person with Lyme. You don't want to further trap the spouse by forcing them to read a 20-page article.

Say you have a child or young adult with cognitive impairment and focus and concentration issues. So you pull up Dr. Bransfield's article on cognitive impairment or Tager's excellent article on her studies of Lyme and cognitive impairment in kids, and you highlight the parts on processing speed or whatever the issue is, and you say: "Take a look whenever you have a chance." Keep your tone neutral. "The processing speed issues, it's no wonder that our child can't finish the test on time." Use messages that are easy to digest.

(Links to these two articles can be found at the end of this interview.)

Let me go back for a second to what you said about how many children you saw had Lyme. What clued you in to that? Are there certain psychosocial symptoms?

I used the Berenbaum Lyme Disease Screening Protocol, which is a one-page list of seven or eight symptoms. Mental health workers can use it to determine whether to refer a client to a medical doctor when there's a suspicion of Lyme. I do not diagnose Lyme. I am a licensed social worker. I may be passionate about Lyme, but I have my own professional boundaries. Now, there are times when I think a primary care doctor is wrong, but that doesn't mean I'm diagnosing. I'm referring.

The most important item on that list is an onset of symptoms at a discreet point in time. Doctors will ask: When did the headaches start? When I had

Lyme along with those headaches I was losing cognitive ability. That's a common thing, but the cognitive problems are more subtle. I believe that psychotherapists have both the time and the experience to look at the distinct point in time when the school issues or cognitive issues came up. With a child, I will do an intake with the parent and will ask the parent: What was the child like before the headaches or knee pain? What did teachers say about the child before the illness? Was their work in on time? And then I get a subjective picture. I have the time to pay attention to that whereas a doctor does not. So during that first interview with parents, there is so much time that can be spent on that one item about the onset at a discreet point in time – besides the headache, the swollen knee, the stomach ache.

I believe mental health practitioners who are practicing in Lyme endemic areas need to understand the medical stuff and the science. My colleagues in the mental health field should be attending Lyme Disease Association (LDA) conferences. There is a wonderful LDA conference coming up in Providence, Rhode Island, during the weekend of May 2 and 3, 2014. One of the speakers is Dr. Sheila Statlander, a Lyme-literate clinical psychologist with a practice in Boston. She has a deep understanding of Lyme disease, and will address the mental health issues.

A great opportunity for professional education is the ILADS annual conference. This year it's going to be in Washington D.C. I encourage mental health practitioners to attend the ILADS conferences, to learn about the disease, and to meet other psychotherapists who are struggling to help Lyme patients deal with the complexities of this disease. (A link to both the LDA and the ILADS conferences follows this interview.)

These kids are drowning because the school doesn't know how to educate them. When you're working with kids with Lyme, it's very rare that there isn't a significant school component. Many of these kids have undiagnosed learning disabilities caused by Lyme. I believe that therapists should understand IDEA, *which is the umbrella law, the Federal law on special education, and Section 504, which is the civil rights law that pertains to disabled children. A therapist should be as active as a parent needs the therapist to be in dealing with the school. In some cases I go to school meetings. With telephone counseling, I've been invited to participate via telephone conference. Some parents don't need me to attend meetings but they may need a certain amount of coaching on how to deal with the school, what some of the school issues are, and where to find books and websites that can give them direction and help in the process of advocacy.*

Does that change depending on the age of the child? Say, with a young adult that's college bound?

If there is sufficient documentation that indicates a disability, then colleges must comply with disability law. Significant cognitive problems can interfere with a student being able to succeed in school without help. Often I work with the parent and the young adult on a few issues related to college choices. Distance is an important issue with kids going off to college. Say a kid who lives in Ridgefield, Connecticut is looking at schools in Chicago and L.A. If they get sick, they have to drop out of school. If they're looking at a school in Washington D.C., then a parent may be able to intervene, help them find a doctor, get on a medical treatment plan, and they may not have to drop out. So, D.C. is a better option than L.A.

If they crash medically while living in the dorms, and they're close enough to home, they can move home and commute, and maybe go on a part-time basis. So, a school like Fairfield University or Wesleyan or Sacred Heart or a state school is close enough. In Connecticut we're lucky, there are a number of good schools.

Some kids, especially those that have been homebound in high school, need a gentler transition, and a good start is a community college. Some go for one *year and transfer, some get an associates degree and then transfer to a four-year school. Examining options with young adults for education might protect the outcome for the kid, versus just looking at the dream that the child has. One of the other factors that kids and parents should look for is how good the disability office is for putting supports in place for kids with any kind of cognitive impairment. If an incoming freshman can only get into English 101 at 8 o'clock in the morning, which is a time when most people with Lyme cannot function, then can the disabilities office do an over-ride to get the kid into classes later in the day? There are many functions of disability offices. I suggest that parents and kids meet with the disabilities office and find out what they can do for a student with Lyme, and how open they are to working with a student given appropriate documentation. It's only fair for schools to expect appropriate documentation to back requests for accommodations.*

What would appropriate documentation be?
One thing is the medical letter. The letter has to be comprehensive, covering whatever those issues might be. Some colleges don't require a student who is ill to be full time in order to live in a dorm. That's definitely a plus. Full time might be more than a young person with Lyme can handle, at least as they begin college.
Another important piece of documentation is the neuropsychological evaluation done by a Lyme-literate neuropsychologist. That's the document that will point to specific cognitive impairments as well as issues with focusing and organization. With the information on this evaluation, the disabilities office should be able to develop a plan for educating the student with Lyme disease, giving supports needed, as documented in the neuropsychological evaluation.

It seems a lot of young people have a tough time with the fact that they look fine but they're really sick - they have an invisible disease. What do

you say to them when it seems their peers are passing them by?

One of the things that I’ve been seeing with the older teenagers, particularly girls, has been very interesting. I have counseled girls who have been on homebound instruction and cannot participate socially because of significant problems from Lyme, even though they look just fine. When I start working with them, they have feelings of pain and loss, because they’ve lost their friends. When they’re better they look at the social life of teenage girls in a different way. They say, I would have been part of that gossipy, material-driven social life if I hadn’t gotten sick, but you know, now that I’m better, I don’t choose to be a part of that. When the kids are able, they choose a life that’s different and make their friends in a different way than they would have had they not been sick. There’s a tremendous amount of resilience in these kids. They talk about what they can do instead of what they can’t do. What I’ve observed is that these kids come out of it emotionally better and ethically better. They have a different sense of morality and a real appreciation of life that most teenagers don’t have. I see it with boys too. They realize they’re different from the other kids and it’s not only not so bad, it’s really good.

And then you ask: "Going forward, what are some of the things you’d like to do with your life – now, six months from now? What do you see yourself doing? What do you have a passion for?" We start exploring where they might go.

Similarly, with adults, some of the major advocates in the Lyme world have had professional careers where you’d expect them to return to their profession when they or their families recover, but instead they say, hey this is a crazy illness, there is a lot of suffering out there, and I want to make a difference. They become advocates instead of going down the trajectory they used to be on. They become very purposeful.

One of the best books I’ve ever read in my life is Man’s Search for Meaning, by Viktor Frankl. He was a Holocaust survivor. Even though his wife was murdered and his other family members were murdered in the extermination camps, he *had this idea of a book that he wanted to write. The emphasis of the book is that having meaning in your life is how one lives and survives trauma. He's not saying that all the people who survived had meaning in their lives or that those who didn't survive lacked meaning. He's saying that he kept his grounding during that horrible trauma because he had meaning - in his case, the vision of this book.*

I try to find meaning starting from where the client is. I have a girl whose brain cannot handle even homebound school instruction. So she does crafts and her grandmother does crafts with her, while her parents are both at work. Maybe this young lady will become an artist or a graphic designer. At the very least, she feels safe and loved during her illness, even on her worst days.

I choose the word client instead of patient, by the way. I don't see my people as patients. They are Lyme patients but I see them as clients and I see us as a team. Lyme-literate psychotherapists are in the unique position of identifying who needs to be on a team. Mental health practitioners have the luxury of spending a long time with our clients without talking much about the medical aspects of the disease. The team certainly includes a doctor and psychotherapist, but we may need to enlist a Lyme-literate psychiatrist (Dr. Robert Bransfield) who can medicate for sleep and other issues related to Lyme and the brain in order to improve functioning. And we may need a neuropsychological evaluation - not just for children but for adults as well, especially young adults who are trying to figure out what works in their brain so they can move forward with higher education. We may need a neuro-optometrist to deal with Lyme-driven difficulties with vision such as problems with convergence and double vision. Then you may have speech and language issues or audiological issues that call for other types of evaluations.

What are the biggest challenges facing a child with Lyme?

There are many, many challenges facing a child, and the biggest challenge may

be different for different children. Certainly a top challenge is staying on the path to getting well. Children who have problems with dizziness, vertigo, and stomach issues face the challenge of long car rides, and in some cases, plane trips, to see their Lyme doctor. Compliance is a big issue. Most children that I see don't have a problem taking their medications regularly, but some balk at taking supplements, not realizing how important the role of supplements is to getting better. Most kids have a hard time staying on a healthy Lyme diet: sugar-free, and for many kids, gluten- or dairy-free. The illness has taken so much away from them; now it's even taking away their favorite foods.
Keeping up with schoolwork is for some a huge challenge. I gave an example of one girl who isn't even well enough to be on homebound instruction. Kids worry about not passing by the end of the year and having to repeat the current school year. The older kids worry about not graduating high school with their class. Having a social life is a huge challenge for some of these kids. Even interacting with siblings can be a huge problem, particularly when a child is sensitive to light and sound, and it's something their younger siblings can't understand.
Then comes the happy challenge - how to find their place in school and socially when they get better. When their bodies and brains are intact, that challenge is easier to meet, though still a challenge for someone with Lyme. One last word - education is empowering. I encourage everyone to come to the Body, Mind and Spirit Seminar and Health Fair that the Ridgefield Lyme Disease Task Force is holding at WestConn in May. I look forward to meeting some of your newsletter readers at this excellent event.

Dr. Robert Bransfield's article on cognitive impairment :
http://www.mentalhealthandillness.com/Articles/LymeDiseaseAndCognitiveImpairments.htm

Felice Tager’s article on Lyme disease and cognitive impairment in children: *http://journals.psychiatryonline.org/article.aspx?articleid=101544*

ILADS 2014 conference information: *http://www.ilads.org/lyme_programs/ilads-conferences.php*

The LDA/Columbia Lyme Conference, May 2-3, 2014: *http://www.lymediseaseassociation.org/index.php/general-information*

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Protective Clothing Spray as a Prevention Tool

We're always looking for products that demonstrate proven results in protecting us from tick bites. This spring you'll want to consider adding permethrin-treated clothing to your 2014 wardrobe. Permethrin is a synthetic version of a natural compound in chrysanthemum flowers, pyrethrum. You can purchase the odorless, invisible product to apply yourself, or make it simple and buy clothing already treated from outdoor stores such as Dick's, Orvis, LL Bean, and REI. One industrious former patient has even created her own line of Insect Shield treated clothing available at BugBeWear.com. Clothing repellents are recommended by the CDC, and the EPA has given permethrin-treated clothing a favorable assessment. Permethrin is not intended for use on skin and only protects the skin actually covered by the treated clothing. if you're doing this yourself, the product should be applied outdoors (when you are not wearing the clothing). Treated clothing remains effective through multiple washings - read labels carefully - and should be washed separately. Consider this product for children heading off to sleep-away camp where nightly tick checks and showers may be unreliable. Consider applying permethrin to tents and sleeping bags for extra protection.

Information sources to read more about permethrin and its applications:

National Pesticide Information Center:
http://npic.orst.edu/pest/mosquito/ptc.html

EPA: http://www.epa.gov/pesticides/factsheets/factory-treated-clothing.html

University of Rhode Island TickEncounter Resource Center:
http://www.tickencounter.org/prevention/permethrin

Insect Shield: http://www.insectshield.com

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Wellness Book Club in Ridgefield at Dr. Roseann Capanna- Hodge's Office

Friday, March 28, 2014 at 10:00

THE GIFT OF IMPERFECTION

Discussion of Brene Brown's, ***The Gift of Imperfection*****,** ***Let Go of Who You Think You're Supposed to Be and Embrace Who You Are***

This New York Times Best Selling Book teaches us to embrace vulnerability and imperfection to discover a less fearful, more wholehearted way of living. Lauren Wolfe, LPC will lead the discussion.

898 Ethan Allen Hwy, Suite 6, Ridgefield, CT 06877
Registration is not required but seating is limited.
Please call (203) 438-4848 or e-mail: drroseann@hotmail.com to reserve a spot

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Dr. Fallon to Speak at Vassar Brothers

Dr. Brian Fallon, Director of Columbia University Medical Center's Lyme and Tick-Borne Diseases Research Center is giving a talk sponsored by Vassar Brothers Institute. *Lyme Disease: Science Bridges the Great Divide*, was rescheduled due to a snowstorm and will take place on Wednesday, March 26th, 7:30 p.m. at Our Lady of Lourdes High School, 131 Boardman Road, Poughkeepsie, NY 12603. This lecture will provide an update of the latest clinical findings and their implications.

See the Vassar Brothers Institute's website for more information:

http://www.vassarbrothersinstitute.org

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Our Support Groups

Lyme Connection offers three monthly support groups in Ridgefield for Lyme Disease patients and their loved ones. Note that our Young Adult Support Group is presently on hold as we redesign the format to better meet the needs of young patients. Groups are always cancelled if schools are closed for inclement weather.

Evening Support Group
Day: Second Thursday of every month, next meeting April 10
Time: 5 – 7:00 p.m.
Location: 2nd Floor Board Room, RVNA offices, 90 East Ridge, Ridgefield
Description: Free meetings offering speakers and discussion
Contact: Jennifer at 203-241-2400 or email Jennifer@lymeconnection.org

Daytime Support Group
Day: Second Friday of every month, next meeting April 11
Time: 1:30 p.m. to 3:00 p.m.
Location: 2nd Floor Board Room, RVNA offices, 90 East Ridge, Ridgefield
Description: Focus on supportive strategies for coping with chronic illness and developing overall wellness practices. Due to weather and illness cancellations, the third and final session of Ellie Kirk's three-part series on compassionate living will be held during our regular meeting time. Come even if it’s your first time. Ellie will briefly review prior sessions.
Contact: Jennifer at 203-241-2400 or email Jennifer@lymeconnection.org

Young Adult Support Group - not presently meeting
The Young Adult Support Group is presently on hold.
For an update, email Katy at CTYouthlyme@gmail.com

SUPPORT GROUPS NEARBY

BETHEL, CT - ***Greater Danbury Lyme Disease Support Group***
Day: First Saturday of every month starting April 3, 2014

Time: 2 - 4 p.m.
Location: Bethel Public Library, 189 Greenwood Avenue, Bethel, CT
2nd Floor; there is an elevator
Description: Free meetings offering speakers and discussion.
Contact: Pat Bartlett at 203-837-0011 or email DRPATND@gmail.com.

GREENWICH, CT ***Lyme Research Alliance***
Day: First Thursday of every month (No meetings July and August)
Time: 7 – 8:30 p.m.
Location: Meetings are held at Greenwich Town Hall, 101 Field Point Road, C. Carleton; Gisborne Room, ground floor.
Description: Free meetings offering speakers and discussion.
Contact: Check website http://www.lymeresearchalliance.org/support-group.html for details or call 203-969-1333 during office hours.
Special Presentation March 20 – Dr. Steven Phillips, 6:30-8:30 p.m., Greenwich Town Hall, Cone Rm, 2nd floor.

OLD LYME, CT ***Lyme Support Group***
Day: Third Thursday of each month
Time: 6:30 pm
Location: 52 Lyme St., Old Lyme, CT 06371
Description: Free, open group
Contact: Call Kelly at 860-395-0284

SOUTHBURY, CT ***Tribury Lyme Disease Support Group***
Day: Third Thursday of every month
Time: 1:00 p.m.
Location: United Church of Christ, 283 Main Street, Southbury, CT,
Room 101; Use side entrance, follow green signs.
Descripton: Free meetings offering speakers and discussion.
Contact: support@triburylyme.org, or check website triburylyme.org for cancellations.

MERIDEN, CT ***Meriden Lyme Disease Support Group***

Day: Second Monday of every month. March TBD. June and October meetings will be held on the third Monday of the month.
Time: 5:30- 7:00 p.m.
Location: Meriden Public Library, 105 Miller Street, Meriden, CT 06450
Description: Discussion, information and support
Contact: Crystal Carter, Group Facilitator at raincarter4hope@yahoo.com;
http://www.facebook.com/MeridenLymeGroup

PLEASANT VALLEY, NY ***The Mid-Hudson Lyme Disease Support Group***
Day: Second Wednesday of each month
Time: 7:30 p.m.
Location: Pleasant Valley Presbyterian Church, Rt. 44 Pleasant Valley
Contact: Pat at 845-889-4242

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Schedule the BLAST Prevention Display for Your Health Fair

BLAST educators Devin Norkowski and Socheata Lim taught fellow WestConn students and faculty about tick-borne disease prevention at a recent university-wide health fair. Look for the BLAST booth at the April 5 RVNA health fair in Ridgefield, the April 6 TBDA walk in Westport, and the WestConn Holistic Health Fair.

What is the BLAST Lyme Disease Prevention Program?

BLAST is an acronym representing the five most effective ways to avoid tick-borne diseases. Partnering with the Ridgefield Health Department in 2008, the Task Force won a $50,000 Connecticut DPH grant to create a prevention and early symptom identification program. Look for the BLAST display and our devoted volunteers at health fairs and events throughout Connecticut. BLAST materials are available on the Town of Ridgefield website: www.ridgefieldct.org/content/46/6311/6347/8905.aspx.

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Join Us:

The Ridgefield Lyme Disease Task Force (RLDTF) was established by the Town of Ridgefield in 2003 in response to growing concern about Lyme disease in our community. Since it's founding, the task force has focused on preventing illness, supporting patients and educating the community. The programs we offer are staffed by volunteers and funded through grants and private donations. Practitioners regularly donate their time as event speakers and advisors.

Donations are tax deductible. Checks should be made out to: Friends of Ridgefield Community Programs:RLDTF and mailed to the Ridgefield Lyme Disease Task Force, 66 Prospect St., Town Hall Annex, Ridgefield, CT 06877.

The Ridgefield Lyme Disease Task Force meets on the second Thursday of each month, immediately following the evening support group. Everyone is invited to share your ideas or volunteer your time and talents. Join us at Tom Tom's Restaurant at 417 Main St. in Ridgefield.

Contact numbers:

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