

ICSPP Newsletter

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

“The Conscience of Psychiatry”

2007 - Number 2

In This Issue:

2007 Conference Information
Michigan, Medicaid, & Eli Lilly
Post Partum Screening Law
Just Say “Know” to Zyprexa
Prescription: Las Cruces
Adolescence in NJ
Northeast Group Steps Out
A Bit More on Jim Gottstein
A Special Life

*Northeast Times Highlights is
Back! (You Better Sit Down
for This One)*

Editor:

Andrew Crosby, MA

Co-Editor:

Delores Jankovich, MA, MSW

Also Read the ICSPP

**Journal: *Ethical Human
Psychology and Psychiatry***

Special Issue Coming -

Peter Breggin Festschrift

“Let the Truth Be Told” At the Tenth Annual ICSPP Conference

Let the Truth Be Told. Simple and straight, that’s the message. Let the truth be told about Universal Mental Health Screening. Let the truth be told about the drugging of our children. Let the truth be told about the adverse effects of psychiatric drugs and pathologizing childhood.

While we’re at it, let the truth be told about the safe, ethical, and humane approaches to helping those who need and desire help that we offer and support.

The truth will be told at ICSPP’s tenth annual conference, **“The Universal Mental Health Screening and Drugging of Our Children – Risks vs. Benefits.”** Check out the preliminary list of speakers and the Call for Papers starting on page 18. The registration form is there, too. Please fill it out and send it in soon. And call the Marriot Crystal City for your reservations. **May 31st is the cut off date to get the discounted conference rate for the hotel,** so please don’t wait.

The conference will be held in Arlington, Virginia at the Marriot Crystal City on October 13, 14, and 15, 2007. The format this year is a bit different, with Saturday and Sunday being devoted to presentations and workshops, and Monday consisting of a press conference and us meeting with congressional staff on Capitol Hill to voice our opinions and concerns about the federal initiatives behind TeenScreen and similar universal mental health screening programs in our public schools.

Contact information will be provided, and part of Sunday will be devoted to discussing what to say and how to say it. We won’t be putting words in your mouth, but

for anybody who is wondering what to say, don’t let that dissuade you. The basic issues and concerns about universal screening can be found in the last two newsletters, in articles by ICSPP National Director, Lloyd Ross.

Information can also be found on the ICSPP website, as well as the websites for Alliance for Human Research Protection and EdWatch (ahrp.org and edwatch.org). You won’t have to filibuster all day, just sit with a congressional staff member and maybe start with, “I wonder if you’re aware of the nature of federally promoted universal mental health screening programs that are being advocated in our schools.” Then, tell them a bit about what it’s all about, and voice your opinion. You have to right to do so.

If you’re nervous, just remember this ... you will be speaking not only your opinions, you will be speaking the truth. No small thing. And this is not just ICSPP’s agenda. MindFreedom International, EdWatch, and Amedco are collaborating with us on this conference, and they share our ideals and values about helping people in sound, ethical ways.

Our conference organizers have been hard at work putting this event together. So please fill out the registration form and send it in today.

And we’ll see you in Arlington, ladies and gentlemen. Looking forward to it.

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

1036 Park Avenue, Suite 1B

New York, N.Y. 10028

(212) 861-7400

About the International Center for the Study of Psychiatry and Psychology: The International Center for the Study of Psychiatry and Psychology (ICSPP) 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.

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

Note from Newsletter Headquarters

We get our ideas from you, the membership. We hear about what you have been up to, then reach out and ask if you want to write about it, or have us do so.

Don't be shy. Any ideas for material you would like included can be passed on to Delores or me. Our contact info is on the back page. Let us know what you like.

A Note From the Membership Director

Robert Sliclen, Ph.D.

As part of our ICSPP awareness drive, I'm encouraging members to consider people they know, be they personal friends or professional colleagues, who might be interested in learning about and supporting ICSPP.

Please email his/her name and address, and we'll send out the next one or two newsletters to them to make them aware of our organization and to whet their appetite to join. It would, of course, be helpful if you tell them how/why they will be receiving the newsletter. Please email the person's information to sliclen@optonline.net.

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.

Jim Gottstein Legal Defense Fund

Jim Gottstein still needs our help. Please send a tax-deductible contribution today.
Checks can be made out to **ICSPP / Jim Gottstein Legal Defense Fund**

Mail to: Dominick Riccio, Ph.D.
1036 Park Avenue, Suite 1B
New York, NY 10028

For Credit Card contributions, use or copy the form below.
(For More on Jim, See Page 14)

FOR ICSPP / JIM GOTTSTEIN
LEGAL DEFENSE FUND

Amount: \$ _____

Name: _____
(as it appears on the credit card - please print clearly)

Card Number: _____

Expiration Date: _____

Signature: _____

Annual Conference of the Royal College of Psychiatrists

19 to 22 June 2007

**Venue: Edinburgh, International Conference Centre
Edinburgh, U.K.**

For Details ... Check the Website:

<http://www.rcpsych.ac.uk/events/2007.aspx>

For Questions ... Check Here

Contact: conference@rcpsych.ac.uk

Michigan Lawsuit Uncovers Psychiatry's Dark Secret: Drug-Induced Movement Disorders in Young Children

by Ben Hansen

Last month the New York Times exposed yet another example of unethical marketing practices by pharmaceutical giant Eli Lilly. The front page story, ***In Some States, Maker Oversees Use of Its Drug***, focused on Lilly's efforts to coerce Medicaid officials into placing Zyprexa on preferred drug lists in at least 25 states. Eli Lilly was caught in broad daylight with its hands in the "Medicaid cookie jar," yet the story behind the scenes is deeper than that.

For over a year I've been investigating Eli Lilly's subversion of Michigan's Medicaid program, and through a Freedom of Information Act lawsuit I obtained nearly a thousand pages of documents showing how Medicaid is being milked like a huge cash cow by the pharmaceutical industry. In July 2006 I alerted the New York Times to Lilly's antics in Michigan. I provided several key documents and solid leads to the reporter covering the story, Stephanie Saul. Overall I was pleased by the way Ms. Saul reported the Lilly/Medicaid scandal, but there's another part of the story the Times didn't mention.

The purpose of my FOIA lawsuit in Michigan is not simply to embarrass one pharmaceutical manufacturer -- my aim is to gain access to data that will blow the lid off the entire psychiatric drug industry. This may be why the State of Michigan has fought me every step of the way, beginning with my first FOIA request in November 2005. Instead of joining my attempt to shed light on Michigan's corrupt Medicaid system, the state attorney general's office has tried to block the release of the documents I've requested, even filing a motion to have my lawsuit thrown out of court.

Thankfully, a respected attorney has taken my case pro bono, and we're mapping a strategy to outmaneuver our opponents. The lawsuit, "Ben Hansen vs. State of Michigan Department of Community Health," boils down to a fight over the release of records which show a list of each patient's psychotropic drugs by DRUG NAME, not just by DRUG CLASS. For example, we know at least one Michigan Medicaid patient is currently on a total of 17 different psychiatric drugs, but the State of Michigan doesn't want us to know the names of the drugs in the 17-drug cocktail!

By the time the next ICSPP newsletter is published,

I hope to report a successful outcome to this ongoing legal battle. For now I wish to share a sampling of the psychiatric prescribing data I've obtained so far. The numbers speak for themselves.

During a 10-month period from January 2006 to October 2006, Michigan Medicaid statistics show:

100% increase in children under age 18 on 3 or more mood stabilizers.

100% increase in children age 6-17 on 4 or more psychiatric drugs.

79% increase in adults on 5 or more psychiatric drugs.

67% increase in adults on 3 or more psychiatric drugs.

49% increase in adults on 2 or more insomnia agents.

45% increase in children under age 18 on a benzodiazepine for at least 60 days.

45% increase in children under age 18 on 2 or more antipsychotics.

According to Michigan Medicaid records from 2005, the top 5 psychiatric drug classes prescribed to **children under 5 years old** were:

1. Anxiolytics/Sedative Hypnotics (1,265 patients under age 5).
2. Antidyskinetics (972 patients under age 5).
3. Anticonvulsants/Mood Stabilizers (933 patients under age 5).
4. Sympathomimetics/Stimulants (408 patients under age 5).
5. Atypical Antipsychotics (322 patients under age 5).

The most recent data on children under age 5, from February 2005 to December 2005, shows a 100% increase in

***“Drug-induced
movement disorders in
very young children are
increasing at an
astonishing rate.”***

children under 5 prescribed antidyskinetics (also called antiparkinsonians) for movement disorders such as dystonia, dyskinesia, tics, and tremors. This is perhaps the most disturbing statistic I've uncovered so far. If the same trend continued through 2006, it would mean the prescribing of antidyskinetics to children under 5 years old has **quadrupled** in the last two years!

If the increased prescribing of antidyskinetics is the direct result of an increase in the diagnosis and treatment of "mental disorders" in American toddlers, then we could be witnessing a public health disaster of monumental proportions. Drug-induced movement disorders in very young children are increasing at an astonishing rate, yet little if any mention of this is reported in the news. Certainly this is not something the pharmaceutical industry and its servant, the American Psychiatric Association, wishes to see publicized. It is the urgent task of organizations like ICSPP to uncover this dark secret and shine a light on it for the world to see.

Ben Hansen is a psychiatric survivor and activist who serves on the Michigan Department of Community Health Recipient Rights Advisory Committee. A member of ICSPP and co-founder of MindFreedom Michigan, Ben is also founder and president of the wickedly satirical Bonkers Institute for Nearly Genuine Research. Visit his brilliant web site: www.bonkersinstitute.org

Exercising Self - Advocacy In Health Care

by Delores Jankovich, MA, MSW

Those of you who are not yet familiar with the website established by Dr. Dominick Riccio and Dr. Laurence Simon are missing out on invaluable information. Some of this information could save your life! Their website, www.psychtruth.org, brings the truth about psychology and psychiatry to both mental health consumers and professionals. Psychtruth features radio interviews, a reading list and a community forum. Individuals can subscribe to their mailing list and be informed on the latest critical information on psychology and psychiatry.

Drs. Riccio and Simon recently featured a Special Report: *Just Say Know to Zyprexa* on Truth in Psychiatry and Psychology Radio. They focused on concerns regarding Zyprexa in three very timely interviews: Mrs. Ellen Liversidge, the mother of a son who suffered a tragic death from the side effects of Zyprexa; Dr. Jeff Brown, a psychiatrist and lawyer who prescribes Zyprexa; and Mr. Jim Gottstein, who exposed the Zyprexa Papers Scandal which revealed the damaging effects of Zyprexa, an atypical antipsychotic manufactured by Eli Lilly.

He Was Told It Was Safe

Ellen Liversidge's son died from the side effects of Zyprexa. Her son had been diagnosed as manic depressive and had done well on Lithium. He was switched to Zyprexa and gained 100 pounds over a two year period. When her son fell into a coma and died, the ICU personnel who treated him were unaware of the side effects of Zyprexa. They tested him for HIV, West Nile virus and other illnesses. Only after Ellen's investigation did she learn the truth about her son's death. The primary cause of death was profound hyperglycemia, a side effect of Zyprexa. Ellen shared that the only thing her son had been told about Zyprexa was that it was safe. He had not been given any information regarding the risks and benefits of Zyprexa.

Finding the Right Questions to Ask Your Doctor

Dr. Riccio asked Dr. Jeff Brown, a psychiatrist and lawyer who prescribes Zyprexa, a number of questions from the Just Say Know to Drugs questionnaire. When asked what Zyprexa is for, Dr. Brown explained that he used Zyprexa for the treatment of individuals diagnosed with bipolar disorder and schizophrenia. He indicated that the primary benefit of Zyprexa is that, "it locks the action of a chemical transmitter in the brain called dopamine." He likened the brain's function to the function of one's car. "Zyprexa slows down the operation of the carburetor, makes the shock absorbers work and gives a stronger brake pedal so you can steer better."

When queried about the risks or side effects of Zyprexa, Dr. Brown expressed concern about effects on blood sugar metabolism as well as fatigue or muscle rigidity. He indicated that

weight gain could be a problem, stating that he estimated twenty percent of his patients experienced weight gain. He further stated that one can experience weight gain from any medication for a mood disorder because one is less active and has a tendency to gain weight. Dr. Brown indicated that if a person has a weight gain of more than five to ten pounds, he takes them off Zyprexa. If one is taking medication for high blood pressure, Zyprexa may further lower blood pressure and cause dizziness. Pregnant women should not take Zyprexa unless they are experiencing a very severe form of illness.

Dr. Brown was asked if there were alternatives one could take instead of Zyprexa, for example, if one had high blood pressure. He responded that natural remedies or psychotherapy alone were not helpful, that one had to have medication prescribed by a psychiatrist since the illness is caused by a chemical imbalance. He further added that natural remedies such as Ginkgo biloba or Valerian may be unsafe.

Dr. Brown was asked how long he might keep a patient on an antipsychotic. He explained that he gradually withdrew people from the drug after about six to eight months. When doing so, he withdraws them at the same rate they are put on the drug.

Conflict of Interest in Information Provided by the Court

Drs. Riccio and Simon interviewed Mr. Jim Gottstein, Attorney, and expert in Mental Health Law, regarding why a drug such as Zyprexa which has sickened and killed patients, is continuing to be marketed and prescribed.

Jim Gottstein won the landmark *Myers vs Alaska Psychiatric Institute* case which involved Zyprexa and forced drugging of a patient. It is now illegal in Alaska to force drug a patient if it is not in the person's best interest and there is a less restrictive alternative available. Jim is a long-time advocate and attorney for mental health consumers and survivors.

Mr. Gottstein obtained the Zyprexa Papers through Dr. Egilman who was a physician representing plaintiffs in a lawsuit against Eli Lilly, makers of Zyprexa. Dr. Egilman as well as the plaintiffs had to comply with a settlement agreement that required them to be silent about what happened to them. There have been almost 30,000 individual lawsuits against Eli Lilly due to massive weight gain, diabetes or hyperglycemia.

When Dr. Egilman became aware of Mr. Gottstein's website regarding mental health rights, he informed Mr. Gottstein of the Zyprexa Papers. Jim subpoenaed the Papers as they contained information vital to the health of the public. Jim had the integrity and courage to move ahead, exposing this information. The judge in this case has found that the subpoena was done in order to create subterfuge. Jim is facing criminal contempt as well as other possible ruinous outcomes. He has forged on with his campaign for consumers' rights in spite of personal, professional and financial risk.

***“Even material from
your pharmacy or the
FDA may be inaccurate
or incomplete.”***

Jim Gottstein indicated that the law is set up to protect everyone involved in such suits, the court, the plaintiffs and the defendants. Companies such as Eli Lilly may be protected if information involves trade secrets or embarrassing content. This obviously creates a conflict of interest when the judge, in order to be expedient in sealing the information, also seals information that the public needs to be made aware of.

Important Points Noted by Dr. Dominick Riccio and Dr. Laurence Simon

Ellen Liversidge indicated that her son did not have informed consent when he was prescribed Zyprexa. Her son was simply informed that “it was safe.” Health care professionals did not know the cause of Ellen's son's death. Ellen only learned the cause, profound hyperglycemia, after her personal investigation.

Had Ellen's son's doctor been questioned more thoroughly, it is still not known whether her son would have received adequate information about the drug he was being prescribed. Dr. Jeff Brown's answers to questions regarding the risks and benefits of Zyprexa might instill confidence in a naive consumer. However, Drs. Riccio and Simon summarize the Zyprexa interviews by indicating the following:

1. Dr. Brown's comments focused only on the biological cause of illness. There is no proven scientific support for the hypothesis of a chemical imbalance causing a brain disorder.
2. There is currently no known way to measure the amount of any chemical in someone's brain.
3. Dr. Brown may have been underestimating side effects of the drug such as amount of weight gain or effects on blood sugar metabolism.
4. To insure safety, patients must obtain their answers from multiple reliable sources when consenting to take a prescription drug.
5. Patients must advocate for themselves and monitor their progress on any drug, noting any side effects, and calling them to the attention of their physicians.
6. Drug companies may hide damaging side effects of drugs which further confounds the patient/doctor relationship and destroys the opportunity for informed consent. This awareness makes it im-

perative that one seek out neutral sources such as the websites provided below.

Recommendations to Keep Onself Informed

It is important to obtain information from pamphlets on your drug that your pharmacy provides. However, even material from your pharmacy or the Food and Drug Administration may be inaccurate or incomplete. It would be wise to begin by listening to the interviews on Zyprexa on Psychtruth as a way to understand some of the difficulties in obtaining complete or truthful information about the benefits and risks of taking a prescription drug. This would be helpful whether one is taking a psychotropic drug or drugs for other types of diagnosed illnesses.

The Just Say Know to Prescription Drugs can be downloaded from the Psychtruth site. Your physician will, hopefully, welcome your willingness to take responsibility in your health care as it is your right to be informed. The Physician's Desk Reference, available at libraries, is another source of information, though once again it may be incomplete.

There are a number of websites where one can obtain accurate and current information on drugs. Some of them are:

www.concernedcitizen.org

www.icspp.org

www.psychrights.org

www.psychtruth.org

Dr. Laurence Simon recommended the following reference: *Blaming the Brain: The Truth About Drugs and Mental Health* by Elliot Valenstein. Also recommended: *Worst Pills, Best Pills: A Consumer's Guide to Avoiding Drug Induced Death or Illness* by Sidney M. Wolfe, Larry D. Sasich, and Peter Lurie. Additional references are available on the above websites.

Seeking the Truth about Health Care Options

The time has come, as Dr. Riccio and Dr. Simon, have indicated, that we can no longer blindly trust authority. We must refrain from naiveté and use critical thinking when making health care choices. As self determining adults, we must take responsibility for our minds and bodies. Indeed, learning to trust ourselves and demanding the right to be informed could save our lives.

[Author's Note: Information for this article was obtained from the Psychtruth and Psychrights websites.]

Recap of Adolescence and Trauma Conference

By Burton Norman Seidler

I want to thank the members of the International Center for the Study of Psychiatry and Psychology (ICSPP) for their presence at my recent conference held on March 18th, 2007, which I put together as Director of the Child and Adolescent Psychotherapy Program on behalf of the New Jersey Institute for Training in Psychoanalysis and Psychotherapy entitled, "Adolescence and Trauma: Struggling to be Sane in a Crazy-making Environment." I also wish to extend my gratitude for the enormous support that was given to me by ICSPP members for my conference last year on the Successful Treatment of a Child Described as ADHD Without the use of Medication. In addition, I am excited to announce that the video that we made on DVD of the above ADHD conference is now ready for distribution and sale. (See order form on page 10.)

In that videotape, our own Dominick Riccio, Grace Jackson, and myself pointed out that the neurobiochemical origin of ADD/ADHD is poppycock. And worse, that the organic approach to treating so-called ADD/ADHD, involving the use of stimulant drugs, is damaging, dangerous and downright damnable. Drugging our children is an inhumane, egregious effrontery to all concerned (society at large, the parents of so-called ADD/ADHD children, and particularly, the children themselves). On the video, you will see that we offer alternative explanations for the set of symptoms that has come to be known as ADD/ADHD, and point to non-harmful and effective treatment procedures that currently exist that have been repeatedly shown to be helpful. One of which is psychotherapy. Unfortunately, we had a technical problem that prevented us from including in our videotape, the fine presentation that was given by Dr. William Singletary.

Again, I am very grateful for your backing, which was there right from the start, and continues to this day, without any hesitations, without reservations, and without conditions. I cannot even begin to thank all of the members of ICSPP enough. It means a great deal to me. I have been asked to report about my most recent conference on Adolescence and Trauma, as it bears upon the overall mission of ICSPP. As I see it, the charge of ICSPP has always been to act as the "gadfly" in the mental health ointment, and to be the voice for individuals who cannot speak for themselves, possibly because of their disenfranchisement by society, constricted personal prerogatives, presumptive diminished capacity (or rather, lack of power), a dearth of essential information, or the willful distortions of basic facts by those in positions of prestige or power. I regard ICSPP as a beacon designed to shed light on some very shady areas (and practices) in mental health so that concerned individuals can make informed choices based on knowledge rather than authoritarian fiat, or disguised shows of being well-meaning or caring-- in the form of clever TV ads with cute jingles and not so subtle suggestions to "ask" (tell) your doctor about x, y, or z "medication which may be right for me."

One of the ways I feel that I can contribute is by helping to

disseminate factual material about the harm caused by using electroconvulsive “therapy” on innocent (and, I might add, non-consenting) brains; by bringing to the attention of people with whom I work, or otherwise come into contact, the facts regarding the destructive power of prescribed psychoactive drugs; by spreading truthful information into those venues of which I am a part, and by stimulating discussion and debate on issues regarding mental health policies and practices, such as issues regarding forced hospitalization (and consequent forced medicating); the dramatic upsurge in autism (my next conference), misinformation that is being bandied about concerning screening teens for mental disorders, and so on. Thus, I am delighted to respond to the request for a recap of my March 18th conference and to provide the following overview of the proceedings.

The keynote speaker was Elio Frattaroli, M.D., a psychiatrist/psychoanalyst, who is the Director of the Psychotherapy Training Program at the Psychoanalytic Center of Philadelphia. Dr. Frattaroli studied at Harvard, trained with Bruno Bettelheim at the University of Chicago, and is a Shakespearean scholar to boot. He spoke about how psychiatry has lost (and sometimes sold) its soul to a “quick fix” mind-set. Using the example of Hamlet as the quintessential embodiment of an adolescent who has experienced trauma and who is undergoing massive inner turmoil, Dr. Frattaroli insightfully pointed out that none of us who reads about Hamlet would consider what he is going through to be the result of a biochemical imbalance, nor would any of us consider the prospect of introducing an anti-depressant medication into the mix to help Hamlet, much as our hearts might go out to him. Yet, as he pointed out, the current collective mentality in the field almost automatically reacts to individuals who are in the midst of depression similar to Hamlet’s by mindlessly invoking the use of selective serotonin reuptake inhibitors (SSRIs) or any of its kin, much like a knee-jerk reflex. He stressed the importance of, and in fact, the necessity of pain in the normal pantheon of human emotions, emphasizing that the existence of painful feelings acts as a signal to let us know that something is amiss. In the process of learning what is producing our pain and after working out those things, growth takes place. Dr. Frattaroli emphasized that painful, disturbing emotions are adaptive responses to problems within ourselves, our families, and even our culture.

He further indicated that he does not prescribe medication for new patients. Instead, he works with them via the tried and true ways associated with talk psychotherapy. His interest is in treating people by respecting their humanity, rather than sapping them of their vitality by requiring them to ingest agents that act as chemical lobotomies. He indicated that he treats patients who come to him who are already receiving medications, and, with their informed consent, attempts to slowly titrate them off of the medications in the safest manner and pace possible.

In the question and answer section of the conference, some confusion arose. While Dr. Frattaroli consistently railed against the dehumanizing use and effects of psychotropic drugs, at one point in his discussion, he indicated that almost half of his patients were receiving some form of medication.

This seemed like a blatant contradiction of what he had been so forcefully advocating earlier. Unfortunately, no one (including me) asked him for clarification at the time. Had we done so, as I did after the conference was concluded, we would have been relieved to discover that when Elio indicated that half of his patients were on medication, these were patients that had already been receiving medication **before** they came to him. When I asked him about what he had said earlier, he realized that he momentarily lost his place in his thinking when he was up on the podium, and that he never returned to refine this rather disparate statement. He thanked me for (subsequently) raising the question so that he could clarify the issue. I, in turn, thanked him for his courageous stance, and for saying out loud, and, I might add, quite charismatically, what others in his field, or in similar positions have feared to utter, lest they face various kinds of “professional” retribution. He made it plain that he believes in the resiliency of the human spirit and in the power wielded by people relating to one another to effect real change. Being able to talk to another human being who is paying attention, interested, listening carefully, who cares, is accepting and non-judgmental, is a rare and extraordinary experience. Most change in therapy, I believe emanates out of that wellspring of humanity and interest.

In my own paper, I discussed the influence of trauma and what I call “crazy making” and its impact on the direction, formation, and ultimate effect on a particular young adolescent’s developing personality. Crazy making is only one of many factors that can be instrumental in leading to so-called “pathology.” But, I believe that it is much more important than most people realize. By crazy-making, I mean when we say one thing to an adolescent, but mean something else or do the opposite in our own lives of what we say; or are inconsistent in our treatment of adolescents; or we invalidate the adolescent’s feelings. These are “crazy-making.” When trauma is thrown in, the admixture of crazy making and trauma combined with the tumult typically accompanying adolescence is profoundly compounded.

In my presentation, I used as an illustration the case of a 14 year-old, named “Charlton,” who was referred to me because he exhibited symptoms of an adolescent who appeared to be exhibiting a schizophrenic picture. The reason I chose to present this particular case is because it (1) represented an opportunity to show that one can do good work even with very difficult cases (such as with a schizophrenic patient) using psychotherapy—in this case psychoanalytically oriented psychotherapy—showing that soothing in the face of terror is therapeutic, and that (2) one can be very helpful without resorting to the use of medications whatsoever.

In brief, Charlton was referred because he started to writhe and wretch in terrible distress during the dissection of a bullfrog in his High School Biology class, which was followed shortly thereafter by his to rocking back and forth, crawling on the floor, and finally by curling up into a fetal position and becoming motionless. It is probably no coincidence that this episode occurred one year after his mother had died of a long, painful battle with cancer (practically to the day of her demise). When Charlton came to see me, he sat in a chair in a curled up position and did not speak for several sessions, despite all manner of attempts on

“Even his grades improved dramatically, and he was able to mourn and grieve the loss of his mother.”

my part to engage him. After a fashion, he began to communicate verbally, but even those verbalizations were not especially elaborate or extensive. Finally, through the use of drawings, Charlton was able to communicate with me. His drawings first started out with depictions of inanimate objects such as rocks, ice cubes, buildings, and windows. As time went on, the systematic aspects of his drawings finally became clearer. One drawing in particular, which seemed to symbolize much of what Charlton was going through, was provided as a representative illustration of the system he developed to symbolically express his inner mental life. In this drawing, Charlton depicted “the earth as seen from the surface of the moon.” Through his drawings, Charlton was able to achieve a sense of safety through distance, yet maintain attachment through the reciprocal nature of the laws of physics, like gravity and centrifugal force, which bind these two celestial bodies together in an ongoing dualistic, complementary relationship.

Space does not permit a more extensive analysis of what transpired in my work with Charlton. In brief, Charlton was able to utilize his drawings to make contact, test out whether the therapeutic environment was a safe place where he could open up, at least to some degree, and at a safe psychological distance, or to see if it was cold, hard, or unfeeling, and to facilitate communication. Eventually, he was able to move from the drawings to playing board games, and ultimately to more direct, verbal communication of his feelings. After years of treatment three to four times per week, Charlton was able to interact with new people and make new friends, something that he had heretofore scrupulously avoided. He became more conscious of himself (as opposed to being self-conscious and inhibited) and took better care of his appearance. Even his grades improved dramatically, and he was ultimately able to mourn and grieve the loss of his mother. None of this was accomplished without a considerable amount of work and an extraordinary amount of trust in me on Charlton’s part. At the same time, it cannot be emphasized enough that all of his gains were made without the use of medications.

Wendy Winograd, a licensed clinical social worker, who is one of the advanced psychoanalytic students enrolled in the New Jersey Institute for training in psychoanalysis and psychotherapy, made the third presentation in the adolescence and trauma conference. She addressed the trauma of rape in a presentation entitled “two cases of unfinished business.” In her discussion, she examined both the intrapsychic, as well as the interpersonal struggles

that often emerge as a consequence of trauma associated with rape. She described a number of expected difficulties that can impact on the psychotherapy treatment of rape victims in general, and also considered the specific limitations that came into play with the two adolescents that she treated, in particular. Ms Winograd was exceptionally open and honest about the feelings that she experienced in the course of her treatment with these two young women, Colette, an eighteen year old white female and Stephanie, a 12-year old Korean-American. She exemplified the finest kind of treatment, one that is not married to a doctrinaire set of theories, “how to” cookbook practices, or manualized procedures, but which is based on openness to the experience of the other, empathy, sensitivity, attunement, a sense of timing, and forthrightness. She was able to appreciate the delicateness of the topic, without being emotionally intimidated by her own feelings and recoiling from facing the pain that Colette and Stephanie felt. In short, Wendy was able to allow herself to be figuratively “raped,” so to speak, at the symbolic hands of her patients’ emotionally penetrating expressions. She did not anesthetize their accessibility to their pain, nor did she stifle their ability to express their pain by invoking the “magic” of so-called anti-anxiety or anti-depressant medications, which as we know, blunt the brain’s problem solving and restorative capabilities. Instead, she was emotionally present with each individual and was able hold each one’s feelings ranging from fear, degradation, humiliation, shame, to vengeance, or even dissociation or avoidance. Not a job for the faint of heart. She did this with courage, openness, and a deeply compassionate, loving spirit. These qualities, I believe, supersede and transcend a therapist’s theoretical orientation, in this case, psychoanalytic training, and (as it should be), take their cue from the patient’s needs. Ms Winograd insightfully recognized the intensity of her patients’ pain and respected their individual delicateness and fragility. She also understood that some types of pain are so raw that they cannot and actually must not be touched—at least not for a long long while (if ever). Imagine if you will, a really horrible sunburn. No matter how good our intentions might be to lovingly caress someone with such a sunburn, even the lightest, most gentle touch can result in extreme agony. In the case of rape, multiply that agony one hundred fold or more. Ms Winograd understood and respected that, and intuited when it was not dangerous or damaging to the patients’ for her to go beneath the surface in their discussions. She also appreciated, and was highly responsive to the presence of an unseen, invisible boundary beyond which she must not trespass, lest her patients’ be re-traumatized.

Ms Winograd recognized that in each case, the nature of the therapeutic alliance was very different. But as she also points out, “in each case, the opportunity to experience that therapeutic relationship allowed for a measure of healing from a traumatic assault as well as growth and development in terms of ego functioning and object relations.”

[Again - please check out the order form on the next page for the 2006 conference DVD.]

The New Jersey Institute for Training in Psychoanalysis, Inc.

Child & Adolescent Psychotherapy Studies Program

5th Annual Conference

March 12, 2006

New Scientific Research on the Treatment of ADHD Children

Presenters:

Burton N. Seitler, Ph.D. Grace E. Jackson, M.D.

Dominick J. Riccio, Ph. D.

Order Form

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____

Price: \$85.00/DVD Set. x _____ (quantity) = _____

Postage & Handling: \$9.00/set = _____

Total: = _____

Send order form with check made out to Jeanne Seitler, Psy.D. to:

Jeanne Seitler, Psy.D.
10 Wilsey Square Suite 300
Ridgewood, NJ 07450

New Jersey Psychiatric Screening Law for Postpartum Depression: An Overview of Major Issues and a Call to Action

By Dr. Michael Zampardi

Pre-introductory Statement and Apology

This article deals with complicated issues. The thrust of this article is to look primarily at the “forest” rather than the “trees.” My own commentary will be on the overall “forest” while two reference items will be quoted in full to provide an examination of the “trees” or finer details. This approach or perspective may appear disjointed and for this I apologize. My aim has been to provide a broad introductory overview while providing sufficient history and details in as brief a manner as possible.

Introduction

This article will briefly introduce and review some major issues elicited by a recent NJ law for screening of women for postpartum depression. In essence, this law mandates that all pregnant women and new mothers be psychiatrically screened for PPD and have records to that effect kept on file. This law that mandates mental health/psychiatric screening for adults is very likely a precedent and potentially a very dangerous and harmful one. This law could be viewed in effect as part of a national universal health screening initiative which also includes Teen Screen. From a privacy and confidentiality point of view, this law is the straw that broke the camel’s back. We must draw the line. Hopefully we can reverse some pernicious trends and elements.

The focus of the article will be upon the nature and origins of major professional and ethical issues rather than upon the topic of postpartum depression itself. Future articles will elucidate the major issues and the implications.

Medical Analogies and Metaphors

If one uses medical analogies and metaphors, one could characterize the NJ law as being affected by two legal/regulatory diseases: a remote disease that proceeds from the national level and a proximate disease that proceeds from the local level. Both of these diseases interact with each other.

At the **national** level, a major component of the disease consists of HIPPA (Health Insurance Privacy and Portability Act) regulations that purportedly were designed to protect patient privacy but virtually have destroyed patient privacy. This is in part due to regulations of HHS (Health and Human Services) Department that have vitiated confidentiality. Another component of the national disease are ERISA (Employee Retirement Income Security Act) regulations that allow managed care/cost organizations to override confidentiality laws for people whose insurance coverage is not traditional indemnity in-

surance coverage. The net effect is to destroy confidentiality and privileged communication protections for the vast majority of people who have insurance coverage. The dynamics and development of this national level disease are aptly described by the NCMHPC (National Coalition of Mental Health Professionals and Consumers) statement presented later on in this article.

At the **local** level, the current NJ law and rules and regulations do not appear to give pregnant women and new mothers sufficient information about the screening process and the implications and consequences of the process. Thus, there is lack of full disclosure of the limits of the confidentiality relationship and lack of a document or process of informed consent. If one combines the effects of the national disease and the local disease, one could consider the New Jersey PPD law to be attempted surgery by a surgeon using contaminated surgical instruments. Put another way, this is a situation where the attempted cure is worse than the disease.

In any event, the 1/18/07 letter to NJPA (New Jersey Psychological Association) and the statement by the NCMHPC are self-explanatory and clarify some of the issues mentioned.

1/18/07 Letter To NJPA

Barry Helfmann, Psy.D.
Director of Professional Affairs
New Jersey Psychological Association
414 Eagle Rock Avenue
West Orange, NJ 07052

Dear Dr. Helfmann:

As discussed with you over the telephone, the postpartum depression law (1) and guidelines (2) have been recently enacted. The goals and purpose of this law appear laudable and commendable. However, the law and guidelines appear to have several major flaws. Primarily, the law and guidelines make no provisions for adequate informed consent in several areas. The National Coalition of Mental Health Professionals and Consumers’ statement on health care privacy rights forcefully and poignantly highlights privacy issues and violations (3). Assuming my impressions are correct, is there a legal necessity to suspend implementation of this law until the defects are remedied? If so, who are the persons and agencies and organizations to be notified? And, what are the sequence and the hierarchy of notification? (If the law does not have to be suspended, how do we proceed? What temporary modifications might be needed?)

Grace E. Jackson, M.D., a board-certified psychiatrist, comments in a recent article (4) about essential elements of informed consent and some parallel issues that apply to the current situation. Dr. Jackson (2006, p. 218) comments as follows:

Currently, the American courts and medical profession recognize five essential tenets of informed consent:

- 1) The patient must be competent (in the case of minors, the competency of parents or legal guardians would apply).
- 2) Consent must be voluntary and not coerced.
- 3) Sufficient information must be disclosed.
- 4) The information must be understood and evaluated in terms of the patient's (or guardian's) own values.
- 5) Consent should entail conscious or explicit permission.

With regard to the issues of psychological/psychiatric screening and the possible use of psychotropic medications, what constitutes proper and reasonable forms of informed consent regarding possible benefits and risks?

An additional complication arises regarding purported flaws in federal HIPPA regulations. Concerns and complaints have arisen regarding provisions in HIPPA that allow release of patient information without patient consent (see again Reference Item 3). Most health care professionals and organizations probably consider medical records in general and mental health records in particular to be secure and private and protected.

Issues might also arise about possible conflicts of the postpartum depression law with features of the peer review of psychological services in New Jersey law (N.J.S.A. 45: 14B-31) and of ERISA regulations and The ERISA Loophole.

From an **optimistic** slant, perhaps the postpartum depression law and regulations can be revised to be simpler and to allow some patients to obtain screening and other services privately to avoid or minimize invasions of privacy.

Please advise as soon as possible on how to proceed and whom we should notify in this situation?

Yours truly,

Michael G. Zampardi, Ph.D.

(See Privacy Statement of the National Coalition of Mental Health Professionals and Consumers on page 13.)

Summary of Major Issues

- 1) Privacy and confidentiality of medical data have been virtually abolished.
- 2) Ensnalement and/or entrapment (actual and potential)—adverse effects related to and consequent to invasion of privacy: “black marks” against a person’s history by insurance companies, actual and potential employers and others in terms of employment, insurability and other concerns.
- 3) Computers and modern technology can lead to rapid transmission of sensitive data to many persons/entities with little possibility of retraction or deletion of data at a later time. (See especially the recent article by Peter Zelles (2007) for brief, excellent overview.)
- 4) Can adequate protections and adequate documents of informed consent be developed?

Call to Action

I consider this article as an ongoing attempt by all of us to solve a complex puzzle. I welcome any ideas or suggestions on how to unite and cope with and solve the problematic situation which confronts us. I suggest that we talk up the situation with friends, relatives, other professionals, such as medical, legal, and general academic professionals. Fresh eyes and many hands make light work. For those who wish copies of references made in this article, I can send emails with attachments (and hard copies, if necessary). Contact me at Drmzampardi@aol.com.

On a personal note, I recommend the reader to consider joining the National Coalition of Mental Health Professionals and Consumers. I’ve belonged to NCMHPC since its inception. It has the highest goals and standards regarding privacy, confidentiality, and other professional matters. Hopefully NCMHPC will publish this current Newsletter article in its own newsletter, the Coalition Report, and urge its readers to consider joining ICSP (The International Center for the Study of Psychiatry and Psychology). I thank you all and I hope to hear from many of you soon.

References

- Jackson, G.E. (2006). Mental health screening in schools: Essentials of informed consent. *Ethical Human Psychology and Psychiatry*, 8(3), 217-224.
- Zelles, Peter (2007). *Dangers of universal access to medical records* (pages 11-12) in The March 2007 Coalition Report of NCMHPC.

Coalition for Patient Privacy

As of June 15, 2006, NCMHPC - as a member of the Coalition for Patient Privacy, supported the Markey Amendment to HR 4157 at the Energy and Commerce committee as the committee prepared for the markup meeting on June 15, 2006.

Coalition for Patient Privacy organizations represent constituencies from across the ideological and political spectrum, and we urge you to include basic principles of patient privacy in any HIT legislation.

Our coalition's privacy principles are as follows:

- Recognize that patients own their health data
- Give patients control over who can access their personally identifiable health information across electronic health information networks
- Give patients the right to opt-in and opt-out of electronic systems
- Give patients the right to segment sensitive information
- Require audit trails of every disclosure of patient information and allow patients to review those disclosures
- Require that patients be notified of suspected or actual privacy breaches
- Provide meaningful penalties and enforcement for privacy violations
- Deny employers access to employees' medical records
- Preserve stronger privacy protections in state laws

The Markey Amendment embodies the key privacy principles that our non-partisan Coalition for Patient Privacy has been urging Congress to add to health IT legislation.

Americans must trust the health IT system, before it will work. They must have confidence in the system._ They must have confidence that the personal information they share with healthcare providers will not be disclosed to others. Research informs us that unless patients are assured of privacy, they will avoid treatment and tests, they will lie about their symptoms and health issues, they will omit critical medical data, and they will delay care, endangering their health because they know their records will be used and shared without their permission.

There are countless stories of people being harmed and discriminated against when others know information about their healthcare treatments._ People have lost current or future jobs, been kicked out of college, denied insurance, denied credit, lost their identity, and harmed in immeasurable ways when the private information they told their healthcare providers became known to others who used the information for reasons that have nothing to do with healthcare or payment.

Who benefits when patients don't have privacy? Not patients.

Please assure Americans that they can trust any health IT system by incorporating privacy principles into HIT legislation. We believe that building a national electronic health system without ironclad patient privacy rights is a prescription for disaster._

Respectfully,

African American Republican Leadership Council
American Association of People with Disabilities
American Association of Practicing Psychiatrists
Association of American Physicians and Surgeons
Bazelon Center for Mental Health Law
California Medical Association
Consumer Action
Foundation of Owner Operators Independent Drivers Association
Just Health
National Coalition of Mental Health Professionals and Consumers
National Center for Transgender Equality

National Health Law Program
Pain Relief Network
Patient Privacy Rights Foundation
Privacy Rights Clearinghouse
Privacy Rights Now Coalition
Republican Liberty Caucus
Texas Public Interest Research Group (TexPIRG)
The Multiracial Activist
Thoughtful House Center for Autism
U.S. Bill of Rights Foundation
Elected Officials:
State Senator Karen S. Johnson, Legislative District
18, Arizona (Republican)

All In The Family

By Lloyd Ross, Ph.D., FACAPP.

This next **All In The Family** article is the real life story of **David and Goliath**. It is about one of our newer members who stuck his neck out for all of us and literally put his life, career, and income at stake for thousands of people he had never met.

This gentle yet full of energy man grew up in Anchorage, graduated from the University of Oregon, and completed Harvard Law School in 1978, spending the next 25 years in private practice, and spending a huge proportion of that time as an attorney advocate for people diagnosed as being mentally ill. I met him in 2005, shortly after he began to take an active part at ICSPP. I was immediately incredibly impressed with his aggressive advocacy work as well as his impressive, information packed website. He has made a powerful contribution to ICSPP, and I instantly saw him as a friend.

Background:

At the age of 29, this young man became overwhelmed with work, trying to do everything, and as a result, deprived himself of sleep, started to lose it, and wound up being taken to Alaska Psychiatric Institute in a straight-jacket. He was pumped full of Mellaril. After three days, he was forced to sign a “voluntary commitment.” The drugs they were giving him heightened his confusion, and though he knew the real issue was the need to sleep, even that was difficult due to the poor conditions at the hospital.

He finally learned how to “go along” with the not very therapeutic system at the hospital and was released after a month. He spent a brief time seeing a psychiatrist in New Rochelle, came back home and was extremely depressed. Eventually, he got a job with a law firm and again got caught up in his work and became sleep deprived. Although he recognized what was happening, he wasn’t able to counter it and went into a hospital a second time. However, this time his therapist admitted him to Providence Hospital, very different from the nightmare of the first hospital. He was medicated so that he could sleep, and

only spent one week in the hospital this time. He now has learned to recognize the warning signs and counter them. As a result, he has done fine since then and has opened up his own law office. He has come to realize also that he was lucky not to have been made “chronically mentally ill” by the system, and he describes three things that a person has to do to recover. They are: 1) take responsibility for your own mental health and behavior, 2) learn to recognize your symptoms, and, 3) learn what works for you.

This young man went on to co-found Mental Health Consumers of Alaska in 1986, to co-found the Alaska Mental Health Consumer Web which provides peer-support and a drop in center in Anchorage in 1988, and to be a member of the Alaska Mental Health Board from 1998 to 2004. He has been a member of the National Association for Rights Protection and Advocacy (NARPA) since 2005, and has been a member of the Board of Directors of ICSPP since 2006.

In 2002, this man co-founded Peer Properties, Inc. to provide mental health consumer run housing for those who are homeless or living in bad situations. In his 25-year private practice, he has consistently provided pro-bono legal services to mental health consumers. He also co-founded CHOICES, Inc. in 2003 to provide peer-run alternative services for those who choose not to take psychiatric drugs.

***“The information
continued to be withheld
under the guise that it
contained “trade secrets.”***

He is also the co-founder of Soteria-Alaska, which will provide non-coercive non-drug alternatives to psychiatric hospitalization. In 2002, he co-founded the Law Project for Psychiatric Rights (PsychRights). He is currently president of PsychRights and uses the bulk of his time here on a pro-bono basis. The goal of PsychRights is to bring

forth a serious, coordinated legal effort against forced psychiatric medication. In June, 2006, as a result of his efforts, the Alaska Supreme Court decided in the case of *Meyers v. Alaska Psychiatric Institute*, which ruled Alaska's forced drugging procedures unconstitutional.

Currently:

As impressed as I am with this man, that changed monumentally in the past six months. Last December, he subpoenaed internal Eli Lilly documents in a case involving the forced drugging of a client whom he was representing pro-bono. He followed the rules to subpoena the documents which were under a protective order as part of a large liability case. When he saw what the documents contained, he realized that the drug company executives of Eli Lilly had deliberately hidden their own studies which showed that the drug would kill and severely sicken thousands of people. The information continued to be withheld under the guise that it contained "trade secrets."

He felt that the most important issue was the right of patients, doctors, and the public to know the truth and because of the importance of that information to people's safety, he released the documents to the New York Times and to others. He has stated: "Zyprexa has killed and permanently sickened thousands of people who have taken it."

The files show that the manufacturers hid vital information about the drug's safety not only from patients, but also from doctors. The bottom line is patient safety. Did I want to get this information in front of the public and the medical profession? Of course. Additional lives may well have been saved."

At that moment, **Jim Gottstein** ceased to be just my friend and became my hero. I only have three heroes that I know personally. They are Peter Breggin, M.D., the founder of ICSP, who stood up to the psychopharmaceutical establishment and was attacked by them at a time when he was all alone in the fight for psychiatric survivors. The other is Leonard Roy Frank, a man who was dehumanized by the psychiatric system and fought his way through impossible odds to form the first

psychiatric survivor movement in this country. Now, Jim Gottstein has been added to this very small list. Knowing the dangers to himself personally, he stood up to the pharmaceutical Goliath and never flinched. That is unique among men. I am proud to call him my friend and even prouder to call him my hero. Jim, your courage is what keeps the rest of us going when we are about to give up.

"Let's show Jim that he is not alone. Please make a contribution to The Jim Gottstein Legal Defense Fund."

A Personal Note

I would like to make a plea to all of you who read this. Call or write to your legislative representatives, state and federal, your Governor, and your state Attorney General, and demand as a taxpayer that the company and the individuals in that company responsible for the Zyprexa murders and maimings (because that is what they are), be tried for criminally negligent homicide, and demand further that the state you live in sue the drug company for all public funds expended or that will be expended on the victims of Zyprexa. Let's show Jim that he is not alone.

Also, please make a contribution to Jim's legal defense as the powers that be try to attack him. Make whatever contribution you can to The Jim Gottstein Legal Defense Fund. The information is on page 3. You can use a credit card if you like, and your contribution is tax deductible.

Rebecca Riley - A Special Life

By Andrew Crosby, MA

I heard about it on February 23rd, same as some of you. Rebecca Riley, a four-year-old from Hull, Massachusetts, was dead. It shouldn't have happened. Seems to go like that; lots of things that shouldn't happen, happen anyway.

Rebecca wasn't beaten, starved, or killed in a car crash. She didn't run into a busy street or fall down an elevator shaft. She didn't get in the way of a bullet in a sloppy gang-related shooting.

Rebecca, age four, died from a drug overdose. She was prescribed Seroquel, Depakote, and clonidine. It was overdoing the clonidine and Depakote that did it, according to the autopsy, by causing Rebecca's lungs to fill with fluid. Over-the-counter cough medicine and antihistamines were also in Rebecca's system, and were part of the fatal mix. Rebecca had heart and lung damage, the report went on to say, "due to prolonged abuse of these prescription drugs." And she died. She was wearing gold earrings.

Why was Rebecca taking all that stuff? Because at age two she was diagnosed with ADHD and bipolar disorder. A two-year-old with mood swings. Imagine that. Being so diagnosed, Rebecca was treated, shall we say, in the conventional manner. Questions were asked along the way, and after it was too late. The last question seems to have been ... Who is responsible for her death?

Lots of cooks in that kitchen.

The Main Players

Law enforcement is blaming the parents. In early February, Rebecca's parents, Michael and Carolyn Riley, were formally charged with first degree murder. Authorities allege that the parents intentionally gave Rebecca overdose amounts of clonidine. Part of the evidence for this is that the parents sought frequent refills. They said these were to replace pills damaged while breaking them in half, and that were lost when the family moved shortly before Rebecca's death. They said clonidine helped Rebecca sleep at night. You can bet it did.

Fifteen refills for the clonidine were provided during a three-month period ending almost a month before Rebecca died on December 13, 2006. Pharmacists expressed concerns to the prescribing physician, and what they ended up with was, "a valid prescription authorized by the patient's physician, and all of the appropriate drug information and directions were given to the family." The pharmacy is not under any investigation.

The father's attorney blames the psychiatrist, Dr.

Kayoko Kifuji, for prescribing "the drug" that Rebecca "should never have been given." He asserts that the parents were just following orders and struggling with difficult circumstances. Dr. Kifuji, of Tufts - New England Medical Center, has agreed to stop seeing patients while investigations are underway. This includes an inquiry from the Board of Registration in Medicine. Kifuji, does, however, have the support of her administration who characterized the care she provided as, "appropriate and within reasonable standards."

Child protective services came under attack, no surprise. The Massachusetts Department of Social Services (DSS) has been involved with Rebecca's family on and off since 2002, and were active with the family when Rebecca died. They fielded several reports of abuse, neglect, and domestic violence, the most interesting perhaps being a July 2006 report by a therapist who worked with the family. She said that Rebecca's mother, Carolyn Riley, appeared drugged. This therapist had earlier expressed concern about the drugs Rebecca was taking, indicating that she had observed nothing in Rebecca that fit the diagnoses for which these drugs were prescribed. Ms. Riley reported that she, herself, was taking Paxil for depression. DSS contacted physicians who reported that all family members were receiving proper medication.

The Boston Globe reports that DSS arranged a second review into the prescriptions after Rebecca's death. Here, "Children's Hospital Boston found that the amount of medication the children had been prescribed was not appropriate." This refers to Rebecca and to her sister and brother, ages 6 and 11 - they are also diagnosed with ADHD and bipolar disorder and are prescribed psychotropic drugs.

Rebecca's siblings were placed in foster care upon her death.

The Second-to-Last Question

If the last question for Rebecca concerned who is responsible for her death, the second to last is, who could have stepped in to prevent it? In addition to the cast we've already met, we can include extended family and staff and administration at her preschool. The only extended family we know about from news reports is Rebecca's maternal grandmother and an uncle who was staying with the family when Rebecca died. In a *Boston Globe* article that reported the parents went bowling a few days after Rebecca died, and attended a high school class reunion shortly after that, the grandmother defends the parents thusly: "What are people supposed to do, stop living?"

Rebecca's uncle, meanwhile, said in a statement to police that he was so upset about Rebecca's "sluggishness" and vomiting the day before she died that

he told Rebecca's father, "If you don't take her to the hospital, then I'll beat you so that the ambulance will come and take both of you." The parents responded by administering more cough medicine and clonidine. No ambulance was called. If the uncle threw a punch, it escaped being recorded for posterity.

Staff at Rebecca's preschool were also concerned about Rebecca's condition. In records filed as part of the indictment, school personnel report Rebecca arrived each morning like a "floppy doll," but that she perked up by 2:00 PM or so as the drugs wore off. Interestingly, while school staff noted lethargy, they reported observing none of the disruptive behaviors which would characterize the conditions for which Rebecca was diagnosed.

Also interestingly, while a detailed account of reports to DSS is provided in news articles, none of these calls were apparently from Rebecca's preschool. Too bad.

Aftermath: Missing the Point

As if often the case, Rebecca's tragic death resulted in hearings. These were to be held in March by the House committee on public health chaired by Representative Peter Koutoujian of Waltham. Koutoujian said the hearings were to address, in part, the age at which children are started on medication, and the question whether professionals sometimes diagnose disorders in children where who are actually victims of abuse.

Sounds good. So I thought. Till I read further where Koutoujian, and others, discuss how drugs can be beneficial, and how the focus of the hearings would be on how to better monitor children who receive drugs. On one hand, that's better than nothing. On the other, it sounds like, well, nothing.

I didn't research what happened at these hearings. I don't care. That's the kind of mood I'm in.

Conclusion

We have arrived. This is where I tell you what my point is. Occasionally I know the point of an essay when I begin writing. More often, the point becomes clear to me only after I write and mull my way toward these exciting closing paragraphs. The point of an essay is its most crucial element. Without a point, there is no message.

Thing is, I have no point. My writing and mulling skills have failed me.

I could tell you how important our work is. But you know that. I could encourage you to write letters and advocate ... but I don't feel like it. I could tell you how special Rebecca was, but you already know that

from my title.

I could go on about how the pervasive biopsychiatric belief system that contributed to Rebecca's death must be confronted. Or about how we need to address the many social ills that also contribute to horrors like this.

That would take a lot of energy, though, and I'm pretty tapped.

***"Pundits will debate.
Reporters, politicians,
and doctors will debate.
Lawyers will debate,
that's for sure."***

I have no point because I am too busy picturing Rebecca - a child I never knew, and of whom I have never even seen a photograph. Various I picture my nieces, neighborhood kids, and kids I have met at work. Rebecca is everywhere for me these days. And my overriding impulse is to just lay down and grieve.

That's my problem. Who can come up with a point when grief is at hand? Grief takes energy, ladies and gentlemen, and well it should. Grief is how we deal. It is how we react when we lose someone of inestimable value. Like a child. Grief is how we get through to the other side.

Pundits will debate. Reporters, politicians, and doctors will debate. ICSP members may even debate. Lawyers will debate, that's for sure.

Go ahead. Have at it.

When I'm done grieving, I'll check in and see where we're at.

She was wearing gold earrings. Imagine that.

CALL FOR PAPERS

Tenth Annual Conference of the
**International Center for the Study
of Psychiatry and Psychology, Inc. (ICSPP)**

in collaboration with

EdWatch, MindFreedom, Amedco, LLC

To take place in Washington, D.C., October, 13th and 14th, 2007

Marriott Crystal City at Reagan Airport

1999 Jefferson Davis Highway

Arlington, Virginia

Phone: 703-413-5500

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.

The **ICSPP** Annual conferences serve as unique thought provoking forums to exchange critical ideas about the impact of contemporary mental health ideologies on personal and community values, and to disseminate models of therapeutic intervention that disavow all coercion and the compromise of ethics, rationality and scientific principles.

Participants include mental health professionals, academics, and researchers from the educational and academic communities, the medical and social sciences, mental health lawyers, law professors and law students, psychiatric survivors and members of the public. It is no exaggeration to state that most attendees find the annual conferences the most stimulating, useful, intellectually challenging, and friendly meetings they ever attend. The Tenth Annual Conference will be held in Washington, D.C., and promises to be the best ever.

Presentations may include among others:

Critical issues in child development: birth to adolescence

Critiques of mental health screening: practice realities

Critical evaluations of parents and children's rights in schools

Critical evaluations of parents right to decline drugging their children

Critical evaluations of studies of non drug treatment protocols for children

Surveys and descriptions of existing and/or planned non drug treatment programs

Comparisons of efficacy of drug and non drug treatments

Political and economic considerations

Presentations may be roundtable seminars, oral presentations, workshops and posters on any topic pertinent to **ICSPP**'s educational mission:

Presentations may consist of scholarly reviews, empirical studies, or practice descriptions. Oral presentations are 30-45 minutes long. Presenters are responsible for their registration, accommodations, and travel costs. Further details will be made available at www.icspp.org

Graduate students get a 50% discount on registration fees and are eligible to win a \$250 cash prize for Best Student Presentation

Accepted presentations will be eligible for publication in the peer-reviewed journal of ICSPP, *Ethical Human Psychology and Psychiatry: An International Journal of Critical Inquiry*. Indexed in *PsychInfo*, *Sociological Abstracts*, *EMBASE/Excerpta Medica* and *Medline* (http://www.springerpub.com/store/home_ehss.html)

CEU credits will be available for those attending this conference.

Submission of Abstracts
9th Annual ICSPP Conference

Washington

Your presentation must include the following elements:

Oral presentation, seminar or poster

Title of presenter: Dr., Prof., Mr., Mrs., Ms., no title

Last name, First name, Initial

Highest academic degree

Affiliation

Full mailing address

Telephone and Fax

Email

Title of presentation

Aims and contents of presentation (for inclusion in program handbook: do not exceed 150 words.)

Biography of presenter (for inclusion in program handbook: name, profession, experience, interests, accomplishments – do not exceed 80 words)

Audiovisual aids required

*Send by email and as **Word attachment** only to:*

Lawrence Plumlee, M.D., Co-chair, Scientific Committee, at Laplumlee@pol.net

For more information call (301) 897-9614

Deadline for Submission June 30th, 2007

Our October Conference Has an Impressive List of New Speakers!

From the United Kingdom:

British attorney **Barry Turner** will speak about “Humans Rights and Psychiatry’s Capabilities.” A lecturer at the University of Lincoln (UK), Mr. Turner will discuss the human rights implications of compulsory care in his own country and abroad.

Dr. Sami Timimi – author of “**Naughty Boys: Anti-Social Behavior, ADHD and the Role of Culture**” and a child and adolescent psychiatrist who works in the National Health Service in Lincolnshire, UK will present an overview of the various critiques of the theories and treatments for ADHD.

Dr. Joanna Moncrieff, a psychiatrist and senior lecturer at University College in London, will present “The Myth of the Chemical Cure: How Professional, Commercial and Political Interests Misrepresent Psychiatric Drugs.”

From Australia:

Brian Kean, Ph.D. and Noelene Weatherby-Fell, Med will team up with **James A. Tucker, Ph.D.** who holds the McKee Chair of Excellence in Dyslexia and Learning Exceptionalities at the University of Chattanooga and another speaker from Ireland to form a fascinating panel on critical issues in schooling including “Bullying” and creative modes of learning and working with parents and difficult children..

From the U.S.A.:

Ronald Dworkin, M.D. Ph.D. will be talking about the history and philosophy of medicating children.

Dr. Fred Baughman, neurologist and author of the book, “**The ADHD Fraud: How Psychiatry Makes Patients Out of Normal Children.**”

Dr. S. DuBose Ravenel, Pediatrician in private practice who uses common sense and comprehensive research to support and instruct parents to raise and problem solve over the course of a child’s development.

David Keirse, Ph.D. world renowned expert on children and author of “**Please Understand Me: Character and Temperament Types.**”

Michael Valentine, Ph.D. He is the author of “**How to Deal with Discipline Problems in the Schools: A Practical Guide for Educators,**” and, “**How to Deal with Difficult Discipline Problems: A Family-Systems Approach.**” He is currently a national and international consultant on school discipline issues.

Johanna Tabin, Ph.D. is a child psychoanalyst who trained with Anna Freud and Bruno Bettelheim and will give us the benefits of her insights and considerable experience when working with difficult children.

Plus Our Usual Cast of Outstanding Speakers:

Dr. Grace Jackson (author of “**Rethinking Psychiatric Drugs: A Guide for Informed Consent**” will discuss the “The Puzzles and Perils of Child Psychiatry.” Her presentation will include a thought-provoking critique of diagnostic practices, and a consideration of uncommonly divulged drug hazards.

Peter Breggin, M.D. author of many books including, “**Talking back to Ritalin,**” “**The War against Children,**” and “**The Antidepressant Fact Book,**” will head up a panel to be announced.

David Stein, Ph.D. author of “**Unraveling the ADD/ADHD Fiasco - Successful Parenting Without Drugs**” and “**Controlling the Difficult Adolescent.**”

Karen Effrem, M.D. is a pediatrician, researcher, and frequent conference speaker. In addition to ICSPP, she serves on the boards of EdWatch, The Alliance for Human Research Protection, and the National Physicians Center.

Dominick Riccio, Ph.D. Executive Director of ICSPP and private practitioner with parents and children will be speaking on understanding normal and abnormal developmental issues in childhood and how to solve them with creative parenting and/ or teaching.

More Speakers to Come

Sign up Now!! Don't miss this opportunity to hear these outstanding speakers and to get the benefits of the warmth and mutual support and networking which is offered by our always highly interesting and thought provoking conferences.

Also this year, we will be going to congress to educate legislators on the truth of Universal Mental Health Screening and the Drugging of children.

On Monday, October 15 there will be a congressional staff briefing and press conference with visits to your congressmen and senators with literature and studies supporting your position on these issues.

“The Universal Mental Health Screening and Drugging of Our Children ... Risks vs. Benefits”
International Center for the Study of Psychiatry and Psychology, Inc.
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 May 31st to get the conference rate.

Name _____

(Please print your name the way you want it to appear on your nametag.)

Address _____

Address _____

City _____ State _____ Zip Code _____

Country _____ Email _____

Telephone _____ Fax _____

10th ICSP CONFERENCE FEE SCHEDULE

The advanced registration fee for the three-day conference is \$275 for non-members and \$250 for ICSP members.

ICSP MEMBER BEFORE JULY 31	\$250.00	_____
Members not current with their 2007 dues will receive the non-member registration fee.		
ICSP MEMBER AFTER JULY 31	\$300.00	_____
NON-MEMBER BEFORE JULY 31	\$275.00	_____
Any non-members joining ICSP simultaneously with the registration for the conference will be given the member rate for the conference.		
NON-MEMBER AFTER JULY 31	\$325.00	_____
ICSP 2007 MEMBERSHIP	\$100.00	_____
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 ENCLOSED** _____

Write checks payable to: ICSP and mail to:

ICSP – Conference Registration
Crisilda Rucci, MA
124 Hidden Drive; Blackwood, NJ 08012-4430
(856) 784-0647

OR pay by credit card Name _____
(as it appears on the credit card and print clearly)

Card Number: _____

Expiration Date: _____

Signature: _____

Southwest Chapter Screens “Prescription: Suicide?”

By Susan Parry

ICSPP's new Southwest chapter showed the documentary, “Prescription: Suicide?” to a gathering on April 18th in Las Cruces, New Mexico. The two-hour program consisted of showing the documentary during the first hour, followed by a panel discussion. The panel consisted of a registered nurse who works for a local counseling agency, a retired school psychologist, and a local psychiatrist. Al Galves represented ICSPP, as did John Ryan and Sara Bostock who also spoke as parents of children who committed suicide while under the influence of antidepressants. It was quickly apparent who the proponents of diagnosis and medication were and were not. While the sparks didn't fly, it turned into a very lively discussion.

Unfortunately, the event wasn't well attended with only 18 present. Needless to say, we were disappointed with the turnout since the event was well publicized in the local papers and many posters were displayed around town. The mailing list was about 350 and included a wide variety of people including educators, elected officials, police, and medical professionals. The weather was great so that wasn't a factor. The only thing we can figure is that people are too busy to pay attention or they're so indoctrinated in the biopsychiatric ideology they don't understand our message.

However, now that there is a Southwest chapter of ICSPP, with Sue Parry as the coordinator, we'll continue to do whatever it takes to break the silence. Just today a copy of “Prescription: Suicide?” DVD and handouts from the program were given to a social worker at Las Cruces High School who is receptive to our message. We're going to take the summer off, then start in again in September. So far one person contacted Sue requesting the articles that were handed out and she will mail a packet of them for \$10 which includes postage. Contact her at sparry@zianet.com.

Northeast Group Tells the Truth in Pennsylvania

By Andrew Crosby, MA

A few us from ICSPP-Northeast gathered in King of Prussia, Pennsylvania on Tuesday March 27th, joining a couple hundred other exhibitors at a Parent Teacher Organization Expo. The event drew a fair-sized crowd of parents, mostly from the Philadelphia region, but some who traveled from Delaware and New Jersey. Our goal was to get the word out about ICSPP, universal screening, and pretty much anything else people would tolerate.

Northeast members Kim McCollough, Phil Tenaglia, Crisilda Rucci, and Andrew Crosby were on hand at the ICSPP booth. We flagged down Expo attendees as they moved through the isles, taking in the exhibits and filling their bags with all manner of materials that were being sold and distributed.

What did they receive from us? Quite a bit. We offered a quick rundown on who we are and what we do. We handed out flyers on universal screening, and pamphlets about psychiatric drugs, ADHD, and Polypharmacy. The pamphlets were prepared by Dr. Lloyd Ross, ICSPP National Executive Director, and were a big hit. They are part of Ross's Informed Consent Series, and are concise, well-prepared, and relevant. Lloyd keeps his waiting room stocked with these pamphlets, and has been handing them out at community presentations for years.

We also handed out ICSPP membership information and newsletters hoping to spark interest. It seems we made an impression, as some people reacted quite strongly at first to our banner, reading aloud, “International *blah, blah, blah ... Psychiatry!*”

Before they could flee, perhaps fearing they would be held against their wills and forcibly drugged, we assured them we were harmless and not selling anything. We explained we were a group of professionals and advocates seeking to educate parents about mental health screening in our schools, and about the diagnoses with which so many of our school children are tagged.

Many attendees shared their stories. Some had children of their own who'd been diagnosed. Some had children who'd taken various medications without the hoped for results. One was a foster parent who had especially poignant accounts of challenges she'd faced with diagnosed children. Another was a former drug company employee. She was happy to hear about us, saying, “I know what really goes on.”

People asked questions about the materials, and about us. “*Polypharmacy?* What's *that?*” “Do you have people in Delaware/Camden/Philadelphia/Anywhere?” “Do you have a website?” We heard these all day long.

Tedious? Not a chance. It was work - hauling boxes, setting up and tearing down the booth, finding the bathroom. But getting the word out was fun. And listening to others share their stories ... well, that's what we're especially good at anyway.

As for results, all we know for sure is that some parents heard something they never heard before – honest information from a group who believe in ethical approaches to social and psychological challenges our school children and their families face every day. It was not the conventional message about problem kids. And, incidentally, drug companies don't seem to be big on Parent Teacher Organization events – not a single pharmaceutical rep in the house. Nice.

We're looking for more events like this in the northeast. It's one more way to get the word out, and it was neither terribly expensive nor time consuming. We've got the forms, we've got the pamphlets, we've got the newsletters.

And like our friends in the Southwest, we've got the truth. May as well let it be told.

Northeast Times Highlights

Chronicling the Fictional Lives of the Northeast Membership

Northeast Times is a parody of the Newsletter presented in its entirety only to Northeast Group members. By popular demand, cleaned up excerpts are included here for everyone's enjoyment. These pages are just for fun and this stuff is entirely made up. Hence our motto ... *If it never happened, you'll read it here first!*"

SPECIAL ISSUE !

Zypaxcanine Papers Caper!

Doggie Downers, Puppy
Prozac, And Underdog
to the Rescue

The Legal Battle :
The Briefs,
The Boxers,
And The Transcripts!

Surgeon General's Warning:

This is a parody of the ICSPS Newsletter. The focus is usually on Northeast Group members, but we made an exception this time. Nonetheless, any resemblance to anyone outside the Northeast Group is entirely coincidental.

Additionally, no dogs were harmed in any way during the course of this parody.

Editor and Creator:
Andrew Crosby, MA

Mental Health Parity for Pets: Barking up the Wrong Tree

Psychiatric drug treatment for canine mental disorders is hardly new. In 1999, the Food and Drug Administration approved Novartis AG's Clomicalm (clomipramine, also known as Anafranil) for canine separation anxiety. The symptoms of canine separation anxiety can be debilitating, authorities say, as they include barking, chewing, and even peeing.

As is always the case, "the precise mechanism of action is not known," but, "it is believed that (the drug acts) by increasing the activity of the neurotransmitter serotonin in the brain," according to Novartis, as quoted from Veterinary-Partner.com.

How serious is canine separation anxiety? Hans-Beat Gurtler, director of Novartis Animal Health in Basel, Switzerland reports that, "as many as seven million dogs in the U.S." are affected. How he knows that from Switzerland, I couldn't tell you.

Also in 1999, Pfizer launched Anipryl (selegiline), a drug used to treat canine cognitive dysfunction syndrome (CDS). CDS, also called "old dog syndrome," is a mental deterioration that comes with age, and sometimes results in dogs failing to recognize their owners. The pet/master relationship thus breaks down. Thanks to Anipryl, however, it can be restored, according to Dr. Edward Kanara, a Pfizer veterinarian.

Dr. Nicholas Dodman, veterinarian and specialist in animal behavior at Tufts University, also reports Anipryl alleviates, "tinkling on the floor." "You can buy that dog some time," Dodman asserts, while avoiding, "sort of a latrine

situation."

We're just warming up, ladies and gentlemen.

On February 10, 2007, the *New York Times* reported Eli Lilly and Co. had launched a Prozac variation called Reconcile. Also approved for canine separation anxiety disorder, the SSRI will compete with Clomicalm. Reconcile is said to stave off panic attacks and alleviate the distressing existential phenomena which occur when dogs "go into a funk," veterinarians say.

And on January 5, 2007, Reuters news service reported on Pfizer Inc.'s new obesity drug for dogs, Slentrol (dirlotapide). Slentrol "helps decrease appetite and fat absorption," which is important for the 5 percent of dogs designated as obese by the FDA. Another 20 to 30 percent, the FDA says, are overweight, or, presumably, chunky.

Diet and exercise would seem to be the definitive approaches to dealing with canine corpulence. Indeed Stephanie Slain, Humane Society spokeswoman, encourages dog owners to better manage food portions and increase their pets' activity levels. She suggests that 15-minute walks while the kids are at soccer practice is a fine means of addressing the problem.

Pfizer counters that, "many dog owners experience frustration with these measures because of lack of time ... and difficulty restricting food and treats." While conceding that diet and exercise can help, Pfizer whines, "it can be too hard."

All of this takes place within a complicated matrix, however. Questions regarding the safety of these drugs abound, and the practices of the drug makers have been

called into question. Which brings us to ...

Doggie Drugs – The Next Generation: Drug Maker Unveils “Improved” Treatment Amid Ongoing Controversy

On the heels of an unprecedented marketing blitz, drug manufacturing giant, Willy Nilly, unveiled their newest product at a press conference earlier this week. Hailed as a groundbreaking treatment for aggressive and oppositional dogs, Zypaxcanine CR (ollyollyoxenfree) is the stronger, controlled release version of its hugely successful predecessor, plain old Zypaxcanine.

Controversy surrounds the manufacturer, however, as Nilly recently settled a class action law suit involving 8000 dogs, and resulting in payment of 700 million dollars. That’s a lot of Milk Bones. As part of the settlement, the drug-maker admitted no culpability regarding plaintiffs’ claims that Zypaxcanine caused obesity and diabetes.

Two plaintiffs in the suit, Snoopy, and Clifford, the Big Red Dog, claim to have been particularly harmed by Zypaxcanine. They recently spoke out, despite being enjoined by a gag order. In so doing, they risk sacrificing their shares of the loot.

“Big whoop,” said Snoopy about the ramifications of blowing the whistle. “Zypaxcanine is poison, and the public needs to know about it.”

“Yeah,” said Clifford. “And I’ll make more money off book deals and reality shows than Willy Nilly will ever fork out. I got dialysis to pay for. I can’t wait, like, ten freaking years for a check.”

Snoopy was originally put on the drug for signs of aggression. His owner, Charlie Brown, was distressed over the vitriolic beagle, who reportedly developed a penchant for picking fights.

“The only fight I ever got into was with the Red Baron,” Snoopy maintains. “And that was just in the Halloween / Great Pumpkin episode. You ask me, Charlie’s got the issues, he should take the pills.”

Clifford was administered Zypaxcanine for symptoms such as barking and chewing. “I’m a dog, for crying out loud,” says Clifford. “Adjust your expectations already!”

News of the settlement, and the damaging statements by Snoopy and Clifford, are just the tip of the controversial iceberg. Of greater import are recent revelations from long-secret Zypaxcanine papers that were leaked to key members of the Northeast Group. The Northeast Group went public, with 5 consecutive front-page exposes in their brilliant and phenomenally well-received newsletter.

For those unfamiliar with the situation, or who have 15 minutes to kill, here’s a recap. I’ll be shaking you down for cash when we’re done, so don’t even think of running off.

The Zypaxcanine Papers Caper

You all know, or know of, Underdog. Industrious, mild-mannered Shoe Shine Boy in every day life, he dives into phone booths and morphs into his super hero alter-ego to fight crime at least three times during each 30-minute episode. Point is, he’s a busy dog.

He’s been busier than ever since Willy Nilly and their lawyers jumped on his case.

How it started, Dr. Beagleman, a professional witness for the plaintiffs in the class action suit, called him up one day. Just like that, out of the blue. Beagleman tells Underdog he’s got Nilly documents that would be of interest to Underdog, given Underdog’s advocacy work.

Underdog makes no secret that he takes on strategic cases. As specified in his theme song:

When in this world the papers read
Of those whose hearts are filled with greed
Who rob and steal from those who need
To right this wrong with blinding speed
Goes *Underdog!* (*Underdog! Underdog! Underdog!*)

So, there’s all these phone calls, yadda yadda yadda, and Beagleman sends Underdog the papers. And Underdog sends them to a bunch of friends who share his general philosophy regarding genocide.

You see, these papers cover the company’s own research which links Zypaxcanine to alarming rates of obesity and diabetes in dogs who take the stuff. Dogs who don’t take the stuff, not so much. As long as their owners keep them away from the buffet table.

But that’s not all. According to *The Newsletter*, the papers also detail Willy Nilly marketing campaigns with names like “How Much Money Can We Possibly Make” and “As a Matter of Fact, No, We Don’t Give a Crap About Public Health.” These campaigns deliberately and specifically targeted veterinarians to downplay and deny Zypaxcanine’s risks and to pump up prescriptions.

Why would Nilly commit genocide? As the *Newsletter* revealed, the Zypaxcanine papers show that the drug is Nilly’s top-selling product, grossing 42 billion dollars every few hours since its introduction. The *Newsletter* quotes Hans-Feet Rakitin, Nilly brand manager, thusly: “Ollyollyoxenfree is the molecule that just gives and gives. Unless the truth gets out. Then, we’re all gonna rot in prison. Oh, God, no! *Please, God, nooooo!*”

The Court Battle

Nilly dragged Underdog into court. They “invited” *Newsletter* investigative journalists, but they were busy watching long-defunct cartoons on the internet, so they opted out.

Willy Nilly’s attorneys, Riff Raff and Simon Bar Sinister, of the law firm Heart, Less, and Vile, questioned Underdog at great length, charging that he conspired to circumvent the protective order to reveal the company’s trade secrets. Underdog maintains he acted properly and within the law.

This reporter’s opinion? Nilly’s torqued because their dirty laundry got out.

“What trade secrets?” Underdog asked from the witness stand. He clarified that most of stuff was emails about Zypaxcanine celebration parties featuring two exotic dancers, Trixie and Bubbles. “They do this thing with balloons, you see, where they—”

And the Nilly lawyers are, like, “Whoa! Objection! Move to strike! Make him stop!”

And the judge goes, “Denied. Sit down and keep quiet. Trixie and Bubbles are vital to —”

“Objection, your honor. How can you allow –”

And the judge is, like, “Don’t make me get out off this bench. I’ll do it.”

“Please, your honor. My wife’s in the courtroom, and she’s gonna –”

“She filed divorce papers this morning. You got no grounds for sucking up oxygen in this courtroom.” (Then back to Underdog) “Now ...about those balloons.”

After telling about the balloons, Underdog spoke about justice. He spoke about corporate greed. He spoke about the public’s right to know. He spoke about those who have needlessly suffered.

He spoke about Snoopy and Clifford.

The Big Picture

The real issue, and you know this, reaches far beyond legal technicalities and exotic dancers. Underdog’s primary interest is, and has always been, keeping dogs safe from evil villains. Make no mistake, ladies and gentlemen – Zypaxcanine is dangerous, Willy Nilly knows it, and they celebrate their profits while dogs are harmed.

As well-informed and caring advocates, we know that the only way information like this reaches the public is through litigation and the power of subpoena. Somebody needs to step up.

Underdog stepped up. He stepped up for vulnerable dogs the world over. He stepped up for you and me.

And he stepped up *against* Willy Nilly, ladies and

gentlemen. You and I only wish we were as brave.

You and I, alas, are only human. Going up against Willy Nilly takes ... a super hero.

Please donate to the Jim Gottstein Legal Defense Fund.
He’d do it for you.

[Author’s Note: While this is a *Northeast Times* parody, everything in the first section - *everything* - is real. Even the quotes, and the people to whom they are attributed. That’s right, I did *not* make that stuff up. I wish I had, because it’s funnier than the rest of the stuff, which, yes, I did make up.

Don’t believe me? I don’t blame you. Following are the references, so you can see for yourself.]

References:

Psychiatric News (Research and Clinical News Section)

www.psych.org/pnews/99-03-05/dog.html

VeterinaryPartner.com - The Pet Pharmacy

[www.veterinarypartner.com/Content.plx?](http://www.veterinarypartner.com/Content.plx?P=A&A=1537&S=0&SourceID=52)

[P=A&A=1537&S=0&SourceID=52](http://www.veterinarypartner.com/Content.plx?P=A&A=1537&S=0&SourceID=52)

Bloomberg News - “Form of Prozac Approved for Anxious Dogs” seattlepi.nwsource.com/national/303207_doggydrug10.html

Novartis / Clomicalm Website

www.clomicalm.novartis.us/product_label/en/index.shtml



Underdog arrives at U.S. District Court in New York to give testimony in the Zypaxcanine Papers Caper.



Willy Nilly attorneys Riff Raff (left) and Simon Bar Sinister from the law firm Heart, Less, and Vile. Here, the pair review their strategy for the Zypaxcanine Papers Caper Trial. And Riff Raff reviews *The Newsletter*.



Last year, *The Newsletter* broke the story of how Underdog (top, crashing through wall) rescued Polly Purebred (right) from forced drugging at The Arcane Institute for Psychiatry. He does stuff like that all the time, being a superhero and all.



Underdog again with Polly Purebred. “No more Zypaxcanine for me,” said Purebred upon being rescued, “unless I choose to take it.” Purebred then added, “Of course, I’d have to be crazy to do that.”



As stated in his theme song ...

When in this world the papers read
Of those whose hearts are filled with greed
Who rob and steal from those who need
To right this wrong with blinding speed
Goes *Underdog!*
(*Underdog! Underdog! Underdog!*)

ICSPP Conference DVDs – Check Them Out

ICSPP conferences are unique. We share and acquire information that can be gleaned from nowhere else, and, perhaps because of this, we share a strong sense of community.

Viewing the DVDs is an excellent way to experience these events if you've been unable to attend, and to re-experience the inspiration you felt if you'd made the trip. They also offer a valuable way of introducing ICSPP's ideals to others. Sharing conference experiences by viewing the DVDs with colleagues is an excellent way of spreading the word and supporting your views.

The order form, with prices, is on page 32. Purchase what you can, or what you find most interesting. You'll be surprised at what you've missed ... even if you were there.

2000 - Psychosocial Solutions vs Psychiatric Drugs: The Ethics and Efficacy of Treating Children and Adults with Brain Disabling Drugs When Science Indicates That Psychosocial Approaches are More Effective and Non-Toxic

Peter R. Breggin, M.D. David Cohen, Ph.D.	Your Psychiatric Drug May Be Your Problem
Peter R. Breggin, M.D. Pam Clay, J.D. Donald Farber, J.D. Danny McGlynn, J.D. Michael Mosher, J.D.	Psychiatry, Malpractice, & Product Liability Issues
Peter R. Breggin, M.D. Kevin McCready, Ph.D. Loren Mosher, M.D. Tony Stanton, M.D.	The Treatment of Deeply Disturbed Children & Adults Without Resort to Psychiatric Drugs
Peter Breggin, M.D. Ron Hopson, Ph.D.	Children In Distress: ADHD & Other Diagnoses
Tony Stanton, M.D.	Working With Very Disturbed & Traumatized Children
Paula Caplan, Ph.D.	What is Wrong With Psychiatric Diagnoses? : Biopsychiatry and the DSM
David Cohen, Ph.D.	Drugs In Psychiatry As A Socio-Cultural Phenomenon
Gerald Coles, Ph.D. David Keirse, Ph.D.	Why We Shouldn't Label Our Children ADHD or Learning Disabled
William Glasser, M.D.	Psychotherapy Vs. Drug Therapy With Children
Hon. Marion Crecco	New Legislation, Children, and Medication Abuses
Louise Armstrong, Ph.D.	And They Call It Help: How Psychiatry Has Failed Our Children
Peter R. Breggin, M.D. Jake Johnson, Ed.D.	Reclaiming Our Children

2003 - Treating the Difficult Child: ADHD, Bipolar, and Other Diagnoses: Challenging the Status Quo with Solution Based Therapy

Peter Breggin, M.D.	The Biological Basis of Childhood Disorders: The Scientific Facts
David Cohen, Ph.D.	New Research on the ADHD Drugs: A Comparative Study of Stimulants
Brian Kean, M.A.	The Dangers of Diagnosing Children: Results of the Multi-Modal Treatment Approach Study
Robert Foltz, Ph.D.	Bipolar, ADHD and Conduct Disorder: The Diagnostic Dilemma.
Bruce Levine, Ph.D.	Common-Sense Solutions for Disruptive Children Without Drugs or Behavioral Manipulation
Dominick Riccio, Ph.D.	Family Therapy: The Treatment of Choice for Working with Difficult Children
Kevin McCready, Ph.D.	Psychodynamic Therapy with Children and Families
David Stein, Ph.D.	A Drug-Free Practical Program for Children Diagnosed with ADHD and Most Other Behavioral Disorders

2004 - Critiquing Disease Models of Psychosocial Distress and Implementing Psychosocial Theories and Interventions

Vera Sharav	Screening for Mental Illness: The Merger of Eugenics and the Drug Industry
David Healy, M.D.	Manufacturing Consensus in Psychopharmacology: The End of Psychiatry as a Science?
Peter Breggin, M.D.	Violence Induced by Psychiatric Medications: Cases, Questions, and Contradictions
Brian Kean, Ph.D.	The Risk Society and Attention Deficit Hyperactivity Critical Social Analysis Concerning the Development and Social Impact of the ADHD Diagnosis
Pam Oatis, M.D.	A Pediatric Practice Using no Psychotropic Drugs, and Teaching Peers and Residents to Treat Difficult Children by Asking How and Why
Toby Tyler Watson, Psy.D.	The Four False Pillars of Biopsychiatry: Examining the Scientific Facts about the Underlying Assumptions of Biopsychiatry - Chemical Imbalances, Inheritance, Genetics, and Adoption Studies
Laurence Simon, Ph.D.	Therapy as Civics: The Patient and Therapist as Citizens
David B. Stein, Ph.D.	Parenting and Treating Difficult Teens Without Drugs or Make Believe Disease
Dominick Riccio, Ph.D.	The Role of Therapeutic Function of the Father in the Treatment of Difficult and Acting Out Children
Matt Irwin, M.D.	Treatment and Reversal of Schizophrenia Without Neuroleptics
George W. Albee, Ph.D.	A Radical View of the Causes, Prevention, and Treatment of Mental Disorders

(2004 Continued)

Nadine Lambert, Ph.D.	The Contribution of Childhood ADHD, Psychostimulant Exposure, and Problem Behavior to Adolescent and Adult Substance Abuse
Celia Brown and David Oaks	The Continuum of Support: Real Alternatives and Self-Help Approaches
Robert Whitaker	Anatomy of an Epidemic: The Astonishing Rise of Mental Illness in America
James B. Gottstein, J.D.	Psych Rights Legal Campaign Against Forced Drugging and How You Can Participate
Raymond DiGuiseppe, Ph.D.	Is Anger Adequately Represented in the DSM?

2005 - Schizophrenia and Bipolar Disorder: Scientific Facts or Scientific Delusions Implications for Theory and Practice

Brian Kohler, MD	The Schizophrenias: Brain, Mind, and Culture
Elliot Valenstein, Ph.D.	Biochemical Theories of Mental Illness: Some Hard Facts About Soft Science
Laurence Simon, Ph.D.	Abnormal Psychology Textbooks: Valid Science or Oppressive Propaganda
Clarence McKenzie, MD	Delayed Posttraumatic Stress Disorder from Infancy and the Two Trauma Mechanism
William Glasser, Ph.D.	Defining Mental Health as a Public Health Problem
Peter Breggin, MD	Current Trends in Treating Bipolar Disorder in Children and Adults
Dominick Riccio, Ph.D.	Why Mental Health Professionals Fail in their Treatment of “Schizophrenic” and “Bipolar” Diagnosed Clients
Bertram Karon, Ph.D.	Treating the Severely Disturbed Without the Luxury of Long-Term Hospitalization
Ann Louise Silver, MD	Keeping the Spirit and Philosophy of Chestnut Lodge Alive
Grace Jackson, MD	Allostatic Loads: Exploring the Long-Term Consequences of Psychiatric Drugs
Daniel Dorman, MD	Psychosis as a Fact of the Human Condition
Joseph Glenmullen, MD	Misdiagnosing Antidepressant-Induced Decompensation as “Bipolar Disorder”

2006 – Mental Health and the Law

Robert Dinerstein, J.D.	Human Rights and People with Mental Health Disabilities: The Issue of Capacity
Graham Dukes, MD	The Law and Psychiatric Drugs: Strengths, Weaknesses, and Experience
Stefan Kruszewski, MD	What Happens When the 1 st Amendment Butts Heads with Special Interests
Michael Perlin, J.D.	International Human Rights and Civil Disability Cases
Karen Effrem, MD	The Origins and Dangers of Child Mental Health Screening
Susan Stefan, J.D.	Evolving Views of Psychiatric Evidence
James Gottstein, J.D.	A Coordinated Campaign to Successfully Change the Mental Health System
Plenary Legal Panel Andy Vickery, J.D. Don Farber, J.D. Michael Mosher, J.D. Derek Braslow, J.D.	Prescription Drugs: Civil and Criminal Liability Cases and Concepts
Grace Jackson, MD	Parens Patriae, Parens Inscius: Beware the Dangers of the Incompetent State
Peter Breggin, MD	Medication Spellbinding (Iatrogenic Anosognosia): A New Concept
Joseph Glenmullen, MD	SSRIs, Akathisia, and Suicidality: The History of the FDA's 2005 Black Box Warning on Antidepressant-Induced Suicidality
Thomas Bratter, Ed.D.	When Psychotherapy Becomes a War: Working with Gifted, Alienated, Angry Adolescents Who Engage in Self-Destructive and Dangerous Behavior
Tina Minkowitz, J.D.	Remaking Human Rights: Advocacy by Users and Survivors of Psychiatry
Anne Marsden	You Decide Who Decides – Yeah Right!

ICSPP Conference DVD Order Form

DVDs Sold Only in Complete Sets

Send order form with check (made out to "ICSPP Conference DVDs")
or credit card information to:

ICSPP Conference DVDs
Dominic Riccio, Ph.D.
1036 Park Avenue, Suite 1B
New York, NY, 10028

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____
Credit card: Visa ___ Mastercard ___ American Express ___ Discover ___

Credit card # _____

Expiration date: MM/YY ____/____

ORDER:

Quantity _____ 2000 Conference x \$100.00 = _____

Quantity _____ 2003 Conference x \$200.00 = _____

Quantity _____ 2004 Conference x \$200.00 = _____

Quantity _____ 2005 Conference x \$200.00 = _____

Quantity _____ 2006 Conference x \$200.00 = _____

Total = _____

Less 15% ICSPP paid member discount = - _____

Add \$10.00 shipping and handling + \$10.00* (\$50.00 Foreign Orders)
(From outside the US, please add \$50.00 for P&H.)

Final total due = _____

**15% Discount
For
ICSPPP
Members!**

OVER THREE DECADES OF ICSPP ACCOMPLISHMENTS

- 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.

Please become a member. Use the form on the following page and mail a \$100 check or money order (U.S. funds - \$110 U.S. dollars if mailing address is international). Check or money order should be made out to ICSPP. An additional tax-deductible donation can be added, and would be deeply appreciated.

2007 MEMBERSHIP FORM

Your annual membership in ICSPP includes our quarterly journal, *Ethical Human Psychology and Psychiatry*, and other mailings, and helps us to continue to respond to the hundreds of information queries we receive from the public, the media, and concerned professionals. General members receive the journal and the satisfaction of supporting mental health reform efforts as described in our Mission Statement.

Become a general member by mailing a \$100 dollar check or money order (U.S. funds) (\$110 U.S. dollars if address is international).

ICSPP is a nonprofit 501 C3 organization. We are a volunteer organization with no officers receiving salaries or other financial benefits.

Name _____

Address _____

City _____ State _____ Zip Code _____

Country _____ E-mail _____

Phone _____

Dues: \$100 for US residents and \$110 U.S.dollars if address is international.

(If this amount is a hardship, please indicate how much you are contributing \$_____. However, members sending less than the full amount will not receive our EHPP journal but will receive our quarterly ICSPP Newsletter)

Credit Card No. _____

Master Card____ Visa____ American Express____ Discover Card____

Expiration Date:_____ Signature:_____

Also I am enclosing a tax-deductible donation of \$ _____. (A receipt will be sent to you.)

Psychotherapy Referral Source: If you are a licensed clinician who subscribes to the ICSPP philosophy (see our Mission Statement on the ICSPP website) and are interested in receiving referrals, please check here _____ and indicate the state in which you are licensed _____. Please be sure to use your office address and phone above.

Please fill out this form completely because, although held in strict privacy, it is the basis of our newsletter mailing as well as your EHPP journal label from Springer Publ.

Complete form and credit card info or write check or money order to ICSPP and send to:

ICSPP - Membership Office
Dr. Robert Sliclen
450 Washington Ave
Twp Of Washington, NJ 07676-4031

ICSPP Offices and Directors Around the World

International and North American Offices

International Executive Director

Dominick Riccio, Ph.D.
1036 Park Avenue, Suite 1B
New York, N.Y. 10028
(212) 861-7400

United States Regional Director

Lloyd Ross, Ph.D.
27 North Broad Street
Ridgewood, N.J. 07450
(201) 445-0280

Director of Membership Services

Robert Sliclen, Ph.D.
450 Washington Avenue
Twp. of Washington, N.J. 07676-4031
(201) 664-2566
sliclen@optonline.net

Director of Communications

Andrew Levine, MSW
98 Bayberry Lane
New Rochelle, N.Y. 10814
(914) 740-4784

Newsletter Editor

Andrew Crosby, MA
264 Warburton Avenue
Hawthorne, N.J. 07506
arcrosby@verizon.net

Newsletter Co-Editor

Delores Jankovich, MA, MSW
8402 Lowell Avenue
Overland Park, Kansas 66212
djankovich2003@yahoo.com

Editors - Ethical Human Psychology and Psychiatry: A Journal of Critical Inquiry

Laurence Simon, Ph.D.
Louis Wynne, Ph.D.

Founder and Director Emeritus

Peter R. Breggin, M.D.
101 East State Street, PBM 112
Ithaca, N.Y. 14850-5543

Past National Director

Ginger Ross Breggin
101 East State Street, PBM 112
Ithaca, N.Y. 14850-5543

Regional Offices

USA-CSPP Southwest

Susan Parry.
5044 Silver King Road
Las Cruces, N.M. 88011
(505) 522-0661

USA-CSPP Great Lakes

Toby Tyler Watson, Psy.D.
2808 Kohler Memorial Drive
Sheboygan, WI 53081
(920) 457-9192
tobytylerwatson@charter.com

USA-CSPP Mid-Atlantic

David Stein, Ph.D.
Longwood College, Psychology Dept.
Farmville, VA 23909
(804) 395-2322

USA-CSPP New England

Emmy Rainwalker
187 Merriam Hill Road
Greenville, NH 03048
(603) 878-3362
emmy@emmyrainwalker.com

Regional Offices (Continued)

USA-CSPP Northeast

Lloyd Ross, Ph.D.
27 North Broad Street
Ridgewood, New Jersey 07450
(201) 445-0280

CSPP Australia

Brian Kean, Ph.D.
Lecturer in Education
Southern Cross University
PO Box 157, Lismore, NSW, 2480
Australia
(066) 262-42330

CSPP Great Britain and Ireland

Bill Andrews, BDS, NUI, HGdi PG
77 Osborne Road
Nether Edge
Sheffield, S11 9BA U.K.
info@effectivetherapy.org

CSPP Belgium

Phillip Hennaux, M.D.
Medical Director, La Piece
71 Rue Hotel Des Monnaies
1061 Buxelles, Belgium
2-646-96-01

CSPP Switzerland

Piet Westdijk, Dr. Med. [M.D.]
FMH Psychiatry & Child Development Psychotherapy
FMH Child Psychiatry & Child Psychotherapy
Sattelgasse 4, CH-4051 Basel, Switzerland
(41) 61 262 22222

CSPP South America

Alberto Ferguson, M.D.
Av. 82, No. 9-86, Apt. 402
Bogota, Columbia, S.A.
(11)(571) 636-9050
U.S. Address:
4405 N. 73rd Avenue
Miami, FL
33166-6400

Return Address:

International Center for the Study of Psychiatry and Psychology, Inc.
1036 Park Avenue, Suite 1B
New York, N.Y. 10028
(212) 861-7400

NON-PROFIT

US Postage

PAID

Permit # 1040

Leesburg, FL

34748