

ICSPP Newsletter

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

“The Conscience of Psychiatry”

2009 – Number 1

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Andrew Crosby, MA
Editor

Delores Jankovich, MA,
LMSW
Co-editor

A Letter From Peter and Ginger Breggin to the ICSPP Membership

Tired of making contributions to organizations that you cannot fully trust? Tired of making investments that bring no return and loot your savings?

When you pay your membership dues to ICSPP you can be sure that every penny will be used to promote one of the most important causes in the world – protecting children, adults, families, and society from psychiatric abuse and oppression, while offering more caring and effective alternatives. And you get a tax deduction!

Every penny will support real reform activities and not a single penny will go toward salaries for the wholly volunteer leadership.

You also get some great personal benefits:

- The journal, *Ethical Human Psychology and Psychiatry*. Under new editorship, it's more interesting and important than ever to the world.
- The ICSPP newsletter – brilliantly written, genuinely engaging.
- The Discussion Group listserv where we get down and dirty about the daily stuff that really matters in our field. Ask how you can join the Discussion Group at no additional cost.

- A discount at the annual conference.

And – FREE WITH YOUR MEMBERSHIP – the first biography of Peter Breggin. It's called **The Conscience of Psychiatry: A Biography of Peter R. Breggin, M.D.** Seventy brand new individual contributions describe how Peter, Ginger and ICSPP transformed their personal and professional lives, and the history of our field. Innumerable media quotes spanning more fifty years and dozens of additional commentaries provide further documentation. (Independent researchers and experts have reported that the book is very interesting and entirely true.) A big hardback at more than five hundred pages, **The Conscience of Psychiatry** is a great deal at ... no cost at all to you. Each new and renewed regular membership will bring you a copy.

Ginger and I love ICSPP. We are enormously grateful to Dominick Riccio for leading it with so much devotion, hard work and grace. We are delighted that Toby Tyler Watson has agreed to take the torch from Dominick's hand. **Now it's up to you to pay your dues, for yourself, for the movement, that you believe in, and for society. Please use the enclosed membership form (page 30) and envelope, or use our website, www.icspp.org.**

Thanks.

Peter and Ginger Breggin

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

**ICSPP Newsletter
Submission Policies**

Authors may submit work to the newsletter while simultaneously submitting or distributing to other publications or forums if they choose. Where this is the case, we ask that authors inform newsletter staff so that our readers may be advised accordingly. Other publications will have their own guidelines, however, of which authors should be aware.

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

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

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

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

A Cautionary Note

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

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

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

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

CALL FOR PAPERS
DIFFICULT CHILDREN AND FAMILIES:
UNDERSTANDING INSTEAD OF DIAGNOSING, AND
EVIDENCE BASED INTERVENTIONS AND SUPPORT INSTEAD OF MEDICATIONS

Twelfth Annual Conference of the
INTERNATIONAL CENTER FOR THE STUDY OF PSYCHIATRY AND PSYCHOLOGY, INC. (ICSPP)
in collaboration with
It's About Childhood & Family Inc.

Syracuse, New York – Friday, October 9th- Saturday 10th, 2009

Renaissance Syracuse Hotel, 701 East Genesee Street, Syracuse, NY 13210

Focusing On:

- 1. Successful Alternatives to Pediatric Psychopharmacology**
- 2. The "Science" and Practice of Pediatric Psychopharmacology**
- 3. Historical perspective of failed mental health system and future directions**

Presentations & Panel Discussions: 45-60 minutes. Please indicate if you are willing to participate in a panel discussion in lieu of an independent presentation.

Awards: Graduate students receive a 50% discount on registration & \$250 for Best Student Presentation.
Past-Current Psychiatric User: \$500 prize for Best Presentation from Law Project for Psychiatric Rights

Past Participants: Academic and educational researchers, best selling science writers and authors, psychologists, social workers, students, medical practitioners, lawyers, and members of the public. The majority of attendees find the annual conferences "the most stimulating, useful, educational, intellectually challenging and friendly" conferences they have attended.

Presentations may include, among other topics:

Treatment outcome reviews and meta-analysis of differing child therapeutic approaches.

Surveys and descriptions of past, existing or planned child non-drug treatment programs.

Comparative reviews of the efficacy of drug, non-drug and cumulative treatment approaches or programs for children.

Critical evaluation of the research related to:

Pediatric psychopharmacology- general, Medicaid and foster care comparisons

Non-drug approaches: 123 Magic, Caregiver's Skills Program (CSP), Nurtured Heart Approach (NHA), etc...

Mental health screening- pregnant women, new mothers, and children & youth.

Considerations pertaining to a teacher's or school's, social worker's, therapist's, police officer's role in a child's mental health treatment.

Review of the psychological and medical impact of both psychotropic and psychological interventions.

Accepted Presentations: Eligible for publication in peer-reviewed *Ethical Human Psychology and Psychiatry: An International Journal of Critical Inquiry*. Presenters are responsible for: registration and travel costs.

CEU credits will be awarded for accepted presentations separately submitted and approved for that purpose.

(Continued on page 4)

Submission of Abstracts
12th Annual ICSPP Conference
Syracuse

Your presentation must include the following elements:

1. Oral presentation, seminar or poster. Indicate if you would be willing to participate on a panel instead of an individual presentation.
2. Title of presenter: Dr., Prof., Mr., Mrs., Ms., no title
3. Last name, First name, Initial
4. Highest academic degree
5. Affiliation
6. Full mailing address
7. Telephone and Fax
8. Email
9. Title of presentation
10. Aims and contents of presentation (for inclusion in program handbook: do not exceed 150 words.)
11. Biography of presenter (for inclusion in program handbook: name, profession, experience, interests, accomplishments – do not exceed 80 words)
12. Audiovisual aids required

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

icsppproposals@psychrights.org

Deadline for Submission April 30, 2009

For more information contact: binsightfl1@optonline.net

For more than three decades ICSPP (www.icspp.org), a nonprofit, 501(c), has been providing research, educational services and networking to professionals and lay persons throughout the world. **ICSPP's** annual conferences serve as unique thought provoking forums to exchange critical ideas about the impact of contemporary mental health ideologies, practices and interventions on personal and community values and clinical outcomes, and serve to disseminate models of therapeutic intervention that disavow all coercion and the compromise of ethics, rationality and scientific principles.

New Member Contributions

As we said in our last issue, Andrew Levine put a great deal of work into revamping the ICSPP website a while back. He made us look so good, in fact, that it has attracted more than a few new members, some of whom have responded to invitations to reach out to Newsletter Headquarters to share some thoughts with all of us. We're happy to oblige.

As always, we love to hear from all our members, whether new, old, or *very* old, so please don't be shy. Just reach out to Delores or me at Newsletter HQ via our contact info on the inside of the back page. Contributions, questions, or suggestions are always welcome.

Thank you.
The Editor

And now, a few words from a couple of our newest members.

The Guinea Pig's Report **By Linda Fugate**

I'm a scientist as well as a guinea pig, so I usually focus on the technical details of psychotropic drug dependency and withdrawal. But I recognize that the human issues are just as important.

I'll call my third psychiatrist Dr. Smith. On my first visit, he said, "I will find something that makes you feel better." I was astounded to hear such a commitment. Later he assured me, "Don't worry, it's very safe; it's a low dose." "There are no side effects! We don't have to check any lab tests." And most ominous: "I promise I won't get you addicted on 10 mg of Valium per day."

All I did was get divorced. I was not a homicidal maniac wreaking havoc on the public. And I resisted the urging of my family and friends to go get a prescription for antidepressants. I said no, it doesn't help to take drugs when you're normal, and it's normal to feel depressed about losing someone you love. But they persisted. They told me I had to do everything I could to help

myself before anyone else would help me.

The loneliness was agonizing. So I relented and saw a doctor. This turned into a saga of four doctors and ten drugs. Most of the drugs had side effects so awful that I refused to take them for more than a few days: Prozac, Paxil, Wellbutrin, and Effexor. I persisted for a few months with Serzone and a few weeks with Zoloft, chasing the promise that I would feel better if I put up with the flu-like symptoms long enough.

I have a Ph.D. in Physics and a master's degree in Macromolecular Science, so I avidly read the theories of neurotransmitter deficiency. Dr. Smith responded with enthusiasm to my interest in pharmacological technology. I felt that he genuinely cared about me. And the breakthrough in my treatment came in a 5:30 pm appointment when he re-diagnosed me as Bipolar Type 2. I was receptive to the diagnosis because he was working late, and he related the diagnosis to my creative abilities.

He then prescribed lithium, and I felt remarkably better within 2 days. I think now that it just anesthetized me from the effects of the other drugs. I stayed on it a few months and felt "comfortably numb", to quote from the song, until my thyroid function went down.

Then the big experiment began. Dr. Smith gave me a starter kit for Lamictal, with little pills to take for four weeks. I took it home and just looked at it. Another four weeks of nausea, fatigue, and overall misery? No, I couldn't do it. I went back the next week and explained that I couldn't stand another round of starting up a new drug. He said oh no, Lamictal is different. "It doesn't make you sick." He insisted the small pills were just a precaution against Stevens-Johnson syndrome, a life-threatening skin condition that starts with a mild rash. If any rash develops on the small pills, Lamictal must be discontinued. Otherwise, he assured me, Lamictal is perfectly benign.

The FDA files tell a different story. Long after that fateful appointment with Dr. Smith, I requested the reports of adverse events following Lamictal treatment, under the Freedom of Information Act. The FDA sent me a computer CD with 15,426 complaints. The cost was \$61. Anyone can get the

reports on any drug, following the information on the FDA web site at <http://www.fda.gov/opacom/backgrounders/foiahand.html>.

Over the seven years I took Lamictal, the most obvious side effect was muscle tension and pain. But I didn't realize it came from the drug. I have a neck injury from gymnastics in college, and I thought I was just getting worse with age. Dr. Smith always encouraged me to get plenty of exercise. Shortly after getting on Lamictal, I complained that my muscles "seized up" whenever I did enough exercise to get even mildly sore. My massage therapists complained too. They said my muscles felt like concrete. Dr. Smith prescribed Valium as a muscle relaxant, with great assurances that 10 mg per day was too low to cause any harm.

I think most people like to do what they know how to do. Dr. Smith knows how to write prescriptions, and he had the perfect set-up with me. He prescribed Valium to treat the side effects of Lamictal. And the Valium caused a visceral feeling of depression, which convinced me that I never fully recovered from my divorce. So he wrote prescriptions for Lamictal to treat the side effects of Valium.

I enjoyed those 15-minute visits with Dr. Smith once every three months. He was intelligent and upbeat. I could answer his checklist in 30 seconds: appetite, sleep, exercise, social activities, writing. Yes, they were all fine. Then I had 14 and a half minutes to talk to a doctor about anything else that came to mind: foot care, bird flu, or the philosophical theory of consciousness. He gave me more attention than any other doctor up to that time. So I trusted him.

I assumed Valium wore off in about four hours, like typical over-the-counter drugs. For about 4 years, I usually took one (5 mg) pill at night, hoping that my muscles would get a nice rest while I slept. I thought I was free of Valium during the day. Much later, I found out Valium and its active metabolite have a half-life of about a week in the blood stream. So all that time, I was constantly and unknowingly drugged on a controlled substance.

My fifth year of Valium was the revelation. I started an ambitious self-improvement program of exercise and

psychotherapy. To deal with the sore muscles, I increased my Valium consumption to the full prescription dose of 10 mg. During this year, I always took the pills at bedtime. They seemed to help my muscle tension at first, but I never escaped the neck pain. And I sank into depression. I diligently followed my therapist's advice to develop new interests, activities, and friends. And I felt worse and worse. I complained to Dr. Smith, and he told me I needed more drugs. Familiar story, right? For a while I took lithium in addition to the Lamictal and Valium.

***"I discontinued
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immediately. Three
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seizure in the
clinic."***

Then I decided that the neck pain was wearing me down enough to impede my progress in psychotherapy. So I looked in the phone book and chose a pain management clinic near my home. On the first visit, my new doctor showed me the bone fragments on my neck x-rays, which were taken two years earlier. The radiologist called them "unremarkable", and my primary care physician failed to diagnose anything wrong. That's another long story in itself.

The pain management doctor diagnosed me with nerve irritation, and proposed a series of procedures. He explained that he doesn't recommend Valium for this type of pain, because even though it does relax the muscles, it also increases nerve sensitivity to pain.

I was horrified. I discontinued Valium immediately. Three days later, I had a seizure in the pain management clinic during preparations for a cortisone injection.

My psychotherapist pointed out that I was exhibiting Valium withdrawal symptoms at my next visit. Un-

der protest, I went back to a small dose of Valium and tapered off for five months. Then I wanted to know what else Dr. Smith's treatment was doing to me. I insisted on a prescription for small Lamictal pills, so I could taper off properly.

Dr. Smith gave me the 25-mg Lamictal pills under protest. I spent the next five months very carefully reducing the dosage by 25 mg at a time. When I got down to 50 mg, I thought I was almost home free. So I cut the 25-mg pills in half and took half a pill every six hours, then stretched out the time between pills. I went down from 50 mg to zero Lamictal in one week.

Valium withdrawal is hell, and Lamictal withdrawal is super hell. For another four months after I got off Lamictal, the symptoms decreased very gradually. I researched withdrawal symptoms extensively, and found that most authors recommend a very long tail to the taper. I got fed up with the daily migraines, so I went to my pain management doctor and asked for a prescription for 5-mg Lamictal pills to treat migraines. He discussed options, and then agreed. I took half a pill per day for a month, then a quarter pill per day for another month. The strategy worked. The migraines decreased to a manageable point.

I also developed the Lamictal rash, which is clearing up now. GlaxoSmithKline, the manufacturer of Lamictal, warns that the drug should never be re-started in anyone who has ever had the rash, because of the possibility of "life-threatening or permanently disabling or disfiguring" skin disorders.

So far I've survived 17 months of drug withdrawal. And the symptoms are still hell. Maybe I should have tapered slower; I don't know. But I certainly can't go back and try it again.

GlaxoSmithKline recently posted the results of a study showing that Lamictal is no better than placebo for Bipolar Disorder Type 2, which was my diagnosis. So all this hell has been for absolutely nothing.

I stick with my original claim that I was normal when I felt depressed about my divorce. And I was socially healthy enough to ask for help from people I trusted: family, friends,

and the medical profession. For this, I was poisoned.

Drug companies usually get the all the blame for psychotropic drug dependency, as if doctors are innocent lambs who have no other source of information. I think it's time to re-evaluate who's responsible for medical education. Roche Pharmaceuticals, for example, tells us what Valium can do as a muscle relaxant, but it does not tell us about the options for physical therapy, chiropractic, acupuncture, massage, stretching, yoga, ice packs, hot packs, capsaicin, anti-inflammatories, cortisone injections, or thermocoagulation of the cervical nerves. I found all these for myself. I don't think it was Roche's job to tell me about them. I do think it was Dr. Smith's job.

With direct-to-consumer marketing, a patient can easily get as much drug information as a doctor. The prescribing information is available on the Internet. With enough dedication, a patient can also find information on surgical options, psychotherapy, physical therapy, and nutrition. So what do

our doctors really offer?

***“It takes
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poison.”***

We hope they offer good judgment. Before my experience with Lamictal and Valium, I assumed I didn't have to check everything my doctors told me. I know better now.

Dr. Smith is not the only one at fault here. Over the years, I had dozens of health care professionals treat me for neck pain. Almost all of them told me that what I needed was what they knew how to do. The one exception was my

first massage therapist. She said, “You need more than a massage. I want to refer you to a chiropractor.” The rest said, “You just haven't stayed with my treatment long enough.”

Dr. David Healy suggested, purely as a thought experiment, that antidepressants would be safer if they were available over-the-counter. His main concern was antidepressant-induced suicide. He reports that some patients feel worse on antidepressants from the first dose, but their doctors push them to continue, and these are the ones at most risk of suicide. Consumers ordinarily stop taking anything that makes us feel worse. It takes persuasion by a trusted advisor to make us continue swallowing poison.

The human side of my story is trust. I learned that we can't trust our doctors with our health. We have to do our own research and make our own decisions. Each individual doctor is just one source of information, and some are more useful than others. I am now pondering what a license to practice medicine really means.

A Note of Thanks & Encouragement

By Heather G. Patenaude

I feel grateful to this outstanding group of people that speak up for those labeled with mental illness. What would the world do without these individuals who are helping to persuade the mindset of people concerning psychiatry and psychotherapy? Or more plainly stated, what would the world be like without ICSP Board of Directors and members? I believe this community of people who have banded together have effectively stated their case for the misuse of power and damaging effects of psychotropic drugs.

Very few have escaped the name calling, discrediting, or destroying effects the over usage of diagnosing people has had. We have become a world where the unexplainable behavior or misunderstood person always falls into the easiest category which is

crazy or mentally ill. We have rationalized this crazy or mentally ill label to its extreme absolute value. Now anything that does not suit purposes for those not labeled mentally ill has become irrational which is translated as mentally ill. The Diagnostic Statistics Manual has found every which way to describe those that are different as in need of medical treatment. The only people I can see which have escaped the turmoil of being labeled mentally ill are the extremely abusive people (especially domestic violent cases) and those doing the labeling of who is mentally ill. The rest of us have been set up for necessary treatment needed for containment of our backwards behavior.

I find no compassion in the "treatment" protocols used by the medical model of helping the mentally

ill. We have stopped saying that we are under doctor's care because doctor's don't care anymore; they just treat. And the true question is how do they treat. How are they treating their patients? With a lack luster desire to find remedies to their personal problems. Caring is just the opposite. Caring provides support in areas where the individual lacks the authority or power to change relationships or problems in their life. The medical model that a pill will provide the change the individual needs to foster better relationships or propagate solutions to problems has no basis in reality.

On the other hand, treatment protocols allow the doctors to stretch the meaning of what it means to be a patient. A patient must be exactly that- patient. As the old saying goes,

patience is a virtue, my friend. Ah, and when a patient is patient there is usually suffering during the time period which the patient is waiting for the pills to be the solution to his or her problem. However, in the mental health field scenario, the solution, remedy or end never comes. How clever for the doctor to state that there is no cure for the mentally ill? Therefore, treatment can continue with no end because being mentally ill is a journey. How far does the patient need to journey into the world of prescription drugs? Or should I say how long does the patient need to be patient while the suffering treatment of the medical model continues?

At this point, you can see why the ethical nature of the supervision of doctor's care does need to be put in question. Where and when does the doctor ever feel comfortable enough to stop "treatment" or care for the patient who demonstrating patience. The answer is

the doctors' never feel safe or comfortable to stop treatment or stop supervising a patient. Why not you might ask? Well, you see the very treatment or care provided by the doctor ensures that more behavior problems will arise. The long, long list of side effects to medication provides the path for the journey to continue and the patient to be even more patient. Patience is a virtue but, abuse is abuse. Long suffering is a fruit of the spirit according to the Bible but pain still hurts. Where did the doctors' care empower him or her to extend the timetable of suffering instead of shorten it? The answer can be found in the phrase "the patient is undergoing treatment for his or her mental illness".

This money making ability to extend the timetable of suffering under the guise of the medical model for the treatment of the mentally ill is precisely why we should be eternally grateful that there does exist a group of people

strong enough to stand up against the carnivorous nature of psychiatry. I tip my hat to ALL of them that are still standing.

As a psychiatric survivor that still has to take the prescription drugs and endure needless suffering daily, I remain hopeful that ICSPP will overcome every hindrance. For the people of this country and other countries need ICSPP to be as triumphant as possible, in order to stop the needless suffering of children and adults. It is my prayer that public awareness about ICSPP efforts will continue to rise, financial resources will come to them, every enemy will be defeated, and no one will ever be able to take away your namesakes.

The Passing

Like the passing of the torch
On an arduous journey
The light left the other side
And lit the side of love.
A triumphant feat.
Where rejection built the wall
Truth let the shadow fall behind
And love became the door.

- Delores Jankovich

The Special *Thank You, Dominick Riccio* Section



Dominick (right, with the mullet) with his second in command, Lloyd Ross, at our 2004 conference.

(Photo: Robert Sliclen)

As he was getting along in years, former British Prime Minister Winston Churchill took an active part in planning his own funeral. Consistent with his unique wit, Churchill code named the endeavor *Operation: Hope Not*.

Well, as we shared with you in our last issue, ICSPP's Executive Director, Dominick Riccio, announced to the group at our 2008 conference that he will be step-

ping down from his post effective June 1st.

We are happy to report that Dominick is in good health, and isn't even all that old. Moreover, he is sure to be vital to ICSPP for years to come. Still, this is a significant development. So, consistent with *my* unique wit, I have code named this matter *Operation: Whoa, Who Saw That Coming?*

We have a simple three-part strategy: First, we thank

Dominick for his many years of service. Second, we welcome his successor, Dr. Toby Tyler Watson. Third, we support Toby, and continue the important work of ICSPP.

This Special Section is all about Part One, as noted above. Dom is a big guy; he deserves, and he has earned, a big *thank you*. And the Newsletter plans to give him one.

So, here we go ...

Dom's Friends Speak Out

In Appreciation of Dominick Riccio By Peter R. Breggin, M.D. Founder and Director Emeritus of ICSPP

At the last board meeting of ICSPP in October 2008, our international director, Dominick Riccio, announced his intention to resign and to arrange an orderly transition to a new leadership. Toby Tyler Watson was elected the new international director. I search for words sufficient to express my gratitude for Dominick's inspired efforts over the past seven years.

Once in a while, a person comes along who makes an enormous difference at a critical time in the life of an important organization. There is no other organization that provides the function of ICSPP in bringing together courageous, ethical, reform-minded human-service oriented professionals from around the world. In a profound sense, there is ICSPP—and then there is the psychopharmaceutical complex, including the American Psychiatric Association, the American Medical Association and even non-medical organizations like the American Psychological Association and the National Association of Social Workers. There are a few other professionally oriented groups that also attempt to promote caring, psychological services; but not one of them has found the courage and tenacity required to stand up to the power of the drug companies and the medical model. Only in this context can we fully understand and appreciate Dominick Riccio's contribution in leading ICSPP.

Here's how Dominick came to lead our organization. In 2002, my wife Ginger and I decided that we needed to cut back on some of our more stressful activities. Although in good health and nowhere near ready to retire, I was getting a bit older and wanted to free up more time for writing, enjoying nature, and other activities. Although now in good health, Ginger was struggling with some physical difficulties that limited her key contributions to ICSPP. We also believed that the best time to pass the



Dominick (right) with Larry Simon in 2005.
(Photo: Robert Sliclen)

torch was while it was still burning brightly and while we were fully able to help with the transition. From among the many marvelous professionals who participate in ICSPP, we selected Dominick to become director of the organization and received the approval of the Board of the Directors.

Keep in mind that Dominick took the job knowing that he would never be paid a dime for his hard work and that indeed, like all of us who have been involved in running ICSPP, he would end up spending his own resources. Taking a leadership position in ICSPP is truly a labor of love and, and like most love relationships, sometimes a source of heartache. Dominick has experienced it all.

Dominick is a rare combination of therapist and successful businessman, and an equally rare combination of sensitivity and responsibility. Many therapists have enough trouble figuring out how to manage their own office-bound lives; Dominick lives large and successfully in the world. A man who brings a sober and serious

dedication to the organization, he enjoys a sense of humor, even about himself. Indeed, the volunteers he has assembled around him sometimes seem to get their "reward" as payback from teasing him. Dare I say, a little like children with a parent?

He has great wisdom, shares it generously, and on several occasions I have benefited myself from turning to him for advice and guidance. He has been an unfailing source of sound ethics and good sense.

Dominick has the admirable ability at critical times to care more about the organization than about his own needs and aspirations. Time and again he has exercised his personal skills to handle difficult conflicts among members. From the journal *EHPP* to the annual conferences he has often had to step in to take responsibility to make sure that things got done. He has successfully maintained the integrity and high ethical standards of the organization.

Managing a bunch of independent and reform-minded mental health professionals is not so much like herding cats

as it is like urging a stampede of wild ponies in one direction or another. It can be done, but not without a lot of determination and stamina, courage, and a few well-handled confrontations with other stallions.

A strong and extremely energetic leader, Dominick has understood how to share responsibilities with a crew of hardworking dedicated professional volunteers including Lloyd Ross, Andrew Levine, Andrew Crosby, Robert Sliclen, Crisilda Rucci, Phil Tenaglia, Geraldine

Lewis, Larry Simon and Jeff Danco. Together, they have made Dominick's leadership a success. The organization remains strong and vital, the conferences are as exciting as ever, and the journal is thriving. Dominick and his support team have accomplished this despite the growing dominion of the psychopharmaceutical complex over everything that goes on in the field of mental health.

Thanks Dominick. Thanks from Ginger and me, and from the entire

membership. Those who have been silenced by drugs, electroshock, psychosurgery, and involuntary treatment would thank you as well, if they could. Many of those who have found better and more human alternatives owe their opportunity to you. When the history of psychiatric reform is written, you'll be there as one man who made a huge difference.



Dom adjusting a microphone for Bert Karon, also at the 2005 conference.

(Photo: Robert Sliclen)

OUR FEARLESS LEADER, DOMINICK RICCIO, PH.D. EXECUTIVE DIRECTOR EXTRODINAIRE, ICSPP

By Lloyd Ross, Ph.D.

I'd like to talk about Dominick Riccio, but first I have to preface it. I'm not very good with dates, but it was springtime before the Second Annual ICSPP International Conference in Bethesda. My daughter, Holli, was doing a lot of reading in psychology and came across Peter Breggin's book, *"Toxic Psychiatry."* She said to me: "Dad, this guy is saying the same things that you say about the problems with psychiatric medications. Do you know him?" I didn't. However, she gave me the book and I was amazed. My view was based upon a gut feeling and my experiences with people on these medications, but Peter's book spelled it

all out with carefully documented research.

I saw the application and phone number of ICSPP in the book, called, and spoke to Peter and Ginger. I joined and was invited to attend the October conference in Bethesda. I also started to talk with my colleagues in New Jersey, and before I realized it, we had a small contingent of people heading for the conference, including my daughter.

When we arrived we immediately met a small group of people from New York, including Dominick, and the two of us pushed to get the group together when we got back home. As of that

moment, the Northeast Regional Chapter of ICSPP was formed. Dominick was the driving force in organizing us, and we began to meet monthly, alternating between his office in New York and my office in New Jersey. We had members make case presentations, give talks about drugs and other aspects of the field, and also ways that we could help Peter and Ginger with the work of ICSPP. We even volunteered to host several of the ICSPP conferences and proceeded to work on rounding up new members.

That's how I got to know Dominick. He was dynamic, a great



Dom chats with Jim Gottstein between sessions at the 2006 conference in Queens, New York.

(Photo: Robert Sliclen)

organizer, innovator, and a “get things done” guy who inspired the rest of us to work just as hard. Dominick also turned out to be one of the real good guys in the field, and my wife, Susan, and I as well as my daughter Holli, found ourselves very close to this genuine human being. He is, what we call in the New York – New Jersey vernacular, “a real mench.”

Dominick Riccio is also a man of all seasons, a modern day Michelangelo. Dominick is a professional rare coin expert and a professional stamp expert and a collector of both. In addition, he has a hands on interest in watercolor and has done some watercolor painting. In the business field, this versatile gentleman at one point owned a large pasta company and factory and is to this day involved in real estate.

As well as being involved in all of these other interests and more, Dominick is also one of the most thoroughly trained psychologist-psychoanalysts on the planet. He was trained, supervised, and analyzed by the famous Hyman Spotnitz, the father of Direct (Modern) Psychoanalysis and he is the past president of The Association of Modern Psychoanalysis. He is also the past vice-president of the Society For Modern Psychoanalysis as well as the founder and executive director of the Institute For The Treatment and Research of Psychosomatic Disorders. Dominick has been an aggressive proponent of psychosocial solutions to emotional problems throughout his career and has been an

active opponent of psychiatric drugging and biopsychiatric interventions. He has been on radio and T.V. numerous times, often to educate the public, and two years ago, he started the “Just Say Know To Drugs” campaign, which stresses that people should question their physician regarding potential side effects whenever a drug is prescribed. He has also produced his own radio show.

Dominick has also been a supervisor and training analyst at various psychoanalytic institutes and was the co-founder and clinical director of Encounter, Inc., a prototype drug rehabilitation program for adolescents. He has also been in a three decade private practice in Manhattan.

When Peter Breggin decided to retire as the Executive Director of ICSPP, there was some talk about the Center closing its doors. Dominick and the folks at the Northeast Regional Group decided we couldn’t let that happen and Dominick was recruited to take Peter’s place as Executive Director. All of us at the Northeast Regional Group agreed that whatever support he needed, he would get from us.

Dominick Riccio was appointed as the Executive Director of ICSPP and almost immediately, our conferences in New York, Florida, Washington, California, Newark, and Chicago became chock full of workshops and plenary sessions. This man also single handedly turned a profit for ICSPP even when it wasn’t expected. When we were negoti-

ating for hotel space in Newark, New Jersey for the best rates, I went with Dominick. I watched this master negotiator and businessman play the hotels back and forth against each other. I have been around a while and am not naïve. However, I was in awe of this man’s negotiating skills, and we ended up with an incredible deal at the Robert Treat Hotel for the conference that year.

There are very few people who I would follow without question. One was Colonel David Hackworth, my old commanding officer in the Army. The other is Dr. Dominick Riccio.

Dominick, on behalf of all the Northeast Regional ICSPP members, the ICSPP Board of Directors, the List-Serv Advisory Group, and any other ICSPP members who knows you directly, we all feel fortunate to have had the pleasure of working under your leadership, and we all look forward to continuing to work with you at ICSPP and at the Northeast Regional Branch.

Perhaps the best way I can sum it up is ...

“We love you, big guy!”

Warmly,
Lloyd

A few more Northeast Group People Speak Out

Jeff Danco, Psy.D.

In my nearly 54 years on planet Earth, I have encountered few people indeed who, like fine wine, get better with age, with repeated exposure. Dominick Riccio is one such person.

Initially I misjudged him as controlling and overbearing in his management of the Northeast Regional meetings of ICSPP. In time his style came across to me as far more flexible and engaging. Why the change? It was my stuff, my own insecurity and doubts about how I fit in with this pretty tight group and its strong leader. The basic qualities of the

man became more apparent even as my own insight expanded.

Put aside the untold unpaid hours he has devoted to keeping this organization afloat, and indeed helping it grow. He has imparted a wonderful impetus, a swagger if you will, a moral imperative that has helped me have courage I simply would have lacked otherwise in my own working out of a role in the reform movement. So in that sense Dominick is such a gifted en-courager in the Adlerian sense of helping others back off of felt inferiority and doubt.

It sounds so trite to say he is welcoming and friendly and a peacemaker, but indeed he is, and our new leader will have to have some of the same if he is to hold this band of professional egos together. Add to that energy and out-

standing PR skills and Toby, you've got your work cut out for you!

At a recent regional meeting I sensed a definite and palpable tension among us: how can this organization continue without him at the helm? To me that says far more about Dom than it does about Toby, a young, passionate, and gifted psychologist in his own right.

I join with everyone who commends Dominick for his faithful and fantastic service over many years on behalf of us, our patients, the profession, and the culture at large. And I know all of us hope he remains as active as possible in whatever way he sees fit.

Phil Tenaglia, M.A.

My first introduction to Dom took place at the 2002 Conference in Newark, New Jersey. I had known about ICSPP for a couple of years, but this was my first exposure. Like most members I instantaneously felt at home with like-minded folks from diverse backgrounds. Running the show was this big Italian guy named Dom. I was impressed with his ability to keep things organized and running smoothly. Late in the conference he gave a talk entitled "The Family As A Psychosocial Solution." As a practicing family therapist, Dom was music to my ears. I joined ICSPP on the spot. Since that time I have been fortunate to call him my friend and colleague.

It has been my good luck to be able to be part of the Northeast ICSPP Group for the past seven years. Dom has presided over this motley crew with authority, humor and compassion. He has been tireless in his efforts to push the mission



Dom fields questions at the 2006 conference in New York.
(Photo: Kermit Cole)

of ICSPP forward. "Do not be afraid to make strong statements" has been one of his credos. His 2006 talk at the NJ Institute for Training in Psychoanalysis began with "ADHD is a bogus diagnosis!" which was followed by lots of psychoanalytic folk fidgeting in their seats. He also led the charge up Capital Hill in '07 and into the offices of our congressmen and senators.

I reacted with a mixture of surprise and understanding when I heard about his decision to step down. Dom has led by example, love and hard work. He will be passing the torch into Toby's capable hands and staying on to fight the good fight. Just like the families he has treated over the years he embodies the mission of "ICSPP as the Psychosocial Solution" to the suffering caused by a culture promoting drugs over healing and understanding.



Dom with Robert Slicen, our membership director and main photographer, at the 2004 conference.

Geraldine Lewis, M.A.

I first met Dominick around 5 years ago when I decided to attend an ICSPP Northeast meeting (actually I may have met him briefly at the Newark conference prior to that). I am always impressed by someone who does full time work and then still has time to take on such things as being International Director of ICSPP.

This is a man who is really committed to the cause! I thought here's another person who probably just lives and breathes his work and has no time for anything else in life. How wrong I was! As I got to know Dominic more through attending meetings, the annual conference, etc., I learned that he is also a world traveler, a financial expert, an opera and classical music aficionado, and quite the gourmet cook! He even hosts Super Bowl parties! He has

never missed a northeast meeting (at least none that I attended) and is always running around at the annual conference making sure everything is running smoothly (no easy feat, as I have learned from working at the registration desk!)

Yes - he will be a hard act to follow once he steps down from his current post. Thanks for the inspiration Dominick!

Andrew Crosby, M.A.

This won't take long; there is no need to repeat what others have said so beautifully. I just have two things to say to Dom as he prepares to step aside from his leadership role - and they both start with *thank you*.

Thank you for leading us - meaning the Northeast Group and the entire organization - for so long, and in such

a creative fashion. We're not easy to manage, and I suspect we got comfortable at times, taking your efforts for granted, and not always recognizing that your tact and decision making were the results of your skills and experience. You kept us engaged and motivated, and you stayed with us, leading, guiding, and occasionally giving us a shove. You've brought us a very long way, indeed.

Next, a more personal comment: Thank you, Dom, for the newsletter. About three years ago you had a sense I might be the person for the job. The newsletter has been important to me; that it is my way of participating and contributing to ICSPP is only half the story. But you know that already, don't you?

Enjoy your free time, Dom. Enjoy it knowing that some of the lessons you've taught us have stuck, and will continue to serve us as individuals, and as members of ICSPP.

The Newsletter Interview

Talking with Dominick Riccio by Delores Jankovich

Aware that May 31st, the date for Dominick Riccio to step down from his many duties of Executive Director, is fast approaching, I was curious as to how Dominick is doing and what he is up to. As you all know, Dominick announced at the 2008 Conference in Tampa that he would be retiring as Executive Director of ICSPS at the end of the fiscal year to give more attention to his health but that he would remain very actively involved in ICSPS.

It is apparent that Dominick never really slows his pace, he just shifts focus. He is going strong, working to increase the membership of ICSPS, continuing to write and work in his thriving practice. Dominick is one interesting individual, very eclectic, and open and broad in his interests and pursuits. How do I know that? Well, I phoned him up and asked him a few questions with the purpose of finding out how he came to take on the leadership role in ICSPS, as well as to learn how his life experience prepared him for this movement for change in providing alternatives to psychiatry.

Dominick, when did you first preside over an ICSPS Conference?

The first Conference I presided over was in 2000. Lloyd Ross and I were co-chairs for that conference. At the time Ginger Breggin was quite fatigued with all the responsibilities of the conferences as she had been the one in charge. I had been at the 1998 and 1999 conferences held by the Breggins in Maryland. Ginger indicated at the 1999 conference that she felt she needed to skip a year or two. I think she was also experiencing an illness. Lloyd and I got together and we said we could take over the conference. The Breggins gave us the go ahead in 2000 and we organized a very successful

conference. It was after that conference that Peter and Ginger asked me to become Executive Director.

When I got the responsibilities of the organization, I knew with a full time practice I couldn't handle the role of Executive Director myself. So I organized 5 people, including myself, to handle the responsibilities of the organization. Robert Slicen was Membership Director. At that time Larry Simon was the Newsletter writer and Andrew Levine was in charge of Communications and the Website. Lloyd Ross was given the responsibility of U. S. Director and he was handling a lot of the responsibilities of the group. As a group of 5 we took on all the responsibilities that needed to be carried out. So this became the Northeast Group and basically the whole Northeast Group helped run the organization.

This all happened around 2001 that you actually took over, right?

Yes, sometime around that. I have been Executive Director for 8 years.

How long had you been a member of ICSPS before you became Executive Director?

I think I met Peter Breggin at the APA Division 39 Psychological Conference in Los Angeles in 1993 or 1994. At that time I went to a lecture by Peter. I had been using his book and teaching a course at The Psychoanalytic Institute on the negative effects of drugs. Peter and I have a lot in common and we hit it off very well. I told him at the time I was very involved with doing a business, Pasta Montana, which I had helped start and I was continuing to build that business. I told him when I finished my work with Pasta Montana I would come and help with ICSPS because it was a very worthwhile cause. Finally, I finished my

work at Pasta Montana, all the while keeping my practice. Then I went to the 1997 and 1998 conferences and I began to get involved at that time.

You were building your business and keeping your practice going and you were still teaching at The Psychoanalytic Institute?

That's true.

Are you still teaching at The Psychoanalytic Institute?

No, I left there because I had too many other responsibilities.

You must have developed significant organizational skills at Pasta Montana.

Yes. At the time it was a medium-sized pasta business. I should say that it is a place where I got an enormous amount of business experience, besides my practice, and it is where I learned a tremendous amount about running a large organization. In addition to my business experience at Pasta Montana, I was the President of The Society for Modern Psychoanalysis for a couple of years.

What originally induced you to address the chemical imbalance/brain disease model of mental illness and begin bringing alternatives to traditional psychiatry to professionals as well as to the public?

That's a good question because my original degree was in physiological and experimental psychology. I was very interested in the biology of mental illness but my own reading of the research and doing the research suggested to me that there was nothing solid to do with biology. The neuro-

transmitter and genetic studies were flawed. They showed no real genetic component other than maybe a small component toward the biologic origin of schizophrenia. In addition, all the biochemical theories about schizophrenia were also discredited. So the point is that my early study and primary interest was in the biology of mental illness. My research showed that there was very little basis for asserting a biological cause for mental illness.

During graduate school I started a drug rehabilitation program for teenagers who were drug addicted or drug using, in Greenwich Village, which became the prototype for New York treatment programs for teenagers in the 1960's. I was Clinical Director at that time and ran that organization strictly on donations. We understood that if we were going to treat kids who were on drugs that you don't use a drug, whether prescription or otherwise. At that point I also developed a real resistance to treating kids or anyone with drugs. I knew they were relatively ineffective and that even early studies indicated this to be true.

In addition to that, while I was in graduate school, I began my own personal analysis. I felt that the humanistic approach, the treatment of choice at that time, was less effective than psychoanalysis. At that time the Encounter Program, which was the drug program for teenagers and individuals up to 26 years old, was going strong. I ran thousands of groups and found psychotherapy was effective. I was basically anti-drug. The positive effects of talk therapy, human connection and love were apparent. So that said, I began psychoanalytic work in my private practice.

Beginning in 1965, I was in personal analysis and psychoanalytic supervision for 32 years. I knew that in order to become a good therapist and a good psychoanalyst that one needs one's own analysis and one's own supervision in a long-term fashion to be adequately trained.

So that brings us to around 1979 or 1980. Then I was a training analyst at several different training institutes until around 1990 and I was teaching at various psychoanalytic institutes. That's where I evolved a course on teaching the pros and cons of the use of prescription drugs, mostly con.

So to answer your question, my interest in not treating patients with

drugs started very, very early. Actually, I did a postdoctoral program at Cornell Medical School back in 1970. It was there that I frequently came in conflict with the psychiatrist regarding using drugs or shock treatment. The first time I saw shock treatment, I saw the deleterious effects. People who were treated with shock had to return for treatment over and over again.

“When I saw the horrendous effects of shock and lobotomies, it was clear to me how damaging these treatments were.”

By the way, I should mention that I first had exposure to the drugs and shock treatment when I worked at Saint Vincent's Hospital in Greenwich Village during my sophomore year of college at age 19. I was a psychiatric technician and I had an assigned number of patients every day to help meet their psychosocial needs. They were being treated by psychiatrists and psychologists. This was during the 1960's and 1970's when I had first-hand experience seeing shock treatment administered. When I saw the horrendous effects of shock and lobotomies, it was clear to me how damaging these treatments were. I spent four years working at Saint Vincent's so I was privy to psychiatric treatment in what was considered a good private Catholic hospital. I worked there during college and into graduate school.

What do you consider your major accomplishments during your time as Executive Director at ICSPP?

Basically, we developed the membership base at ICSPP, which was mostly nonexistent before Lloyd and I took over. In addition, we developed the conferences into professional speaking conferences where we had real academic presentations. We invited many different speakers from many different places. The earlier confer-

ences that Ginger did actually consisted of friends and colleagues of Peter who got up and spoke for ten or fifteen minutes as opposed to a conference where there were discussion groups, training sessions and plenary presentations.

The sophistication and broad scope of the conferences evolved. I think this is very important as well as the fact that we created a broad-based membership.

We reached out at the conferences. We held several press conferences at Capitol Hill and we were able to influence some things that were going on in Washington, D.C. That is something that was very strong.

I think another accomplishment you might mention is that during my period of Executive Director we were able to finance all the activities of the organization through memberships and conferences, and to have a tax exempt organization to survive this long, ten years or so, is quite an accomplishment.

As a membership organization and as a nonprofit, we were able to keep the organization financially alive. I leave the organization in good condition. We have what we usually have in the bank for next year, in spite of the recession. The Newsletter and the Journal are doing very well. Andrew has done an excellent job of developing the Newsletter and the membership is really developing. I feel I am passing over the reins of the organization to Toby Watson at a time when the organization is in good shape and it is ready for new energy to take it over.

So you really set up a professional organization with a membership base and with professional goals?

Yes, many people have commented on it, how it has evolved.

What was your most pleasurable experience as Executive Director?

My most pleasurable experience was when we successfully communicated to the lay public and other professionals some of the alternative ways of taking care of themselves and taking care of their children. In addi-

tion, it was pleasurable when we helped other professionals to understand the kinds of ideas and principles that Peter Breggin evolved over decades. All the members of the organization have developed these principles over the years. Basically, ICSPP is an information disseminating organization. To the extent that we were successful in communicating this information, I really feel we achieved success.

What would you say about your most frustrating experiences as Executive Director?

Some of the most difficult experiences were the issues of dealing with personalities of the organization who have strong opinions, coping with the resignation of David Cohen and some of the conflicts related to the organization. Also, a difficult situation was when we had the abrupt resignation of Larry Simon and Lou Wynne, the editors of the Journal. When they resigned, we had to replace the editors and we had to keep the Journal functioning during that period of the crisis. This was taking place behind the scenes. We resolved that very successfully and now we have fine editors in place.

You have amassed extensive experience as a psychologist and psychoanalyst. I know of your long practice of psychoanalysis and your long, important relationship with the late, esteemed Hyman Spotnitz. You also directed a clinic in psychosomatic illness and you talked about your prototype Addictions Program. Do you want to say anything about the clinic for treatment of psychosomatic illness?

It was an organization I started in the late 70's. It was called The Institute for Treatment and Research of Psychosomatic Disorders, Inc. I was very interested in psychosomatic disorders. We had a herpes clinic at that time which treated severe herpes sufferers. We found we could influence the severity and frequency of herpes outbreaks with psychotherapy and various psychological interventions. Migraine headaches, bruxism and panic attacks were responsive to psychotherapy. There were a number of psychosomatic disorders that we addressed. I now treat all those disorders in my private practice with psychological treatment. The Institute hasn't functioned for 20 years and is now defunct.

Is there anything else in terms of

your professional accomplishments that we haven't talked about that you would like to mention?

Working with people is what adds meaning to my life. That is why I continue to do it in spite of my business ventures, hobbies and varied interests. It is important that I continue to focus on my practice. However, you should know that I am still committed to ICSPP. Actually, I am leading a membership drive for ICSPP as we speak. I am really working very hard on that task and trying to increase membership and streamline the cost of the membership.

You never pause. Maybe you just "change lanes."

Basically, what I have given up is the "heavy lifting" of the role of Executive Director. I have given up the responsibility of the conferences and the decision making of the Journal and the Newsletter. The Journal is doing well and Andrew Crosby is doing an excellent job with the Newsletter.

A lot of people have been enjoying your poetry and I know you have been writing for years. When did you begin writing poetry?

I started writing poetry in college. Poetry is usually inspired by emotions and that's basically the driving force of my poems. I studied poetry writing during the 90's when I started broadening my scope. The poem, Black, which was published in the Newsletter, was written during a class with Mary Jo Bang, who is an award winning poet. I continue to write poetry. I wrote a poem today.

Have you published any books of your poetry?

No, but one of these days I promise to develop a chapbook. Somehow one never feels one has enough good poems for publication. That's one of the things I would like to have the time to do. I have actually just written a paper for presentation at a conference in Buenos Aires. I plan to do a lot more writing as I set aside time.

When will you present the paper in Buenos Aires?

I will present it in October, 2009.

Would you care to say the name of the paper?

Yes, the title is Medication as a Countertransference Phenomenon.

Many people who attend ICSPP Conferences have learned that you are a painter and a gourmet cook. Are those things that you hope to pursue?

Well, I never stop pursuing them. I'd like more time to paint even though I have little or no talent. I cook every day and I enjoy cooking. Also, I collect stamps, coins and psychoanalytic documents. I have lots of interests to take up my time. I don't have enough time, that's always the problem.

You mentioned collecting psychoanalytic documents?

Yes, I have several documents from Freud and varied psychoanalysts. I also collect the work of Irish poets.

What is your favorite medium to work with in your painting?

Oil, because it is very forgiving and I need a lot of forgiveness.

Most people know you are a father and grandfather. Do you want to tell us a little bit about your family?

Yes. I have a son, Mark-Dominick, and a daughter, Alexandra Pilar. She has a Ph.D. in neurobiology. She is a homeopath and a nurse practitioner. My son has a doctorate in educational philosophy and he is a writer and a teacher. My grandson is the light of my life! I spend a lot of time playing with him. He is 4 years old.

What is your grandson's name?

My grandson's name is Maximilian Rafael Riccio-Perez.

That's a wonderful name. Does this free you up to spend a little more time with your family now that you are not quite so burdened?

Yes. I spend a lot of time babysitting my grandson. However, I have been trying to cut back my practice but it just keeps growing. I have a hard time cutting back.

I wanted to ask something about how you acquired your leadership skills. It is rare for people to be skilled in leadership and also in the therapeutic realm. You seem to naturally identify people's strengths and build upon them without holding onto the reins. Do you think there was something significant in your childhood that influenced all that?

I think there was something significant in my childhood. My mother and father were divorced when I was age 7. I was sent away to military school. So I learned very early, probably even before that, to be very independent. I learned to

be assertive in order to survive. When I was in military school I rose to the top rank of Major in the school. I learned leadership very early in my life. So characterologically, I think I had to be a leader in order to survive.

So really you were still a child when you began developing the skills that prepared you for leadership roles in business, teaching, and organizations such as ICSPP. You have indeed "stayed the course."

We thank Dominick for his generous sharing in providing a wonderful synopsis of his work in ICSPP, as well as giving us an

awareness of how he developed his career. He also gave us the privilege of having a brief look into his personal life. We celebrate his hard work and his passion for truth in developing alternatives to psychiatry and we wish him continued success. We look forward to his on-going contribution and to his presence at the October Conference in Syracuse.

AMOR NAPOLITANA

Let me caress you
like the midnight sky
caresses the voluptuous moon

Then you caress me
like the sensuous sea caresses
each shiny sand of the dune

Let the beauty of your being
breach the bulwark of my hungry heart
engorging it with fertile feelings

That render me, all at once---
orgasmic and breathless and alive!

- Dominick Riccio



ODE TO MONET'S MAGPIE

Noble black bird,
Perched on life's fence
Amid luminous winter's truth,
You, alone, can soar.

Burst boundaries!
Transcend gates erected
By convention and expectation.
Fly raven, fly!

Ignore tales of ignorance
Concerning color and place.
Fear not your shadow;
Your very blackness
Gives rise to the light
Of the universe.

- *Dominick Riccio*

Arts and Leisure Section

Essay

“But my synapses made me do it!”

by Jeff Danco, PsyD

The mother with too much make-up stopped me in the waiting room as I was following her 21-year-son into my office for his third session. She offered some papers pertaining to his return to college and added, “This tells you what the school needs to know before letting him back in.” A quick scan of the documents revealed no such information, however. “This just talks about his withdrawal status,” I responded. She smiled nervously. “Oh, well, we just don’t want Peter to fail for the semester. You just need to tell them what happened to him when he stopped going to classes. That way it won’t affect his GPA.” I immediately felt pressured and set up. “I thought my role was just to certify that he was or was not ready to resume in the spring. I can’t go back in time and speculate why he stopped going to class.” She countered: “Then what kind of doctor do we need to see? I thought that’s what you were for.”

Corporate bail-outs. Relief for over-extended mortgage-holders facing foreclosure. Parents protecting their kids from the consequences of their decisions, including whether or not to get up for class. Am I seeing a pattern here?

Another mother called me after her family therapy had ended. “We’ll need a copy of your progress notes for our attorney. You know, for Robert’s legal case.” I remembered her son had gotten into some trouble with the law but I couldn’t recall talking about it much in therapy. Mother was of little help in helping me make the connection to therapy, which centered on

the children’s adjustment following their parents’ separation and eventual divorce. Eventually I got savvy to the “MO.” The teenager could not be held responsible for breaking into his neighbor’s house in order to take some ladies underwear. He was under duress—because of his family problems. Mother would see to it that his penalty was minimized—or avoided.

When I was greenhorn graduate student in California in the late 70’s, the writings of William Glasser, MD caught my attention. In *Reality Therapy*, Glasser argued that people must be held accountable for what they do. In school, if a kid acts up, he forfeits his right to be in the class, at least temporarily. Why did that seem such a radical assertion back then? Well, of course the humanistic-existentialist camp of Rogers, Maslow and Allport held sway, emphasizing that environments foster bad decisions and antisocial behavior. If people are just given enough unconditional positive regard and empathy, they will show themselves to be fundamentally good at heart. So the real need is for self-esteem and feelings of belonging.

When I met Glasser at an ICSP conference several years ago, I felt in awe of an icon from my professional preparation. But the more I thought about it, Glasser, while prolific in his writings and courageous for challenging the zeitgeist of his time, was just an ordinary doctor promoting ordinary and timeless truths about the nature of human nature.

“Whatever a man sows, that shall he also reap” the Bible records. From the beginning of time man has understood that ideas have consequences and that certain decisions are prudent and

lead to positive outcomes and others do not.

The radical determinism of Freud, emphasizing instinctual drives, and Skinner, focused on operant connections, changed all that. Freedom began to be seen as limited or essentially illusory. But even theorists concerned with unconscious motivation or the way environments predispose us to act, feel or think in a certain way seemed to leave room for some level of moral agency and therefore accountability. Or maybe society was simply not ready to collectively swallow the full implications of these theories.

That seems to be over.

In a probing analysis of the Nobel laureate Kandel’s work, Niall McLaren examines the serious research/operational and philosophical problems associated with reductionism. McLaren’s scholarly work, published in the latest issue of EHPP, shows why reductionism in biological psychiatry is so deeply flawed as a way to understand the human condition and particularly, to remedy it. But as usual, we reformers are swimming against the tide.

So welcome to the 21st century. A time when people’s outrage over a President’s sex with an intern, a governor’s sex with a prostitute, another governor’s pay-for-play scheme, all seems very muted. (To my Democratic friends, please pardon my lack of inclusiveness on the “indiscretions” of various Republican “public servants.”) And a time when we are asking - no, tell-

ing - our children that they must assume TRILLIONS of dollars in federal debt so that corporations and whole industries don't go bankrupt, markets don't collapse, and our current economic pain is minimized. But the Day of Reckoning is coming. (Indeed, if you want a fascinating, albeit somewhat commercialized, analysis of the current meltdown, read the free internet newsletter, *The Daily Reckoning*.)

I mourn for our country. Our profession. Our future.

I won't go to court to give "psychological" testimony. Why would my opinion be more valuable than another man's? So I refuse to give a psychological rationale as to why a college senior might be excused for giving up on classes, six weeks before semester's end. Illicit drugs? Fear of moving on with his life? "Depression?" I don't care; I don't know. (I did send him for a complete physical examination, which turned up a plausible medical explanation—Epstein Barr Syndrome) And I refuse to

mitigate the consequences of breaking and entering for another student.

Their synapses did not make them do it.

The snow had stopped falling, I sat in the frame of the door
Of course I was alone like so many times before
The night was dark, the wind started to blow
but up in the sky the moon had a warm glow
All of a sudden I glanced down at my feet,
a thin, worn down cat had cuddled up next to me
I started to curse then looked in its eyes
They seemed to go through me, then it meowed once or twice
I reached down my hands and pulled it into my thin coat
We were huddled together both clinging so close
I sang it a song and stroked its small head,
the street was our home, the doorway our bed
My eyes were so tired, I fell into a sleep
Night passed so quickly, the cold morning awakened me
Damp and so hungry, I coughed and I sneezed
Suddenly I remembered. My frigid fingers took hold,
my happiness short-lived, my little furry friend lay limp and lay cold
I couldn't believe it, I shook and cried
I yelled up at God: *just give me one reason why?*
Tears just kept falling, I lowered my head
I sang another song though I knew it was dead
I carried it with me for a day or maybe more,
til finally I buried it, under the bridge by the shore
I got on my knees, I stuck a cross in the ground
made from some old rotten wood in an alley that I found
Hoping that heaven has my little furry friend
A prayer from a street kid who's alone and only ten.

God, will the memories never end?

- Kenn

(A poem written by a client of Jeff Danco's. Kenn grew up on the streets of New York and is more than a client, says Jeff)

Difficult Children and Families:

Understanding Instead of Diagnosing and

Evidence Based Interventions and Support Instead of Just Medications

- * Learn Most Effective Child & Parent Therapeutic Approaches.
- * Learn & Discuss Why Current Interventions & Plans May Not Be Working
- * Discover What Long Term Outcomes Occur With and Without Drug Treated Children.
- * Understand Why Children of Different Race and Income Get Different Interventions
- * Listen to Experts Battle Approaches: Magic 1,2,3, Caregiver's Skills Program (CSP), Nurtured Heart Approach (NHA), Cognitive Behavioral Vs Psychodynamic, etc...
- * Understand Benefits and Limitations to Mental Health Screening

*"Outstanding material that has helped so much, A MUST ATTEND
FOR THERAPISTS, COUNSELORS, TEACHERS, STUDENTS
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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 28. 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
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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”

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Robert Dinerstein, J.D.	Human Rights and People with Mental Health Disabilities: The Issue of Capacity
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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!

2007 – Universal Mental Health Screening And Drugging of our Children

Fred Baughman, MD	Who Killed Rebecca Riley?
Grace Jackson, MD	Chemo Brain – A Psychiatric Drug Phenomenon
Karen Effrem, MD	Universal Mental Health Screening: The Facts
Robert Folz, Ph.D	Treating Mood Disorders in Youth: Understanding the Evidence
Peter Breggin, MD	The Truth about Bipolar Disorder
David Oaks	I was a College Student Mental Patient: How Psychiatric Survivors and Mental Health Professionals can Unite for a Nonviolent Revolution in Youth Mental Health Care.
Vera Sharav	America's Children Need a Child Rescue Operation
Jeffrey Lacasse, MSW and Jonathan Leo, Ph.D.	Consumer Advertising of Psychiatric Medications: Lessons Learned and Future Challenges
Joanna Moncrieff, MD	Deconstructing the Chemical Imbalance and Justifications for Drug Treatment
Maurine Kelly, Ph.D.	The Trials (and Tribulations) of One Therapist's Struggles to Provide Effective Psychotherapy to Children on Psychotropic Medications
Johanna Tabin, Ph.D.	Psychoanalytic Understanding of Why ADHD Behavior Occurs
Debose Ravenel, MD	Common Behavioral and Learning Problems in Children -An Alternative Approach: A Pediatrician's Perspective
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Michael Valentine, Ph.D.	Analysis of Actual Adult-Child Interaction and Communication Patterns that are a Drug Free Alternative to the Medical Model's View of ADHD
Dominick Riccio, Ph.D.	Common Sense and Integrity in Psychotherapy when Working with Children and Families
David Keirse, Ph.D.	How to Help Troubled and Troublesome Kids in School and How to Stop the Criminal Behavior of 21 st Century Psychiatrists
Plenary Panel: Brian Kean, Ph.D. James Tucker, Ph.D. Noelene Weatherby-Fell Thomas Cushman, Ph.D. Dorothy Cassidy, M.Ed.	Whose Disorder is it? Protecting Normal Children: Preventing Bullying and Creating Effective Learning Environments Without the use of Psychiatric Diagnoses and Drugs

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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.

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2009**

ICSPP is a nonprofit 501 (c)(3) organization. We are a volunteer organization with no officers receiving salaries or other financial benefits. **All annual memberships in ICSPP** includes our ***ICSPP Newsletter***, 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. All members have the satisfaction of supporting our mental health reform efforts as described in our Mission Statement. Our journal, **Ethical Human Psychology & Psychiatry**, is vital to those who seek to read, write, and publish on issues critical to institutional psychiatry as well as to the life of **ICSPP** as a scientific and educational institution.

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