ISEPP Bulletin

International Society for Ethical Psychology and Psychiatry, Inc.

2015 - Number 2

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ISEPP Conference 2015

UNDERSTANDING TRAUMA:

RESPONDING BEYOND THE MEDICAL MODEL

Bessel van der Kolk M.D.
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Bruce E. Levine, Ph.D.
Meaghan Buisson BSc CPT
Rachel (Rai) Waddingham
Many more

Register Now!

Click here to register online or
use registration form on page 4
Fri-Sun October 9-11
Crowne Plaza (Boston/Newton) MA

Register now for what is setting up to be a great conference. Presenters include; Bessel van der Kolk, MD, dean of trauma research and treatment, Bruce Levine, PhD, author and therapist, Joanne Cacciatore Ph.D., researcher/teacher, and other experts in working with people who have suffered chronic and/or acute forms of trauma. View a partial list of presenters on page 5 & 6 and see the range of experts that will be speaking and available to talk with.

International Society for Ethical Psychology and Psychiatry, Inc.

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About the International Society for Ethical Psychology and Psychiatry: The International Society for Ethical Psychology and Psychiatry (ISEPP) 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 ISEPP has been informing the professionals, the media, and the public, about the potential dangers of drugs, electroshock, psychosurgery, and the biological theories of psychiatry.

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

Help us continue our work by sending a donation to ISEPP today.

ISEPP Bulletin Submission Policies

We want the Bulletin to reflect and serve our varied membership and much of what appears in our pages is from the membership. Some items are from outside, however, because we're interested in anything that might interest our readers. Our submission policies therefore are quite simple.

Authors may submit work to the Bulletin while simultaneously submitting to other publications or forums if they choose. Where this is the case, we ask that authors inform Bulletin staff so that our readers may be advised accordingly.

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

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

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 ISEPP'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.

HOPE, HEALING, AND THE HEALING SPIRIT

THE 18TH ANNUAL CONFERENCE OF THE
INTERNATIONAL SOCIETY FOR ETHICAL PSYCHOLOGY AND PSYCHIATRY, INC.

ISEPP
International Society for Ethical Psychology & Psychiatry

UNDERSTANDING TRAUMA:
RESPONDING BEYOND THE MEDICAL MODEL

2015 OCTOBER 9-11

BOSTON
MASSACHUSETTS

CROWNE PLAZA NEWTON / BOSTON SPECIAL RATE $119 (UNTIL 9.9.15)
RESERVATIONS 1.617.969.3010 GROUP CODE ISE

What would happen if the mental health system stopped asking, "What's wrong with you?" and instead asked, "What happened to you?" This year's annual ISEPP conference will explore this question. Our plenary speakers hail from the United States, Canada, and England and include psychiatric survivors, therapists, researchers, academics, activists, trainers, and advocates whose work is framed around trauma-informed understanding of and response to the experiences that get called "mental illness".

TOPICS INCLUDE:

- TRAUMA INFORMED CARE
- PTSD IN THE MILITARY
- RE-TRAUMATIZATION WITHIN MENTAL HEALTH SYSTEM
- TRAUMA IMPACT ON CHILDREN & ADOLESCENTS
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ISEPP Annual Conference

Understanding Trauma:

Responding Beyond the Medical Model

October 9-11 2015

Crowne Plaza (Boston/Newton) – Massachusetts

www.psychintegrity.org

REGISTRATION FEES:*	*Full Conference* (10/9-11/15)	*Saturday Only* (10/10/15)	*Sunday Only* (10/11/15)
Advanced (by 9/1)			
Individual	□$275	□$150	□$150
ISEPP Paid Member	□$225	□$125	□$125
Student Rate (w/ ID)	□$125	□$75	□$75
Registration (after 9/1)			
Individual	□$325	□$175	□$175
ISEPP Paid Member	□$275	□$150	□$150
Student Rate (w/ ID)	□$175	□$100	□$100

**includes light breakfast, lunch, coffee/snack breaks, and Friday Welcome Reception*

OPTIONAL OTHER FEES: □ Awards Dinner - Saturday 10/10 $40 □ Conference CEU Certificate $20

□ Pre-Conference Workshops - Friday 10/9 $55 (includes 3 CEUs and lunch)
(choose one) □ Introduction to the PCMOS - Barry Duncan 12:30-3:30p
□ **TBA** 12:30-3:30p

Name: _____ E-Mail: _____

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Please send completed form and registration fee made payable to ISEPP to:

Michael Gilbert 100 Bradford Heights Road Syracuse, NY 13224

For group discounts (3 or more) and financial hardships please contact Michael Gilbert at mgilbert@iacaf.org

Understanding Trauma:
Responding Beyond the Medical Model

Crowne Plaza Newton / Boston special rate $119 (until 9.9.15)
Reservations 1.617.969.3010 Group Code ISE

Register early and save - mail in form attached or on-line at www.psychintegrity.org

Some of our Plenary Speakers

Bessel van der Kolk, M.D., has been the Medical Director of The Trauma Center in Boston for the past 30 years. He is a Professor of Psychiatry at Boston University Medical School and serves as the Director of the National Center for Child Traumatic Stress Complex Trauma Network. He is past President of International Society for Traumatic Stress Studies. Though he identifies himself primarily as a clinician, he has published well over 100 peer reviewed scientific articles on various aspects of trauma, including his current projects: 1) yoga for treating PTSD, funded by the National Institutes of Health; 2) the use of theater for violence prevention in the Boston public schools, funded by the CDC; 3) the mechanisms of EMDR; 4) sensory integration; and 5) the use of neurofeedback in PTSD. Dr. van der Kolk's latest release is The New York Times bestseller *"The Body Keeps The Score: Brain, Mind and Body in the Healing of Trauma."*

Bruce E. Levine, **Ph.D.,** is a clinical psychologist in private practice in Cincinnati, Ohio. His latest book is *Get Up, Stand Up: Uniting Populists, Energizing the Defeated, and Battling the Corporate Elite*. Earlier books include *Surviving America's Depression Epidemic* and *Commonsense Rebellion*. He is a regular contributor to *CounterPunch*, *AlterNet*, *Truthout, Z Magazine* and the *Huffington Post*, and has been published in numerous other magazines. Dr. Levine is on the editorial advisory board of the journal *Ethical Human Psychology and Psychiatry*, and he has presented talks and workshops throughout North America. His Web site is brucelevine.net.

Joanne Cacciatore, Ph.D., researches all aspects of traumatic grief and death and mindfulness/meditation practices as an Associate Professor at Arizona State University, director of the Graduate Certificate in Trauma and Bereavement there, and the founder of the MISS Foundation, an international nonprofit organization with 75 chapters around the world aiding parents whose children have died or are dying. In 1996, she also began a global movement of remembrance and compassion called the Kindness Project as a way to help many grieving parents honor their beloved children who have died. She has published 50 studies in peer reviewed journals such as The Lancet, BJOG, Death Studies, Omega, Birth, Social Work, and Families in Society. She is also a medical consultant and trainer who has presented grand rounds and provided individual and agency consulting and training all around the world. She is the recipient of numerous volunteerism focused awards such as the Hon Kachina Award, the Sr Teresa Compassionate Care Award, the Empathic Therapist of the Year Award, Arizona Foothills Arizona Women Who Move the Valley Award, and the Parents of Murdered Children Father Ken Czillinger Award. She is a Zen priest who has authored many book chapters and several books, such as The World of Bereavement and Selah: A guide toward fully inhabited grief, and she is writing another book for Wisdom Publication being released in 2016.

Meaghan Buisson, BSc., CPT., is a 47-time Canadian National Champion, 11-time international medalist and current world record holder in the sport of inline speed skating. She graduated with distinction from Thompson Rivers University in Canada, majoring in Biological and Life Sciences with a Directed Studies specialization in evidence-based medicine. Her capstone project juxtaposed neuroscience research against front-line use of antidepressants to treat depression. She was the founder and Executive Director of "BodyWhys Youth Canada", an award-winning national charity focused on the prevention of eating disorders and self-harm in youth. Meaghan has presented at international conferences and spoken nation-wide as both an educator and individual struggling with traumatic brain injury and psychiatric turmoil. In 2014, Meaghan backpacked solo across Cen-

tral America, working with Traditional Amazonian plant medicine, sitting with Indigenous healers and planning the next chapter of her life.

Barry Duncan, Psy.D., is a therapist, trainer, and researcher with over 17,000 hours of clinical experience. He is director of the Heart and Soul of Change Project. Dr. Duncan has over one hundred publications, including fifteen books addressing systematic client feedback, consumer rights and involvement, the power of relationship, and a risk/benefit analysis of psychotropic medications. His work regarding consumer rights and client feedback, the Partners for Change Outcome Management System (PCOMS), has been implemented across the US and in 20 countries including national implementation in couple and family centers in Norway. PCOMS is included in SAMHSA's National Registry of Evidence-based Programs and Practices. Because of his self-help books, he has appeared on "Oprah," "The View," and several other national TV programs.

Rachel (Rai) Waddingham hears voices, sees visions and has struggled with overwhelming realities and beliefs that - in her early twenties - led to her spending most of her time as an inpatient with diagnoses of schizophrenia, schizoaffective disorder and BPD. Following years of feeling like a zombie, Rai found her sense of humanity within the community of a Hearing Voices Group. Alongside other voice-hearers, Rai began to make sense of her experiences and find creative ways of utilising them as breadcrumbs in her healing journey. No longer identifying with psychiatric labels, she now feels privileged to be working for human ways of supporting people in distress, both inside and out of the system. Rai is a trustee of the English Hearing Voices Network and an executive committee member of the International Society for Psychological and Social Approaches to Psychosis (ISPS). She is a proud member of Intervoice (the International Hearing Voices Network) and has launched initiatives supporting children who hear voices, adults struggling with unusual beliefs and people in prison who hear voices. She is an international trainer, a Mad in America blogger and - essentially - a human being who feels lucky that she is alive and able to contribute to a thriving movement for change.

David Walker, Ph.D., is a Missouri Cherokee psychologist, researcher, writer, and musician. He's consulted for many years with the 14 Confederated Tribes and Bands of Yakama Nation. His debut indie novel about a strong-hearted Yakama Indian teen and her curmudgeon psychologist, Tessa's Dance, garnered a medal in the 2013 Independent Publisher Book Awards (IPPY) for multicultural fiction, while its sequel, Signal Peak, won a 2013 Foreword Reviews IndieFab Book of the Year Award and was finalist in the 2014 Nancy Pearl Literary Awards. His research aims to expose the Western mental health movement's historical and contemporary complicity in the oppression of indigenous people. He shared a 2006 Special Educational Needs Academic Book Award with other contributors to Critical New Perspectives on ADHD (Routledge) for his chapter, "ADHD as the new 'feeblemindedness' of American Indian Children," and has also written for Ethical Human Psychology & Psychiatry, International Journal of Critical Psychology, and Journal of Clinical Psychology. He's also worked as a diversity trainer and has served on faculties for Washington School of Professional Psychology, Heritage University, Oakland University, Wayne State University Medical School, and University of Detroit-Mercy. Dr. Walker is a continuing member of the board of directors of Refugee Women's Alliance (ReWA) in Seattle. His website is www.tessasdance.com.

Ann Jennings, Ph.D., has been involved for over 20 years in raising public awareness and influencing fundamental change in the way public health and mental health systems view and treat people with histories of unaddressed sexual and physical abuse trauma. She initiated and for 8 years directed the first state system Office of Trauma Services in the country for Maine's Department of Behavioral and Developmental Services. Dr. Jennings consults nationally with SAMHSA (Substance Abuse Mental Health Services Administration) and NASMHPD (National Association of State Mental Health Program Directors), and with numerous state health and mental health systems across the country. She is a keynote speaker and presenter at national and state conferences and has authored and co-authored several published articles and documents. Dr. Jennings is also the founder and president of The Anna Institute, Inc., a non-profit organization dedicated to speaking truth about the effects of childhood trauma, promoting prevention and early intervention, and providing resources for professional, community, and survivor use.

Conference 2015 Co-chairs

In our previous bulletin, 2015 - Number 1, photos credits, that should have gone to Robert Sliclen, were inadvertently omitted. Our apologies. Photos in this bulletin by Robert Sliclen.

Laura Delano

Dominick Riccio

Michael Gilbert

Get Ready for the Fight

Chuck Ruby, Ph.D.
Chairman of the Board of Directors

Ever since the "Decade of the Brain" in the 1990's, traditional psychiatry has been trying hard to portray "mental illness" as a true brain disease to bolster its full inclusion into the field of medicine and move the mental health industry deep into the medical model. The American Psychiatric Association (APA) and the National Institute of Mental Health (NIMH) fully welcomed this presidential declaration and pumped millions into research with an attempt to demonstrate this assertion. Simultaneously, the DSM series continued during this time to perpetuate the myth that mental disorder was "a manifestation of a behavioral, psychological, or biological dysfunction *in* the individual" [italics mine] (DSM-IV-TR, p. xxxi), which alluded to this claim that "mental illness" is really about diseased brains (or at least something diseased inside the person).

Three areas of research have attempted to support this assertion: 1) functional magnetic resonance imaging (fMRI); 2) physiological deficiencies that affect one's sense of well being, and 3) genetic and biological markers associated with "mental illness". Such research attempts were given a boost recently by the NIMH under their new initiative called Research Domain Criteria (RDoC). According to NIMH, "Over the past several decades, an increasingly comprehensive body of research in genetics, neuroscience, and behavioral science has transformed our understanding of how the brain produces adaptive behavior, and the ways in which normal functioning becomes disrupted in various forms of mental disorders." (http://www.nimh.nih.gov/research-priorities/rdoc/nimh-research-domain-criteria-rdoc.shtml). NIMH's initiative is a reaction to the increasingly evident invalidity and unreliability of the DSM system of categories. Consequently, NIMH parted ways with the DSM system as its Director, Tom Insel, M.D., stated in 2013, "The weakness is its lack of validity" (http://www.nimh.nih.gov/about/director/2013/transforming-diagnosis.shtml). As an alternative to the DSM, NIMH purports to come up with a valid classification scheme of "mental illness" using neuroscience as a foundation. As I hope to convince you, NIMH's efforts will not be any more valid that the DSM system. As an aside one would wonder what the purpose of psychiatry is, if it's all about neuroscience - the bailiwick of neurology.

This is the fight ISEPP must be prepared for: the growing illusion perpetuated by these agencies, with the help of pharmaceutical companies' billions, that basic human struggles in the form of personal challenges, existential angst, economic dilemmas, spiritual crises, and interpersonal distress are in themselves, or are caused by, real diseases of brain functioning. Their main strategy is like a shell game, a bait and switch scheme, pure smoke and mirrors.

If any of the above three areas of research produce data that demonstrate disease of the brain, then more power to them. Such research results should be rightly included into the realm of real medicine and real disease (neurology), not the oxymoronic "mental disease" profession. But my fear is that these research attempts will produce results that show physiological correlates, not disease correlates, of the problems referred to as "mental illness". Yet these correlates will be pointed out as causes of "mental illness". This will give the impression of medicine when in fact it merely demonstrates all human experiences and behaviors are supported by physiological functioning of the body, which is not the same as saying they are caused by diseased bodily processes. These research results will be misunderstood and claims of major "breakthroughs" in mental health will drown out the screams of foul play.

Data derived from fMRI research merely shows that when people are experiencing human struggles, their brains look different than other people who aren't experiencing those problems. Research showing nutritional deficiencies, toxic and allergen exposures, and hormonal defects is merely pointing out real symptoms of real bodily pathology. It isn't demonstrating that those things cause "mental illness". Genetic research has not provided evidence that genetic pathology causes "mental illness". It just shows that most everything human exists because of genetic scaffolding. Add to these comments the problem of complexity and difficulty in interpreting the results of these lines of research. There is a substantial amount of uncertainty and risk of errors.

But this is business as usual. There is an a priori tacit assumption that "mental illnesses" are really disease processes, and then research is presented to demonstrate biological correlates (interpreted as causes) of "mental illness". It would be like saying singing, or walking, or crying, or laughing, or any infinite number of human behaviors and experiences are illnesses, just because we can detect physiological correlates of them. But the NIMH RDoC will be seen as something different, something new, and something that leverages the state-of-the-art technology to demonstrate the reality of "mental illness". ISEPP needs to work hard to counter this charade.

Brain and Mind

Al Galves, Ph.D.

Our funding priorities on studying mental health are way out of whack. We are spending a lot of time, money and effort on studying the brain. The first ten years of the millennium were designated as the Decade of the Brain. The Obama administration is about to launch the Brain Initiative. The National Institute of Mental Health spends the great majority of its $900 million a year budget on studying the brain and ways of intervening directly in the brain, i.e. drugs and psychosurgery. Similar efforts are underway in Europe, Japan and China.

The brain is fascinating and important. But it is hard to see how this brain study will be of much benefit to human beings in the foreseeable future. It may be used to create new psychotropic drugs. But psychotropic drugs have proven to be only marginally effective in promoting recovery from mental illness. And they are debilitating, impairing and, in the case of antipsychotic drugs, extremely harmful. Perhaps the brain studies will enable the development of new forms of psychosurgery. But the history of psychosurgery is not very promising. We thought lobotomies were the answer at one time but that has proven to be not the case. Electroshock therapy improves the symptoms of severely depressed persons to some degree. But the relapse rate is extremely high and patients suffer the loss of significant parts of their memories – in at least one famous case (Ernest Hemingway), leading to suicide. We might learn more about the impact of genetic dynamics on brain function. But how will that be put to beneficial use? We have very little idea about how genes work. We know that they control the synthesis of proteins. But we have no idea about how they participate in the creation of kidneys, livers, spleens, pancreases, brains or any other organ of the body.

Here is my point. We should be spending at least as much time, money and effort on studying the mind. I am defining the mind here as the part of ourselves which thinks, feels, intends, understands and perceives. The mind is the faculty we use to do everything we do – to build civilizations, create technology, produce art, learn about the cosmos, raise our children, fall in love, help our fellows, make decisions and plans about our future, plan vacations, study the Earth and the plants and animals that live on it.

It is tempting to think of the brain and the mind as the same thing. But that would be a mistake. We know very little about the relationship between the brain and the mind. We know something about how neurons operate. We know something about the function and dynamics of neurotransmitters. We have some idea of the location of different functions in different parts of the brain. But we have no idea of the difference between what is going on in the brain when we are painting a picture and planning a vacation, for example. We have little understanding of how memory works, where it operates or how to improve it through intervention in the brain. We have no idea about what happens when I say I am going to move my arm at the count of three and proceed to do it – precisely at the count of three.

As William Uttal has argued in his book Mind and Brain: A Critique of Neuroscience, we have no idea of how the brain creates the mind. Neuroscientists think they have a theory about how the brain creates the mind but they aren't even close to having such a theory. The mind is so vast and powerful and we know so little about the relationship between the mind and the brain that we are a long way from having such a theory.

Here's a question that may help us understand the difference between the mind and the brain. When a woman learns through a long course of psychotherapy that she has been prematurely breaking off love relationships out of fear that she will ultimately be abandoned, is that insight being performed by the mind or the brain? When a young man decides that he is going to study cognitive neuroscience rather than music therapy, is that being done by the mind or the brain.

Here's another way of putting it. The brain isn't capable of performing human agency, of using intention, of making decisions about what to do and when. Only the mind is capable of doing that.

How do we study the mind? We can't do it through the techniques of laboratory science. We can't do brain scans or blood assays of the mind. But we can study the mind by studying the experience that humans have in using their minds. We can study the mind through the methods of phenomenology. We can put people through various kinds of learning and therapy experiences and see how they impact their ability to use their minds. We can compare such experiences to see which are most effective. We can study people who use their minds in different ways and study the associations between their life experiences and the way in which they use their minds.

What makes me think we would benefit from spending at least much money and effort on studying the mind as we do on studying the brain? I think that because the weight of evidence tells me that, if we want to help people who are struggling in their

lives, people, for example, who are diagnosed with mental illnesses, we are going to be more successful through intervening at the level of the mind than through intervening at the level of the brain.

Here is the benefit-risk profile for intervening at the level of the brain through psychotropic drugs or psychosurgery:

Benefits:

You may feel somewhat more energetic and alive if you take an upper like Prozac, Paxil, Adderall or Ritalin or somewhat less anxious and agitated if you take a downer like Atavan, Xanax, Zyprexa or Risperdal. In the case of antidepressants the research says that the feeling better is largely due to the placebo effect but, nevertheless you may be feeling better. Electroshock may help you feel less depressed but that effect won't last for more than a month or two.

Risks:

You won't be addressing the causes of the symptoms which have led you to seek treatment. Although you have probably heard or read that your symptoms are caused by chemical imbalances, genetic dynamics or brain anomalies, there is no scientific evidence of that being the case. Scientific evidence would tell you that any physiological changes associated with your symptoms are the result, not the cause of what is going on in your life and how you are reacting to it. That is certainly the case with the stress response, the most widely and deeply studied of the mind-body dynamics. The scientific evidence says that your symptoms are the result of situations you are facing in your life and of concerns that you have about your life and yourself. The drugs won't help you develop any of the skills and knowledge you need to deal with those concerns.

You'll suffer from serious "side effects" of the drugs including increased incidence and risk of:

Sexual dysfunction
Akathisia – extremely uncomfortable and dangerous restlessness
Mania
Violence
Suicide
Emotional blunting – loss of conscience and caring
Depersonalization – a sense of loss of contact with yourself.

In the case of antipsychotics like Zyprexa, Abilify, Geodon and Risperdal, "side effects" include:

Tardive diskinesia – a Parkinson-like loss of control over muscles and gait.
Cognitive impairment
Brain shrinkage
Early death – persons who take antipsychotics die on average 25 years younger than people who don't take them.

In the case of electroshock, you will suffer significant memory loss and cognitive impairment.

If and when you stop taking the drug you will suffer serious withdrawal effects. In the case of anti-anxiety drugs such as Atavan and Xanax, that can involve years of debilitating recovery. This is because the drugs have caused your brain to compensate for its changed condition so when you stop taking the drugs, your brain will be in a dysfunctional state. Since the drugs you are taking act on the brain in the same way that cocaine, heroin and meta-amphetamines act on the brain, you will suffer the same kind of withdrawal effects as do persons who use illegal drugs.

If and when you stop taking the drug you are likely to experience a relapse of the symptoms that led you to seek treatment.

You will have bought into and complied with a very cynical and unhealthy message. When you are feeling bad, take a drug.

Here is the benefit-risk profile for intervening at the level of the mind through various kinds of psychotherapy.

Benefits:

You will be addressing the causes of the symptoms that have led you to seek treatment.

You will gain self-management skills and knowledge that you will be able to use for the rest of your life to stay healthy and happy; learn valuable lessons about yourself, what makes you tick, what you want and don't want; develop compassion for yourself; learn how to deal with the difficult dilemmas we all face from time to time; become able to connect with others in satisfying ways, and; become more able to use your talents and faculties in satisfying and contributing ways.

As you learn how to manage your thoughts, feelings, intentions and perceptions in healthier ways, your brain will change in beneficial ways.

Risks:

You might waste some time and money.

You might receive some advice or messages that will get in the way of you becoming healthier.

The mind is what all the great psychologists have studied: Freud, Jung, Adler, Perls, Sullivan, the Ericksons, Horney, the Fromms, Alice Miller, Hillman, Satir, Haley, Beck, Ellis. What they learned has been of great help to people. They built the foundation of today's psychotherapy which, according to research, is beneficial to 80 percent of the people who receive it.

The lives of millions of people depend on us continuing that effort.

All In The Family

Lloyd Ross, Ph.D.

In this issue of All In The Family, I am presenting one of longest and most consistent members; a person who has been with us since the beginnings of the old ICSPP, and never wavering in his support of ISEPP.

David B. Stein, Ph.D. is a clinical psychologist with a trifold interest. He has always been interested in the attentional issues of children. He has also always been interested in the negative effects of psychiatric medications in children. In addition, David has long been interested in the criminal justice system in this country. David Stein is a man who has been able to merge these three interests very well.

Among his numerous writings, David is best known for his bestselling book, "Ritalin Is Not the Answer; A Medication-Free Practical Program for Children Diagnosed with ADD/ ADHD," (1999) Among his other powerful writings are: Unravelling the ADD/ADHD Fiasco," (2001) "Ritalin Is Not the Answer Activity Guide: An interactive Companion to the Drug-Free ADD/ADHD Parenting Program," (2002) and "Stop Medicating, Start Parenting: Real Solutions For Your Problem Teenager," (2004). Many of the programs David has developed come from a careful study of his own interactions as the father of two sons.

David Stein

Dr. Stein was a professor of psychology for 22 years at Longwood University. He then became a professor of criminal justice at Virginia State University. His "Caregiver Skills Program" presents a practical and effective alternative to medications and a positive treatment of attentional, behavioral, and motivational problems in children.

David, who has been teaching psychopharmacology for well over 20 years, describes that he has learned a very important lesson regarding drugs. He says that the human body is a miracle and is very delicately balanced, and that drugs, taken over a long period of time, disrupt this normal balance. Very often, the changes induced by this disruption are irreversible. He goes on to say that psychiatric drugs are very powerful and extremely unhealthy, and the long term use of these drugs to solve our life problems is dangerous business. This is especially true and important when these drugs are used in the developing bodies of children. He goes on to say that pills mask our problems. When the pills are stopped, the problems are still there. Pills can rob us of the motivation to solve our problems and of the desire to mobilize our personal resources to conquer them. Our humanity, our spirit, is molded when we tackle problems and stresses and overcome them. If we stop doing that, we stop growing, stop developing spiritually, stop learning, stop evolving, and give up our souls. The point is that anything a drug does can also be done in more lasting and healthy ways by both looking into ourselves and developing a variety of psychological techniques for dealing effectively with our human problems.

This approach, however, requires dedication, self-discipline, and hard work. But, unlike the quick fix and short-lived gains of pills, these changes can be permanent. The quick fix approach damages your health and robs you of your human integrity, the other approach keeps you healthy and more important than anything, maintains your human integrity.

Dr. Stein also has a great deal to say about the pharmaceutical industry in this country. He says that during the 19980s, these companies waged a successful campaign to market all sorts of psychiatric drugs by convincing the public that everything is a disease and that the magical solution is simply to take a pill. If we are depressed, we have a disease called depression. But don't worry. There is a pill for depression. If we are nervous, we have a disease called anxiety. But don't worry. There is a pill for anxiety. If we have a child who is not behaving well in school, he has a disease called Attention Deficit Disorder. But don't worry, we have a pill for ADD, also. Psychotropic drugs yield incredible profits and for some companies, it's their largest source of revenue. When, in their greed, they started to shift from targeting adults to targeting children, David's concern changed to fury. The drug companies always knew that stimulants are the most psychologically addicting drugs known. Knowing this, the pharmaceutical company executives campaigned to legitimize their use in children.

David goes on to say that it doesn't matter whether or not drugs are obtained from the street or from the doctor's office. During the 1990's we merely switched pushers and shifted from the Columbian and Mexican cartels to the pharmaceutical cartel, and the law now stalks one and protects the other.

Dr. Stein also has a complaint regarding his own profession of psychology. Previously developed and effective treatments of children have been abandoned in favor of a "biological" (read drugs) approach. David often wonders how much money is being given to departments of psychology to become biologically orient-

ed and to forget their once great commitment to behavioral and psychological treatments. He goes on to say that what is being produced as research today is mostly garbage sponsored and dictated by the drug companies and our children are victims because of it. David asks the question; "Why are psychologists no longer carefully examining the poor research and lame methods that are being promulgated as treatments?"

Dr. David Stein has been a member of the Board of Directors of ISEPP since it's inception. Several years ago, the pharmaceutical companies attacked his license to practice psychology, and with some help from colleagues and other members of ISEPP, he successfully fought and defeated that fraudulent challenge. This suggests that David is a fighter.

Any of you who have attended prior ISEPP conferences may have noticed that when I do a comedy monologue during our award's dinner, I always single David out to do a bit of a roast, which, by the way, David looks forward to. He once said to me: "I guess that you'll always have plenty of new material to roast me because I come from the South." He's right!

Approximately 2 ½ years ago David suffered an unexpected stroke and has been working hard to rehabilitate. Hopefully, he will be able to come to our next Conference in Boston and you can meet one of our bravest original fighters, and I can use much of the roasting material that I have left in my arsenal.

Get well quickly David. We need you.

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