ICSPP Newsletter

International Center for the Study of Psychiatry and Psychology, Inc.

"The Conscience of Psychiatry" *2007 - Number 3*

In This Issue:

Editor:
Andrew Crosby, MA

Co-Editor:
Delores Jankovich, MA, MSW

Coming Soon to *Ethical Human Psychology and Psychiatry:*

Peter and Ginger Breggin on SSRI Exposure and Birth Defects

It's Time To Register

Tenth Annual Conference Coming Fast!

Ah, summertime. Everything slows down. The days are long, the sun is warm. Nobody's in a rush. And nobody's getting any work done.

Sure. Tell that to our conference planners.

O.K. So they haven't totally forsaken fun in the sun. But *work before pleasure* is the mantra around here, so Dominick Riccio, Karen Effrem, Lloyd Ross, Lawrence Plumlee, and Andrew Levine have seen to business before going *incommunicado*. Of course, they just gave me all their stuff, so as they head off for destinations unknown, I chain myself to my computer and slip into temperamental lock-down mode to put this newsletter together.

But enough about me. You want to know about the conference.

About the Conference

Of course you expect me to pump it up. You expect me to rave about how intriguing and inspiring it will be. You can see from a mile away that I'm going to dazzle you with a list of impressive and accomplished speakers who will influence you all year long and leave you wondering how we're going to top this one.

I won't disappoint you.

We've got Michael Valentine. We've got David Keirsey. We've got Fred Baughman. We've got Ron Paul. We've got Vera Sharav.

We've got perennial favorites Grace Jackson, Karen Effrem, Brian Kean, Bob Folz, and Jeff Lacasse.

And Peter Breggin and Dominick Riccio will each step up to the mike again.

We've got Phyllis Schafley. Yes, *that* Phyllis Schafley. She's joining us because she's with one of the groups co-sponsoring the conference, Eagle Forum.

We've got David Oaks, Al Galves, Jim Gottstein, and David Stein.

We've got a press briefing on Capitol Hill. We've got a Gala Awards Dinner.

Folks … We've got a *conference* here. An ICSPP conference.

Our coordinators have supplied us with all the details you need, including hotel information, presentation titles, and a tentative schedule. Check out pages 3 through 12. Then check out page 13 - that's for the registration form. Fill it out and send it in to Crisilda. She's waiting for you. We're all waiting for you.

So come on along.
See you in Arlington, everybody.

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About the International Center for the Study of Psychiatry and Psychology: The International Center for the Study of Psychiatry and Psychology (ISCPP) is a nonprofit, 501C research and educational network of professionals and lay persons who are concerned with the impact of mental health theory and practice upon individuals well-being, personal freedom, families, and communities. For over three decades ICSPP has been informing the professionals, the media, and the public, about the potential dangers of drugs, electroshock, psychosurgery, and the biological theories of psychiatry.

ICSPP is supported by donations and contributions. Officers receive no salary or other remuneration.

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Authors retain full rights to and ownership of their work once it is submitted to, or published in, the newsletter. Authors may subsequently submit or distribute their work to other publications or forums, where appropriate, without the expressed consent of ICSPP or the newsletter.

We ask that authors specify in any subsequent publication or distribution that the work was originally published in the ICSPP newsletter, noting the relevant issue number.

Authors are responsible for the content and accuracy of any statements made in their contributions.

Submissions or inquiries may be sent to the editor or co-editor at the email addresses on page 35 of this issue. We look forward to hearing from you.

A Cautionary Note

Given that you are reading this newsletter, you are at least acquainted with psychotropic drugs, the risks they pose, and the potential hazards of discontinuing their use. All psychotropic drugs produce adverse effects, can be addictive, and can lead to physically and emotionally distressing withdrawal reactions when modified or discontinued.

Consistent with ICSPP's mission, the information in this newsletter is meant to inform and educate. It is not intended as a substitute for proper individualized psychological or psychiatric care. Nothing in this newsletter is intended to be taken as medical advice.

If you, or someone you know, are taking any psychotropic drug and are considering stopping, you are encouraged to do so gradually and under the supervision of a knowledgeable and responsible professional.

This is the safest and healthiest way to proceed. It is also the most likely to be successful.

A TWO-DAY MULTI-DISCIPLINARY SEMINAR CONFERENCE FOR PROFESSIONALS, STUDENTS, AND THE GENERAL PUBLIC

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OCTOBER 13th and 14th, 2007

8 A.M. – 6:30 P.M.

UNIVERSAL MENTAL HEALTH SCREENING AND DRUGGING OF OUR CHILDREN: RISKS VS BENEFITS

focusing on Medical, psychological, legal, policy and economic issues

Adult, Child And Parental Legal Rights and Responsibilities
Validity and Reliability of Mental Screening Tests
Efficacy and Side Effects of Psychotropic Drugs
Effective Humanistic Approaches to Child Development
Policy and Economic Aspects

For more than four decades ICSPP (www.icspp.org), a nonprofit, 501 (c) research and educational network of professionals and lay persons that has been informing professionals, media, and the public about potential dangers of biological theories and treatments in psychiatry.

2007 TENTH ANNUAL INTERNATIONAL

CONFERENCE PROGRAM

IMPORTANT NOTICE:

This is a preliminary schedule subject to revisions and changes

On Monday, October 15 All members of ICSPP, and our co-sponsoring organizations and registrants are invited to participate in our press meeting and education initiative in Capitol Hill. So please plan accordingly.

ICSPP Board of Directors meeting
will be held on Friday October 12, 2007 at 6:30pm
Room to be announced

PROGRAM

SATURDAY, OCTOBER 13TH, 2007

7:30 A.M. – 8:30 A.M. REGISTRATION

7:30A.M. - 8:30A.M. COMPLIMENTARY CONTINENTAL BREAKFAST
Grand Ballroom

MORNING SESSIONS: *THE PROBLEM*

8:15A.M. – 8:30 A.M. Welcome & Introduction: Dominick Riccio, Ph.D. Executive Director, ICSPP and Conference co- chair
Karen Effrem, M.D., Conference co-chair
Lawrence Plumlee, M.D., Conference co-chair
Lloyd Ross, Ph.D., Conference co-chair
Peter R. Breggin, M.D., Founder of ICSPP, Exec. Dir. Emeritus ICSPP

8:30 A.M. – 9:00 A.M. Plenary Session: **Presenter:** Karen Effrem, M.D.

Universal Mental Health Screening: the Facts

9:00 A.M. – 9:30 A.M. Plenary Session: **Presenter:** Fred Baughman, M.D.

Who Killed Rebecca Riley?

9:30 A.M. – 10:15 A.M. Plenary Session: **Presenter:** GRACE JACKSON, M.D.

Chemo Brain – A Psychiatric Drug Phenomenon

10:15 A.M. – 10:30 A.M **REFRESHMENT BREAK**

10:30 A.M. – 11:00 A.M. Plenary Session: **Presenter:** Robert Foltz, Psy..D.

Treating Mood Disorders in Youth: Understanding the Evidence

11:00 A.M. - 11:30 A.M. Plenary Session: **Presenter:** Peter Breggin, M.D.

The Truth About Bipolar Disorder in Children

11:30 A.M. – 12:00 A.M. Plenary Session: **Presenter:** David Oaks, President of MINDFREEDOM

"I Was a College Student Mental Patient: How psychiatric survivors and mental health professionals can unite for a nonviolent revolution in youth mental health care."

12:00 P.M. – 12:30 P.M. Plenary Session: **Presenter:** Vera Sharav, Director of AHRP

Topic to be announced

12:30- 1:30 P.M.. **LUNCH BREAK**

SATURDAY, OCTOBER 13TH, 2007
AFTERNOON SESSIONS:

1:30 P.M. – 2:00 P.M. Plenary Session: **Presenter:** Ronald Dworkin, Ph.D.

The History of the Management of Unhappiness

2:00P.M.- 2:30P.M. Plenary Session: **Presenter:** Jeffrey Lacasse, MSW, Ph.D. and Jonathan Leo, Ph.D.

Consumer Advertising of Psychiatric Medications: Lessons Learned and Future Challenges

2:30 P.M- 4:00 P.M. Plenary Session: **Presenter:** Panel From Great Britain:
Joanna Moncrieff, M.D., Sami Timimi, M.D., Barry Turner, J.D., Janice Hill, M.D.
Deconsstructing the Chemical Imbalance and Justifications for Treatment

4:00 P.M. – 4:15 P.M. **REFRESHMENT BREAK**

4:20 P.M. **– 5:00 P.M**. **PAPER PRESENTATIONS**

PRESENTATION A **Jeanne Stolzer, Ph.D**
Examining the Complexities Associated with Child and Adolescent Development: A Bioevolutionary Review

PRESENTATION B **Jeffrey Danco, Ph.D.,**
Why psychiatric drugs 'work': the attribution of positive effects due to psychological Factors

PRESENTATION C **Elizabeth Szlek**
Biopsychiatry and the Soul: Universal Mental Health Screening and Its Damage to Our Nation's Children

PRESENTATION D **Thomas Garcia**
Treatment Myths and Paradigms in Chemical Dependency for the 21st Century

5:05 P.M. – 5:45 P. M.

PRESENTATION F **Elizabeth Root, Ph.D.**
What You Screen For is What They Get and the Expansion of Pediatric Bipolar Disorder

PRESENTATION G **Toby Tyler Watson, Ph.D.;**
Treatment Center: Pitfalls and Gains of Being Medication Free

PRESENTATION H **Jon Jureidini** (co-authors Leemon McHenry and Peter Mansfield)
Clinical Trials and Drug Promotion: Selective Reporting of Study 329**;** You Decide Who Decides – Yeah Right!

PRESENTATION I **Noelene Weatherby-Fell**
The divide between epilepsy and social and emotional wellbeing – where the children fall

PRESENTATION J **Burton Seitler, Ph.D.**
Involuntary Hospitalization and Forced Medicating: Not So Uncommon Occurrences

6:00 P.M. – 8:30 P.M. **GALA AWARDS DINNER**
Mothers tell the truth about the effects of psychotropic drugs on their children.
Keynote Speakers: Theresa Rhodes, Laurie Yorke, Lisa Van Sickle
PLEASE PURCHASE YOUR $50. TICKET IN ADVANCE. SEATING IS LIMITED.

SUNDAY, OCTOBER 14TH, 2007 *SOLUTIONS*

7:30 A.M. – 8:30 A.M. **COMPLIMENTARY CONTINENTAL BREAKFAST**

8:30 A.M. – 9:00 A.M. Plenary Session**: Presenter:** Johanna Tabin, Ph.D.

Working with children in psychoanalytic treatment

9:00 A.M. – 9:30 A.M. Plenary Session**: Presenter:** Bose Ravenel, M.D.

Common Behavioral and Learning Problems in Children
An Alternative Non-medical Approach: *A Pediatrician's Perspective*

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9:30 A.M. – 10:00 A.M. Plenary Session: **Presenter:** James Gottstein, J.D.

The Psychiatric Drugging of America's Children: Legal Rights of Children and Parents

10:00a.m. – 10:30 A.M. Plenary Session: **Presenter:** David Stein, Ph.D.

Weaknesses in Psychologist Training: Why Low Treatment Efficacies and Invalid Tests

10:30 A.M. – 10:45 A.M. REFRESHMENT BREAK

10: 45A.M. – 11:00P.M. Plenary Session: **Presenter:** Michael Valentine, Ph.D.

Analysis of actual adult-child interaction and communication patterns that are a drug free alternative to the medical-model's view of ADHD

11:00A.M. – 11:30A.M. Plenary Session: **Presenter:** Dominick Riccio, Ph.D.

Common Sense and Integrity in Psychotherapy When Working with Children and Families

11:30A.M. – 12:00P.M. Plenary Session: **Presenter:** David Keirsey, Ph.D.

ADHD: Issues and Answers

12:30 P.M.-2:00 P.M. COMPLIMENTARY LUNCH
Ron Paul Keynote speech

AFTERNOON SESSIONS:

02:00P.M. – 02:30P.M. Plenary Session: **Presenter:** Maureen Kelly, Ph.D.

The Trials (and Tribulations) of One Therapist's Struggles to Provide Effective Psychotherapy to Children on Psycho-tropic Medications.

02:30 P.M. - 3:30 P.M. Plenary Educational Panel: Brian Kean, Ph.D, Professor James A. Tucker PhD, Professor Thomas P. Cushman, Noelene Weatherby–Fell, BA, MA, Dorothy Cassidy, M.Ed

Whose disorder is it? Protecting normal children: Preventing bullying and creating effective learning environments: Without the use of psychiatric diagnoses and drugs

3:30P.M. – 4:00P.M. Plenary Session: **Presenter:** Honorable Indiana State Representative Cindy Noe

Universal Mental Health Screening: Another Attack on Parental Rights

4:00 P.M. – 4:15 P.M. **REFRESHMENT BREAK**

4:15 P.M.- 5:00P.M PAPER PRESENTATIONS

PRESENTATION A **Brian Sheen** , Ph.D.; The Clear Minded Non-Medication way to resolve "ADD/ ADHD

PRESENTATION B **Carolyn Crowder, Ph.D.** The Adlerian Model of Discipline Training for Parents: An Effective, Practical Alternative to Medicating Children's Misbehavior

PRESENTATION C **Julia Wilkins, Ph.D.:** Using Laughter to Develop Healthy Minds and Bodies

PRESENTATION D **Albert Galves,Ph.D. and Richard L. Hopkins, Ph.D.** The Essentials of School Reform – Creating Schools Which Honor and Nurture Children

PRESENTATION E **Patricia Bauerle**, Ph.D.
Non-pharmaceutical Strategies for Emotional and Behavioral Concerns in Children

5:05 P.M. – 5:50 P.M.

PRESENTATION F **John R. Currie, Ed.D.;** Time and Cost Effective, Research Supported Interventions for Busy Parents and Stressed Out Teachers of Children with Behavior and Learning Problems

PRESENTATION G **Fay Karpouzis, Ph.D.**
A new non-pharmacological biopsychosocial intervention for children with ADHD:- Preliminary data from an RCT

PRESENTATION H **Patricia Bauerle**, Ph.D.;
Empirical evidence for promoting ecologically-based psychosocial and psychoeducational assessments of strengths and needs while objecting to pharmaceutical-based screenings

PRESENTATION I **Peter Resta, Ph.D.;**
Trends in Popular Culture and American Children: ADD or PCD (Popular Culture Disorder)

PRESENTATION J **Karl Humiston, M.D.;** Empowering Mental Healing: The Inner Mystery

MONDAY, OCTOBER 15th, 2007

7:30 A. M. – 8:30 A.M. COMPLIMENTARYCONTINENTAL BREAKFAST

10:00A.M.- 12:00P.M. Press Conference, Legislative staff briefing and education of legislators

Important note about Continuing Education Credits:

You must fill out the forms completely and hand them in at the end of the conference. You must have paid the $25.00 CE fee.
Late, incomplete or unpaid forms will not be eligible for credit.

Satisfactory completion: Participants must have paid tuition fee and completed an online Attendance/ Evaluation form in order to receive a continuing education certificate. Participants not fulfilling these requirements will not receive a certificate. Failure to complete the online Attendance/Evaluation form will result in forfeiture of credit for the entire conference. No exceptions can be made. Partial credit of individual sessions is not available. Certificates are available immediately after completing the online form by going to the Internet website above.

ADA accommodations will be made in accordance with the law. If you desire ADA accommodations, please indicate what your needs are at the time of registration. Amedco, LLC and the International Center for the Study of Psychiatry and Psychology cannot ensure the availability of appropriate accommodations without prior notification.

Psychologists

This program is co-sponsored by Amedco and ICSPP. Amedco is approved by the American Psychological Association to sponsor continuing education for psychologists. Amedco maintains responsibility for the program and its content. Maximum of 14.5 hours.

Professional Counselors

This program is co-sponsored by Amedco and ICSPP. Amedco is recognized by the National Board for Certified Counselors to offer continuing education for certified counselors. We adhere to NBCC continuing education guidelines. Provider #5633. Maximum of 14.5 hours.

Social Workers

This course is co-sponsored by R. Cassidy Seminars and Foundations Associates. R. Cassidy Seminars, ASWB provider #1082, is approved as a provider for continuing education by the Association of Social Work Boards, (www.aswb.org), phone: 1- 800-225-6880) through the Approved Education (ACE) program. R. Cassidy Seminars maintains responsibility for the program. Social workers should contact their regulatory board to determine course approval. Social workers will receive up to 14.5 continuing education clock hours in participating in this course.

California Board of Behavioral Sciences

Course meets the qualifications for 14.5 hours of continuing education credit for MFCC's and/or LCSW's as required by the CA Board of Behavioral Sciences, Provider #PCE875.

Complimentary Shuttle to Regan National Airport

Shuttle times:
6 am to 11 pm
Every 15 minutes form 6 am to 8 pm
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Pickup Locations:

Terminal A

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- Airlines:
    - AirTran
    - ATA
    - Midwest
    - Northwest
    - Northwest Airlink
    - Spirit

Terminal B

- Outside Baggage claim 5
- Airlines:
    - Alaska
    - American
    - Continental
    - Delta
    - Frontier

Terminal C

- Outside Baggage claim 9
- Airlines
    - Air Canada
    - America West
    - United
    - US Airways

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(703) 416 – 1600

Sheraton Crystal City
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(703) 486 - 1111

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Copy deadline: September 15, 2007

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2007 CONFERENCE October 13th – 15th REGISTRATION FORM

Marriott Crystal City at Reagan Airport
1999 Jefferson Davis Highway; Arlington, Virginia
Phone: 703-413-5500

The room rate is $139.00 for a single or a double. Space is limited at the conference venue so book upon receipt of this form. You must book by September 15th to get the conference rate.

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10th ICSPP CONFERENCE FEE SCHEDULE

ICSPP MEMBER	$300.00	_____
NON-MEMBER	$325.00	_____
Any non-members joining ICSPP simultaneously with the registration for the conference will be given the member rate for the conference.		
ICSPP 2008 MEMBERSHIP	$100.00	_____
Includes a one year subscription to EHPP (Ethical Human Psychology and Psychiatry)		
STUDENT with copy of current ID (50% off $300 reg. fee)	$150.00	_____
Gala Saturday Awards Banquet	$50.00	_____
Non-invited accepted speakers must register.	TOTAL	_____

Write checks payable to: ICSPP and mail to:
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Scientific Research Must Be Open for Scrutiny

By Dr. Leif Elinder, M.D.

Scientific research must be reliable and trustworthy. Such credibility depends on its openness for scrutiny. This is particularly true when the research is about diagnosing children's undesirable behaviours in school, discovering invisible and incurable brain dysfunctions in children previously regarded as healthy, and making children candidates for a possible life-long, hazardous and, in the long term, poorly-evaluated medical treatment program.

Several years ago some Swedish ADHD (DAMP) research was questioned. [For details, **google** for **"Gillberg affair"**.] The court gave to two persons the right to inspect the research material. The researchers refused to obey the court. Instead they destroyed all the material. The researchers argued that to do otherwise would violate so-called patient confidentiality. This argument was not valid. The research in this case was not about patients, but rather about untreated study subjects. The aim of the research was to find out what happened to those persons (unaware of their diagnoses) when they did not receive any treatment. The research material could have been anonymized. The researchers refused to do this. The Swedish Research Council proposed independent researchers to scrutinize the material. The researchers did not even accept this proposal.

To hide scientific research, to obstruct the court's order, to illegally destroy 100 000 pages of important research material, to indirectly put the blame for this illegal act onto your wife, to not be able to present several research ethical approvals belonging to the study, and finally to be convicted in a criminal court for miscarriage of duty must, taken together, be compared with a serious scientific misconduct.

Yet a Swedish national research authority—The Swedish Research Council—has granted the same research group new and generous research funds: the same Research Council whose proposal for independent investigation the researchers refused to accept.

> ***"Thus the Swedish Research Council has failed to follow its ethical obligations and has jeopardized Sweden's reputation."***

A minimum requirement for a public authority granting research funds is that the authority requests that scientific research must be planned in a way that the researchers cannot argue (with patient confidentiality legislation used as a far-fetched weapon) against an independent investigation. In this case a Swedish research authority has chosen to reward researchers, who have broken research ethical rules including destroying the very research material which could have exonerated them from any guilt. Thus the Swedish Research Council has failed to follow its research ethical obligations and also jeopardized Sweden's good scientific research reputation.

Background Information:

AHRP - Alliance for Human Research Protection
What does the **"Gillberg affair"** suggest about the integrity of the data.
http://www.ahrp.org/cms/content/view/484/29/

Leif Elinder
Paediatrician
Uppsala, Sweden

PS: For your knowledge it might be worth mentioning that Professor Gillberg continues his research and his medical practice in Britain as well as in Sweden**.**

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Viewpoint

By Glenn Yelich

As school psychologists, we're supposed to be the professionals working within educational contexts with the training and experience intended to be able to provide useful guidance to parents and educators regarding the learning and behavioral problems evidenced by children. While we tend to portray and prefer to think of ourselves as "scientist-practitioners" who are guided by research and empiricism while striving to keep the individual child in the forefront of our thinking, we also operate within the larger contexts of the school and society. In these larger contexts, rarely are opinions formed, decisions made, or policies constructed based solely upon what is supported by the evidence. Rather, many other factors influence these processes. Consequently, in our roles as school psychologists, we frequently encounter situations where a tension exists between what is commonly accepted and/or systemically "easier", and what is either not as popularly accepted, or is more systemically difficult. What we do, what we ought to do, and what the systemic consequences are of actions that are contrary to the "status quo" are the topics of this viewpoint. In order to make these theoretical considerations more tangible, I'll briefly describe a professional dilemma that I recently experienced.

Early this past school year, the recently hired director of pupil personnel services, called me into her office. She then informed me that, due to "public perceptions of bias", I would no longer be assigned to conduct evaluations/ consultations where the primary referral concerns were either Attention Deficit Hyperactivity Disorder and/or Autistic Spectrum Disorders. While she didn't afford any rationale for her action, I presume that she based her decision on the fact that I'd authored several opinion pieces and letters in local newspapers regarding these topics. More specifically, I'd expressed the perspective that both of these rapidly escalating diagnoses are syndromes characterized by tautological reasoning, imprecise and constantly shifting diagnostic criteria, and are constituted of contextually determined behaviors that were the result of a multiplicity of factors, many not internal. While I didn't write anything that was not supported by our present state of knowledge, nor inconsistent with currently established best practices, that apparently did not matter. When I subsequently consulted with legal and association sources regarding my supervisor's action, I was informed that, regardless of the bases for the decision, it was essentially her prerogative to make determinations concerning my job responsibilities and assignment.

I believe that, far from being merely a parochial or idiosyncratic matter, the motivating dynamics and issues involved in the professional dilemma described above have important practical and ethically troubling considerations for all school psychologists. What are the implications for school psychologists when they construct professional perspectives that may be contrary to popularly accepted understandings? What are and should be the considerations if they choose to publicly express these perspectives? What if the expression of these perspectives results in actions that suppress their opinions, constrain their roles, and imposes a contrary point of view?

In order to foster consideration and discussion, it may be helpful to raise some rhetorical questions. Aren't school psychologists presumably the individuals with the education, training and experience to assist children, parents and educators faced with learning and/or behavioral challenges? If the answer to this question is yes, don't we then also have the responsibility to engage in theoretically sound and empirically supported "best practices"? Given that the state of our professional knowledge grows and evolves over time, don't we then also have an obligation to continue to engage in the process of revising our own understandings and subsequent practices? What then happens when we are faced with circumstances where our knowledge and beliefs are no longer consonant with currently accepted and popularly promulgated practices? Do we have an ethical obligation to affirm our divergent perspectives publicly? If not, why not? Aren't we supposed to be guided by best practices? If we do choose not to say anything and continue to be quiescent with practices that we know, or sincerely believe are not supported by current theoretical and applied knowledge, are we guilty of an ethical lapse or professional malpractice? Again, if not, why not? How about if we do choose to publicly express our opinions regarding a controversial issue, and this voicing leads to our professional roles being constrained. What are and should be our options for recourse?

In closing, I hope this article serves as a basis for all of us, practitioners, trainers, as well as the individuals that we have placed in positions of professional leadership, to take pause and reflect. Oughtn't we examine our professional lives with the important questions of what it is we are doing, what we are "supposed" to be doing, what our motivations are and who our true constituencies are in mind? In our professional roles, aren't we supposed to be cautious, informed consumers of the empirical literature, stay current with both applied theory and supported best practices and then to bring this changing knowledge to our jobs in an ongoing manner, regardless of it's seeming expediency or "political correctness"? Sadly, while I once believed that was what we were "supposed" to do, I have been largely disabused of that assumption. It has been reconfirmed to me that, after issues of lip service are dispensed with, decisions are made for reasons that have little to do with "what is right", but rather with "what is easy" and/or bureaucratically acceptable in the cultural contexts of the school and community. I'd be happy to entertain propositions to the contrary.

[Editor's Note: This article first appeared in the Viewpoint section of *Communiqué*, the newspaper of the National Association of School Psychologists.]

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Red Flag on Pediatric Psychopharmocology

By Elizabeth Root

The New York Times and *The Ithaca Journal* published the story of 4-year-old Rebecca Riley who died because her parents overmedicated her and professionals who should have protected her did not. Both stories express very pertinent concerns about the diagnosing and medicating of children. As a children's psychotherapist, I can shed some light on these concerns.

Collusion between members of the medical profession and pharmaceutical companies contributes to the misuse of medication; some psychiatrists collaborate in unscientific "research" funded and rigged by drug companies. Their names on publications imply those companies' products are safe when often they are not. In exchange the doctors enjoy the companies' exorbitant financial rewards and luxury perks. Prestigious medical journals publish these studies, journals that are largely funded by drug companies, compromising their veracity as well.

Rebecca's death is a worst-case scenario in a nation where chemical abuse of children has reached epic proportions. If the Associated Press stories about Rebecca are accurate, Rebecca's psychiatrist shares culpability for her death. It is reported that she diagnosed Rebecca with ADHD and bipolar illness at age 2, which is outrageous. Then, according to the report, she generously prescribed psychiatric medication off label which means the medications are not approved for children.

Only stimulants are approved for children to treat ADHD. However, the Food and Drug Administration (FDA) has now *advised* makers of stimulants to inform patients in writing of serious side effects like psychiatric and heart problems, including sudden death. *Advising* carries no weight with drug companies. They suppress negative information about their products. Independent studies indicate stimulants are ineffective and can worsen symptoms of children under 5. Few parents know that stimulants affect the brain just like cocaine. Often important information is withheld from parents preventing them from making sound decisions about medicating their children.

After 1991 ADHD diagnoses exploded because they were added to the list of disabilities warranting special educational services, a boon for pharmaceutical companies. Children, their most lucrative growth industry, have been shamelessly exploited since then as companies put obscene profits ahead of pediatric health concerns. In 1996 a psychiatric group at Harvard, funded largely by pharmaceutical companies, claimed that many ADHD children also have bipolar disorder. Bipolar, or manic depression, had always been considered an adult malady. This group invented a new description for pediatric bipolar, claiming that children have a "rapid cycling" form of the disorder. Hundreds of thousands of children have been labeled with this diagnosis du jour, another boon for pharmaceutical companies, especially since bipolar portends life-long illness and drug consumption. Labels become self-fulfilling prophecies; children identify with the label, especially when influential people in their lives convey expectations of "bipolar" behavior.

What a slippery slope from ADHD to bipolar. If stimulants fail to "work" for ADHD the doctor typically ups the diagnosis to bipolar. Standard treatment usually introduces two or three powerful chemicals into the developing brains of children, upsetting the natural chemical balance of the brain. This often *creates* illness in children who had none to begin with. This process often begins with school staff pressuring parents to use a "medical" approach (drugs) for their rambunctious child. Managed care companies promote the drugging of children to maximize profits.

Generally "mental illness" is considered neurobiological disease, despite failed efforts to prove it. Children who need to move are called "diseased"; throwing a tantrum is "mania." Yet no medical test exists for any mental illness, except bona fide organic disabilities like heavy metal absorption. Brain expert Allan Jones PhD states "We know only 5% of what there is to know about the brain."

Mind-altering drugs replace altering the psychosocial environment where the cause of children's distress usually resides. Often even then

clinicians are applying first aid to distress rooted in the very infrastructure of our society: working and low-income parents often are unable to adequately care for their children; pollutants, much more readily absorbed by children than adults, permeate our environment; food additives can affect children's behavior; violent video games and television pollute their minds.

Psychologist Daniel Burston writes: "Indeed, future generations may look back on the early twenty-first century as an era when the chemical colonization of childhood really began in earnest. . ." Imagine a society of people whose brains are infiltrated with foreign chemicals. Some would be robotic. All, like many children today, would be deprived of their right to individuality and expression of their true selves.

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Globus Warning

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The Earth seems to be entering a warming trend. The argument is whether or not this is occurring naturally, or as a result of human interference. Regardless of not knowing the definitive answers, human pollution of the planet continues unabated, and the earth is getting warmer.

Every day, tons of toxins are released into the air and water. Ice caps are melting while the weather is becoming increasingly chaotic. We are critically altering the Earth's homeostatic balance. We are masters of chemistry, artificially stimulating and suppressing nature for our own pleasures. The implication includes the threat to this planet's capacity for sustaining life.

What we are doing to the Earth we are doing to ourselves. We are chemically altering our brains, one individual at a time. We modify our bodies' natural homeostatic balances with virtually any synthetic product available. Beginning with the sugar foods of youth, we might graduate to caffeine, nicotine and alcohol. Over-the-counter and prescription medication use is now a common, unassuming practice for most children and adults. A proportion of people will occasion or abuse the most potent and lethal drugs, but most people are content with the so-called 'soft' recreational substances.

"We alter the environments we live in as well as the environment inside a person's head."

The fact is that most of us indulge in one form of pharmaceutical pleasure or another. Ingested by prescription, chew, latte or hookah, the human species has always sought to alter the senses through every available form of drug. This behavior is not novel. The availability and potencies of psychoactive substances, however, are new.

The Earth is a globe and so is the human brain. We alter the external environments we live in as well as the environment inside a person's head. We do it drastically, constantly and subliminally. We can successfully deny and delay that we can continually insult our bodies without killing the host.

Globus warning: We spill toxins into an ever evolving environment. Children are prescribed stimulants and suppressants.

Globus warning: Increased frequency of floods, hurricanes and ice storms. Increased acts of violence in schools and the workplace.

Globus warning: A nuclear radiation cloud can encircle the entire circumference of the Earth, coincident with unprecedented rates of species mutations and extinctions. Extended release psychotropics are dispensed into the minds of children and adults, and increasing numbers of congenital neurological birth defects are occurring.

Globus warning: What we are doing to the body of this planet we are doing to our own bodies. We are altering the evolution of the developing and developed brain. Before it is too late can we reverse the momentum and restore homeostatic balance?

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Talking with David Oaks: MindFreedom News and Other Creative Endeavors

by Delores Jankovich, MA, MSW

MindFreedom Internet Radio has been in operation since June, 2006, with MindFreedom Director, David Oaks, continuing his ground breaking interviews with mental health consumers, survivors and professionals. Links to the live show and the archives are available at: http://www.mindfreedom.org/radio.

Not only do David and his radio guests inform with truth-telling and real life experience, David's empathy, humor, and sense of balance and fairness bring awareness and comfort to the soul. These inspirational stories offer hope to others, and a way to pursue change aided through mutual connection and support. One of David's strongest talents is his ability to create or pave the way for mutual connection and to build relationships.

David is a psychiatric survivor who has certainly proven psychiatry wrong as he is clearly successful at many things that people with a psychiatric diagnosis are told they cannot accomplish. He has been at the helm of MindFreedom International for 20 years and in the social change movement for 31 years. He continues to pursue exciting new ideas for winning the struggle for human rights in mental health.

ICSPP checked in with David with some e-mail questions regarding his thoughts about Mind Freedom News at his one-year anniversary of being on Internet radio. We also wanted to inquire about some of the current happenings in the nonviolent revolution in human rights in mental health.

How has the MindFreedom News Hour impacted the work of MindFreedom? Secondly, how does the News Hour impact you personally?

The good news is that we've been on for one year, almost every week. We have a track record. We have had dozens of fascinating guests who are leaders in changing the mental health system. I've learned a lot. We've had callers and positive feedback from several continents.

The primary impact for me has been enjoying the "live" part of live radio. Callers are the only reason I know of to go live.

The main challenge for us, and for a lot of people using Internet radio is the need for a much larger audience. We need more volunteer support to line up interesting guests weeks ahead of time, because the more advance publicity, the more people listen.

Most of the technical challenges we've had, such as a new web site for archives, have been overcome, so hopefully we're also building an audience of people listening to past shows.

You have a lot of exciting events coming up. Has your radio broadcast assisted in making contacts and/or generating ideas in planning these events?

When there's an urgent news event the radio show really works. At the time Eli Lilly targeted us and our web site, we were able to report immediately about breaking events.

We were able to respond immediately when the Virginia Tech tragedy happened.

When Mad Pride month (July) was starting, we did a show, and we immediately had a caller from Toronto listing a number of wonderful events, such as the Mayor declaring Mad Pride Day.

I did try to broadcast live from a conference of the World Psychiatric Association in Dresden, Germany, but that was just too much— technically and time-wise. We need volunteers to work on a team on something like that if we do it again.

By the way, the Progressive Radio Network broadcasts can only be non-commercial, so we can't explicitly advertise paid events or products.

You provide an invaluable resource for people. Has your radio news hour made it any easier for this unique and important information to be accepted in mainstream media?

My mantra now is that in order to complain about the corporate media, we have to do our own media first. I think having a weekly Internet radio show gives us one more piece of credibility with the public and mainstream media. We better be able to cover an event ourselves, at least a brief news report and a photo within 24 hours.

Have you received reports back from people about them obtaining freedom, getting alternative help or affirmation of their experience, as a result of them having heard your radio show?

I think the main benefit has been that the grassroots activists are getting experience with being on a radio show. Some have never been interviewed before like this. It seems to me the guests really enjoy it. My attitude is that if the guest and I are learning and enjoying, the program is a success. But now we also want a bigger audience!

Do you have any new plans in the works regarding your radio program?

I'd love to build in some more humor and entertainment, such as with our Made Pride projects which include the International Association for the Advancement of Creative Maladjustment. It would also be fun to have some panels, including a moderated debate with proponents of psychiatry.

What initiatives is MindFreedom addressing from the Coercive Treatment in Psychiatry Conference at the meeting of the World Psychiatric Association in Dresden, Germany?

During three hours of meetings and a follow-up news conference, we agreed with the leadership of the World Psychiatric Association, especially President of the World Psychiatric Association, Professor Juan E. Mezzich, to promote mediated dialogues between national and international leaders in the psychiatric system and psychiatric survivors. One way to

do at least some of these dialogues would be have it online on the web, and/or on our Internet radio show. We shall see if this happens!

You announced that there is an International Association for the Advancement of Creative Maladjustment being launched and supported by Mad Pride 2007 and Mind Freedom International. Is this a new organization or does it describe a creative action of the Mad Pride Conference?

IAACM is not a formal organization, it is a concept and anyone can be a leader. As long as you follow Martin Luther King, Jr.'s ethical guidelines of nonviolence and respect with opponents, you are encouraged to do dramatic, creative, and if you wish, humorous events challenging the "normality" of oppression, video them, and upload them onto the Internet as an IAACM event! Our intent is to help via Internet dissemination, especially with youth who wish to do public nonviolent events, video these and upload them.

MindFreedom is collaborating with ICSPP, Ed Watch, Eagle Forum, Psychrights and Amedco, LLC for the upcoming conference, October 13, 14, and 15, 2007, at the Marriot Crystal City in Arlington, Virginia. Would you like to give us a peek at what your focus will be in your keynote address?

I'm gratified to be invited to be one of the keynote speakers at the ICSPP conference. The title of my talk is, "I Was a College Student Mental Patient."

The psychiatrist and activist Loren Mosher is my inspiration for this talk. How can allies in the mental health profession work closely with psychiatric survivor activists? Together, along with family members, human rights leaders, and concerned others, we all make a fantastic team!

Loren was great at connecting with psychiatric survivors, and understanding that there is
sometimes anger.... but seeing past that, and working together. How can we continue that kind of work, both for human rights and alternatives?

David, I am always in awe of you, for the things you juggle, your terrific body of knowledge and your passion. What would you say has been the fire that has driven you through 31 years of activism, advocacy and service? What would you say to others who are facing deep challenges in "fighting the big fight against oppression?"

Big question. Thanks for the wonderful words. My answer may sound like an Academy Award acceptance!

I've had incredible fortune in having family background --- working class from the south side of Chicago and a personal heritage of Lithuanian American; we tend to be rebels. My educational experience consisted of a Jesuit high school and Harvard, plus training in Saul Alinsky type organizing.

The zeitgeist was post 60's rebellion! My visionary experiences in altered states, including a picture of what it can mean to be human, and being proud wilof it--- and environment--Eugene, Oregon--- a place that supports diverse political activism— and interests such as gardening, the derness and paganism, all have contributed to the journey!

Friends (mainly from the peace movement), ongoing learning in complexity theory, quantum theory, history and alternative spirituality--- encouragement of healthy habits (exercise, nutrition, not enough, but some) are of great help!

The social change movement, including ICSPP and the many sponsor groups in our coalition, MindFreedom community and board (check out the way some of these survivors helped their human spirit re-emerge), are a part of it all.

Of paramount importance is my ongoing family support. My 90-year-old mother is our main volunteer! Creativity (improvisational piano) is in there too. And last but certainly not least, my wife, the wonderful and amazing artist and community leader, Debra Nu'Oez, inspires me!

They all support the mind, its free use, and its uniqueness. That said, I'm human, and we are alive and honest. We will admit we all struggle every day with that edge between chaos and order. And I can hear the music rising from the Academy's orchestra. I better stop here!

Focusing on The Creative Revolution

David participated in a telephone interview in addition to his e-mail responses to questions. Throughout our conversation, David mentioned the importance of celebrating being different and embracing diversity. As many of you know, July is the month of celebration for Mad Pride. David shared his intent to focus on Mad Pride and ways to celebrate being different, at the Creative Revolution Conference on July 12, 2007.

Check out MindFreedom's web site to read about the Bonker's Fest and the Bed Pushes, which are both events to celebrate, use humor and address key issues in human rights in mental health. There are many creative Mad Pride events taking place at various areas around the globe.

MindFreedom is promoting the International Association for the Advancement of Creative Maladjustment (IAACM). IAACM is not a group but a concept that is important to everyone. Martin Luther King, Jr., referred to this concept 10 times in 5 speeches. King used a term that the mental health profession was referring to during those times– maladjusted.

David commented that Mind Freedom was born about a year after all this was happening. Creative nonviolence is a key element of IAACM and is a significant part of the creative nonviolent revolution in human rights in mental health.

Labeling Segregates

David reminds us that Martin Luther King, Jr., was a key leader of the 20th century. He knew that the creatively maladjusted were the ones to institute change in the fight against oppression and segregation. Oppression and segregation are an inherent part of psychiatric labeling. To quote David:

" **Once someone becomes psychotic and is labeled, he or she is on the other side of that wall. That wall is so tall, so high, so thick, it continues to stand. Segregation goes on."**

David discussed a number of things happening at MindFreedom::

> ***"This is not a civil war with the drugged opposing the non -drugged. It is not drug therapy versus talk therapy."***

With IAACM, MindFreedom hopes to empower people to do creative, unusual events, video them and put them on the Internet. We will profile selected videos, publicly announcing the Advancement of Creative Maladjustment, fulfilling MLK's prophecy.

Another thing that MindFreedom does is screen for normality. We see that what is called normal is wrecking our eco system globally. Al Gore's movie, The Inconvenient Truth, clearly shows that what is normality for most on this planet isn't working and is destructive to people.

Gore along with concerned others organized the global Live Earth music event to address the need for us to address "normality" in order to save our earth. This is a clear indication that momentum is building and we are on the cusp of enormous change.

We need to use this information about normality and our eco system to motivate us to create guidelines to how we all behave. We should not have a few hundred psychiatrists in charge of creating guidelines, but have people of all walks of life create guidelines together. These should be compassionate, thoughtful guidelines for all involved.

When meeting with the World Psychiatric Association, the keynote speaker, Dorothea Buck, talked about 70 years of oppression, of sterilization and various forms of torture by psychiatric staff. It was amazing that no psychiatrist had ever asked Dorothea about what was going on with her. Dorothea talked about what happened to her, how she recovered and what helped her. Dorothea's dialogue with members of the WPA was extremely powerful and very hopeful.

One thing we all need to look at, and this includes ICSPP members, is that having the richest industry in the world limit what is normal for us makes us all psychiatric survivors! We must acknowledge that making change and furthering this movement is work!

Yes, we must change and make policy, advocate and become activists! However, we need people to do all kinds of work at every level to support this movement, to create bridges to the general public and all who have not been informed.

Empowering Through Mutual Connection

David shared many significant thoughts about the goals and values of MindFreedom:

MindFreedom's goal is to educate people that this is not a civil war with the drugged opposing the non-drugged. It is not drug therapy versus talk therapy. It is a nonviolent revolution and is about self empowerment, self determination, strengths and choices. We are in need of deep-rooted change with mental and emotional well being and care.

All people have emotional, mental and spiritual needs that must be attended to. We are against reductionism and want the pharmaceutical companies and those who take drugs to be part of the battle.

Mental health professionals, psychiatric survivors and consumers all need closeness and support. This includes professionals of diverse belief systems including all those at our conferences. It is sometimes difficult for people in suits to hug. But we are in need of hugs! We are in need of mutual connection!

Let Your Voice Be Heard

After having this inspiring conversation with David, I further feel the urgency of speaking out in support of human rights in mental health. I am reminded that there is no freedom without commitment. My willingness to let people know where I stand will help me and others become free.

The following quote by Martin Luther King, Jr., is one of my favorite and I think very pertinent to all David has shared:

"Our lives begin to end the day we become silent about things that matter."

Screening the World for Normality

David has announced that at the recent conference the MindFreedom board endorsed doing an event on Thursday, 11 October 2007, which the mental health system has named "National Mental Health Screening Day." David will be helping to coordinate the event that day in Washington, D. C. MindFreedom will be doing guerilla theater: "Screen the World for Normality." If any ICSPP member attending the conference wants to arrive a day early, you are invited to participate with MindFreedom in this nonviolent fun event.

[Note: The source for this article is a July 5, 2007, e-mail interview and telephone conversation with MindFreedom Director, David Oaks, and the MindFreedom International web site, www.mindfreedom.org.]

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Automatic-reaction (Psycho) Child, Conscience-directed (Logical) Adult, Psycho-logical Development: The Mental Cure of Mental illness

Clover Greene, "Paranoid Schizophrenic" Psychiatric Overcomer; Author, *Escape from Psychiatry*; Founder, Director, Welcome World: a 501(c)(3) nonprofit; Spiritual Practitioner, 12-Step Humans Anonymous, Empowering Psycho-logical Development, the Mental Cure of Mental Illness.

Summary: Physical laws, like gravity and falling out of bed, we learned as children. Airplanes do not fly by breaking the law of gravity. Airplanes fly by application of the laws of aerodynamics. Psychological laws, like fear and feeling bad, we learned as children. When fear overwhelms in early childhood, the tipping of the fear/flight survival mechanism has two phases. 1. The immediate flight into an animated, fantasy, survival world is called 'autism." 2. The later, second phase, stoic defense of the passive, waiting teenager is called "schizophrenia." Recovery is not by breaking the laws of fear/flight, recovery is by application of the laws of psycho-logical development.

The Automatic Reaction (Psycho) Child

In the beginning there was God, the Spirit of Unconditional Goodness, the Trinity of Power, Truth, and Divinity. Every human is born a spirit of goodness with a physical body and psycho -logical mind, a co-created child of man and God. As with other animated life, the human child is born with a conscious automatic -reaction, physical-oriented nature, to survive, to flourish, to become an active participant in procuring daily needs and co-creating the specie.

To mankind alone, is the potential, purpose, and fulfillment — the calling of the spirit of goodness, to love and be loved. With nurturing empowering unity, truth/wholeness, and love/divinity, the child of man develops the insights of logic, the perception of the full picture, the enlightenment of healing and forgiveness, acceptance and joy. Enlightenment internalizes the subconscious conscience to conscious awareness and the spirit of goodness to fulfilling conscious contact with God. The automatic reaction, physical oriented, child of man is transformed and transcended to the conscience-directed, spiritually-oriented adult, the child of God reflecting God's spiritual nature, loving and serving God and self by loving and serving others.

God's world is law and order: no action without cause and effect. As darkness is the absence of light and cold the absence of heat, so fear or anger, the absence of love, is also — to the degree of the lack — a formless, powerless negative.

The primary psychological characteristics of the child of man:
1.Conceptive language symbols,
2. conscious awareness looking out at the world,
3. passive dependency position;
4. subconscious conscience;
5. automatic physical-senses-emotions reactions to subconscious judgmental
6. good-pleasure, bad-pain survival instinct;
7. matter-over-mind,
8. cognitive concepts: emotional, simplistic, delusional due to partial input.
9. intelligent, logical thinking + partial input = delusions of "My daddy is better...," shame and blame, "inferior" and "superior" people, etc. (1971, Tunnel Vision, Lovaas, Schreibman, Koegel and Rehm)
10. naive, irresponsible, conditional, automatic psycho - incogitant reactions, instinctive survival, physical-oriented nature.
11. The automatic-psycho-incogitant-reaction child of man knowing no way to remain unaffected, automatically takes in the environmental germs of fear or anger to the degree given and reacts it out, even unto the degree of death to self or others.

An intelligent automatic (psycho) reaction child has a physically well-functioning brain. The child when encountering a positive environment of unity and love, automatically feels and grows in acceptance of self and others. When feeling acceptence, a chemical imbalance of feeling good chemicals flows through the brain and body. When a child encounters a negative environment, the germs of fear or anger, the child automatically feels rejection and separation from self and others. When feeling rejection, a chemical imbalance of feeling bad chemicals flows through the brain and body.

Children develop a "self" based on the verbal and nonverbal messages about them initiated by their parents and others in their social environment. (Charles Cooley,1864-1929, American socialist) Every human is born dependent on others providing the vital physical and psychological needs for growth into the adult. Lack of either physical or psychological needs, to the degree of the lack, is sickening even unto death.

Mental Illness: Disease of Fear or Anger

Heredity creates the susceptibility. A nurturing-deficient environment of fear or anger is the cause. A nurturing environment — unity/power, truth/wholeness and love/divinity — is the prevention and cure of mental illness.

The higher the hereditary characteristics of intelligence, passion, and creativity, and the stronger the pacifist or aggressor nature — the spirits most sensitive to the lack of love — the greater the risk for mental illness.

My brothers and sisters, born with a litte lower intelligence than I and much more common sense, neither pacifistic not aggressive natures, adapted the work ethic as being loved and grew up to be high functioning, "intermediates," the condi-

tionally loving children of man, the sober pillars of the community.

I was born a highly intelligent, passionate, creative, idealistic pacifist with "dyslexia." My strong inner rhythm automatically transposed numbers, letters, symbols, and words into harmonious shapes and sounds. I looked out and saw a fearful world. With my mother busy working and often lacking in giving hugs and "I love you" words, I feared I was not worth loving. Physically hit by my first-grade teacher triggered a suicide attempt, finished filling me with overwhelming fear, and tipped the fear/flight survival mechanism. (1920's, physiologist Walter B. Cannon)

In the innate pacifist, when the capacity to feel fills up with fear, fear and the defense of flight is internalized, arresting psychological development. As naturally as withdrawing my hand from a burning stove, (Autism, Escape from Psychiatry, Clover, 1999) my conscious awareness blocked out the outside world too hostile to survive. I buried deep within me the knowledge I was not worth loving. I created an "autistic" animated, fantasy world of loving bird, animal, and flower friends. Their love providing the strength for a child to walk alone, I quit vomiting. I looked back out at the world. When in the presence of people, doing my duties of work and school like "I was supposed to," I stood mute inside myself, a protective numbness surrounding my stiff body.

I did not recognize my own developing conscious judgmental commentary and thought I was hearing the voice of the Watcher, God, who told me I was a good girl and He loved me. As time passed, my fantasy world no longer fully sustained me in joyous love. I began to yearn for a friend in the outside world. The Voice began to blame and scold me for not doing things right.

I entered my teens; flesh called to the need of human love and real people. My fantasy flight into an alternative, survival childhood world was outgrown. I entered the second phase of the fear/flight survival mechanism. I was a fear/flight controlled naive, irresponsible, passive, dependent, automatic (psycho) reaction child looking out at the world. Internalized fear/flight, the role of the "victim," defaulted to the delusional persona of the "passive inferior," Shaming, blaming and injuring myself, I valued myself by how I was treated by others. I took on the second phase, fear/flight defenses, the quick fixes of day dreaming, stoicism, and the potential for alcohol and drug use, that never fix. This ineffective defense of the aging-teenager waiting and collapsing for the door of love to open out into the world is generally called "schizophrenia."

In another type of personality, the innate aggressor, when the capacity to feel fills up with anger, the defense of fight is internalized, arresting psychological development. Internalized anger/fight, the role of the "controller" defaults to the delusional persona of the "superior." The proactive role of the bully values oneself by the grandiosity of power over others. The defenses of the anger/fight controlled innate aggressor is the shaming, blaming and controlling of others by the quick fixes of verbal and physical abuse, threat, drugs, torture, crime and war that never fix. According to how seeming abusive or benign that obtaining power over others is accomplished, determining whether called criminals or leaders and authority, this highly effective offensive/defense is generally not labeled mental illness.

The passive "inferior victim" and proactive "superior controller" form a mentally-ill codependency. The first seeks empowering unity, truth, and love; the second seeks the grandiosity of power over others — that is never enough.

In stoic, growing grief, finding no one to love me, I graduated valedictorian of my high school class. My Watcher God voice became increasingly savagely berating. I was a fear-controlled, arrested development, psychological child collapsing from the grief of not being loved. My grades fell to F's in college. I was committed to psychiatry. The Watcher condemned me as hopeless and left. Then, without any stream of conscious thinking, my conscious awareness was of my senses observing what the world was doing, and automatically emotionally reacting.

I was labeled a "schizophrenic" and subjected to electric shock. I became increasingly confused, wobbly and terrified after each, continuing day after day, brain damaging, potentially fatal seizures and coma. I escaped after four, before the hysterical amnesia developed. The next day, just as with any ordeal too horrible to be real, the hysterical amnesia set in. An unknown terror undulated under my hysterical laughter. . . . DO YOU KNOW? Psychiatry touts the high agitation and hysterical laughter of hysterical amnesia as relieved mental illness and depression, until the flashbacks start. . . . I dimly remembered I had been locked up by psychiatry but none of the details. . . and then the smell of camphor, the oil they had smeared on my temples so the burn would not show on the outside enveloped me, and I exploded into suicidal and homicidal terror.

Because I no longer trusted psychiatrists, I was labeled "paranoid schizophrenic." Drugs were forced. Alcohol, illegal, or legal drugs targeting the brain, at first altering the conscious, seem to help. That is why alcoholics, addicts, and I became a drug addict — all I needed was my psychiatric drugs. Underneath the chemical lid, the terror of the loss of any me and my physically sickening body grew. About a year later, I began the periodically exploding terror and despair, suicidal and homicidal blackout psychiatric-drug rages. Psychiatry's revolving door revolving.

Brain targeting, mood altering, spirit usurping drugs = revolving drugged dehumanization and exploding suicidal and homicidal blackout drug rages = mandate of alcoholics and addicts = quit drugged dehumanization or die.

Psychiatry is a controlling, superior/inferior, win/lose, mentally-ill codependency with the anger/fight verbal and physical abusive, quick fixes that never fix. Psychiatry's superior/inferior codependency relationship guarantees a non-nurturing, fear or anger environment. Brain dysfunctioning with quick-fix electricity and drugs guarantees the person cannot develop psychologically nor learn to direct one's own thinking. Psychiatry guarantees progressive suicidal and homicidal third order effects from an unrelieved hopeless environment. I entered periods of catatonia, (Escape from Psychiatry, 1999) the fire ring of hopeless thoughts burning

around my head searching for hope any way in any direction, hopeless, burning itself out.

In experiments conducted in (1962-63, Dr Stanley Milgram) found that 65% of people directed by an authority, continued to follow the authority's dictates, even though the people being directed realized that the electric shock they were inflicting was terrifying to the victim and could be fatal.

The apathy-consternation blind addiction to authority is, also, notable in victims who give oral and written testimonials about how good the psychiatrists and treatments are even as despair grows. This is what I did. How else can one hope to keep hope alive? Or convince oneself that horror is not horror? Or hope to save oneself from further torture? (The Stockholm Syndrome) Just as the German people turned their backs on state-inflicted human agony, so also, the American people turn their backs on psychiatric torture, maiming, and killing.

Conscientious doctors such as Dr. Peter Breggin, psychiatrist, Dr Fred A. Baughman, Jr., neurologist, Dr. Laurence Simon, Ph.D., Dr John Breeding, psychologist, Jim Gottstein, attorney at law, and Andrew Crosby, MA, not blinded by their own power-craze nor in blind lockstep to authority, become teachers of psycho-logical development. They are doctors writing and speaking about how medical science repudiates the deadly psychiatric dehumanizing maltreatment.

Real doctors in real hospitals saved my life over and over both from my suicide attempts and life-threatening "side effects" of psychiatric drugs. Reality burned through the drug fog. Dying from the drugs, I quit taking them. . . suffering life threatening physical withdrawal and real doctors saving my life. Judged a danger to myself and others, I was court ordered to a mental nursing home, bars on the windows and a guard at the door 24/7. A bug on the windowsill I supplied with crumbs, my mentor, told me how to escape.

Some innate pacifists filled with terror and despair, dehumanized, do lash back and kill others, more kill themselves in hopeless agony, most are killed by the drugs. I am one of the few to escape from psychiatry alive. I was committed about fifty times into psychiatric prisons and spent about seven and a half years locked up. The American taxpayer paid psychiatry about a million dollars. Agonized, suicidal and homicidal for lack of the vital human needs, my body devastated by drugs and traumatic abuse, after 31 years in psychiatry, I was incredibly still alive.

The Mental Cure of Mental Illness

A male nurse in an emergency room said to me. "Go to Alcoholics Anonymous; they teach people how to get well there." They looked at my skin hanging on bones, my jerking body. "You can get well; we will help you," I was with people of unity, truth, and love and a program of psychological self-development: self-acceptance, self empowerment, self examination, self knowledge, self healing, self enlightenment, self actualization, the real loving me, self confidence, self discipline, self intergity. No one is ever cured of being human. Whenever the vital needs of unity, truth, and love are given, psycho-logical development begins. I was no longer hopeless and helpless; I was no longer suicidal or homicidal as they gave me hope and would help me. So I lied and said I was an alcoholic.

I repeated the Serenity Prayer many times a day as it did provide some relief. "God, grant me the serenity to accept the things I cannot change, the courage to change the things i can, and the wisdom to know the difference. I knew I had the courange of four people to still be alive; I knew I had not the slightest idea of what I could change but I knew the people did and they would teach me. And then I realized THAT OFTEN I WAS NOT SPEEKING OUTLOUD, THE PAYER CAME FROM MY HEART AND SOUL AND I was consciously aware of hearing my own thoughts voiced in my mind! My own thinking thoughts directed by my own mind! I could listen and know what I was thinking! I DID NOT HAVE TO HAVE WHATEVER THOUGHT CAME INTO MY HEAD! I COULD LEARN TO DIRECT MY THINKING, TO DIRECT MY MIND!

AWESOME, AWESOME KNOWLEDGE, LIFE CHANGING KNOWLEDGE. Step 1. "We" the first world is unity, acceptance, equality, no longer separated and alone = self-acceptance, I was not a worthless thing, I was a person just like everyone else; "Admitted," I like other people had a mind that can recognize and take responsibility; "Powerless," I, like other people had no power over things that had power over me. Ignorance and doing things that keep me ignorant like drugs guarantee I cannot manage my own life. Self-examination = Self-insights = Self-knowledge: A non-human, worthless thing dependent on psychiatry, acting like a non-human worthless thing is the only way a non-human, worthless thing can act. An equally worthy child of God and men that spiritual adults knew and I now know I am, is useful to myself and others. Irresponsible people do irresponsible things. Responsible people do responsible things. There is no shame, blame or guilt = forgiveness of self and others = Self-healing. Insights internalize Enlightenment. It took me six months to make the profound change from terror and despair, to being the real loving me, with the real things, the fruits of the spirit. Knowing I was a worthy child of man and God, I know everyone else is.

A couple of well read copies of my autobiography, Escape from Psychiatry, are in the town library. I am a member of the Chamber of Commerce and the Town Planning Commission. When I was young and physically healthy, I was collapsing from the grief of not being loved; now when I am old and physically challenged, I laugh with the joy of reflecting God's love. I am one of the most blessed of people.

References

(1920's Physiologist Walter B. Cannon, Survival Mechanism Tipping)
(Clover, Escape from Psychiatry, 1999, Autism, Catatonia)
(1971, Lovaas, Schreibman, Koegel and Rehm, Tunnel Vision)
(1962-63, Dr Stanley Milgram, Blind Addiction to Authority)
(The Stockholm Syndrome,1973, Jan-Erik Olsson)

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- Stopping the worldwide resurgence of lobotomy and psychosurgery on adults and children, and all psychosurgery in federal and state institutions.
- The creation of a federal Psychosurgery Commission by Congress (1970's)
- Alerting professionals to the dangers of tardive dyskinesia in children (1983). Tardive dyskinesia is a potentially devastating neurological disorder caused by neuroleptic or antipsychotic drugs.
- Alerting professionals to the dangers of dementia produced by long-term neuroleptic drug use (1983).
- Motivating the FDA to force the drug companies to put a new class warning of tardive dyskinesia on their labels for neuroleptic drugs (1985).
- The withdrawal of a large multi-agency federal program to perform dangerous invasive experiments in inner-city kids in search of supposed genetic and biochemical causes of violence (the violence initiative) (early 1990's).
- The initial cancellation and later modification of a potentially racist federally sponsored conference on the genetics of violence (early 1990's).
- Alerting the profession to danger of down-regulation and dangerous withdrawal reactions from the new SSRI antidepressants such as Prozac, Zoloft, and Paxil (1992-4).
- Monitoring, and at times modifying or stopping unethical, hazardous experimental research on children (1973-present).
- Encouraging that NIH Consensus Development Conference on Diagnosis and Treatment of Attention Deficit Hyperactivity Disorder to raise serious concerns about "ADHD" and stimulants for children.

While each of these critiques and reform projects was initially considered highly controversial, and while each was frequently opposed by organized psychiatry, most are now widely accepted as rational, ethical, and scientific. For example, Psychosurgery is no longer widely practiced and not at all in state or federal institutions or on children in the United States; the multi-agency federal program aimed at using invasive biological procedures on inner-city children has been disbanded; the conference on the genetics of violence was delayed and then vastly modified; all experts now recognize the dangers of tardive dyskinesia in children; many researchers have confirmed that the neuroleptic drugs produce dementia, and experienced doctors now recognize the potential for dangerous withdrawal effects from the SSRIs.

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