

ISEPP Bulletin

International Society for Ethical Psychology and Psychiatry, Inc.

2015 - Number 3

What's Inside:

Conference Flyer

Conference
Registration

Plenary Speakers

Conference
Co-chairs

All In The Family

Lieberman's Szasz: A
Tale of Schizophrenia
and the Brain, or What
to do about page 113?

*NURSERY RHYMES,
FAIRY TALES, & PSY-
CHIATRIC RESEARCH*

An Appraisal of Scope
and Intent

Bulletin Staff:

Managing Editor
Dominick Riccio, Ph.D.

Editors
Lloyd Ross, Ph.D.
Robert Slicen, Ph.D.
Andrew Levine, LCSW

ISEPP Conference 2015 **UNDERSTANDING TRAUMA: RESPONDING BEYOND THE MEDICAL MODEL**

Bessel van der Kolk M.D.
Joanne Cacciatore Ph.D.
Barry Duncan Psy.D.
David Walker Ph.D.

Bruce E. Levine, Ph.D.
Meaghan Buisson BSc CPT
Rachel (Rai) Waddingham
Many more

Register Now!

Click [here](#) to register online or
use registration form on page 8

Fri-Sun October 9-11

Crowne Plaza (Boston/Newton) MA

There is still time to register for this excellent conference. Presenters include; Bessel van der Kolk, MD, dean of trauma research and treatment, Bruce Levine, PhD, author and therapist, Joanne Cacciatore Ph.D., researcher/teacher, and other experts in working with people who have suffered chronic and/or acute forms of trauma. View a partial list of presenters on page 4 & 5 and see the range of experts that will be speaking and available to talk with.

International Society for Ethical Psychology and Psychiatry, Inc.

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

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

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

ISEPP Bulletin Submission Policies

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

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

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

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

A Cautionary Note

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

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

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

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

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



**UNDERSTANDING TRAUMA:
RESPONDING BEYOND THE MEDICAL MODEL**

2015 OCTOBER 9-11

**BOSTON
MASSACHUSETTS**

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

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

TOPICS INCLUDE:

- TRAUMA INFORMED CARE
- PTSD IN THE MILITARY
- RE-TRAUMATIZATION WITHIN MENTAL HEALTH SYSTEM
- TRAUMA IMPACT ON CHILDREN & ADOLESCENTS
- GRIEF/LOSS
- PEER SUPPORT NETWORKS/PROGRAMS
- NUTRITION
- PERSONAL NARRATIVES

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HOPE, HEALING, AND THE HEALING SPIRIT

Confirmed Speakers 2015 ISEPP Conference



Van Der Kolk Levine Cacciatore Buisson Duncan Waddingham Jennings Walker LeFrancois Chapman

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

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

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

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

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

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

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

David Walker Ph.D. is a Missouri Cherokee psychologist, researcher, writer, and musician. Dr. Walker has consulted for many years with the 14 Confederated Tribes and Bands of Yakama Nation. His debut indie novel, *Tessa's Dance*, garnered a medal in the 2013 Independent Publisher Book Awards (IPPY), while its sequel, *Signal Peak*, was finalist in the 2014 Nancy Pearl Literary Awards. His research aims to expose the Western mental health movement's historical and contemporary complicity in the oppression of indigenous people. He shared a 2006 Special Educational Needs Academic Book Award with other contributors to *Critical New Perspectives on ADHD* (Routledge) and has also written for various journals. Dr. Walker has worked as a diversity trainer and has served on faculties for a number of Universities. Dr. Walker is a member of the board of directors of Refugee Women's Alliance (ReWA) in Seattle.

Brenda LeFrançois Ph.D. is a full professor in the School of Social Work at Memorial University of Newfoundland. Her areas of specialism include children's agency and psychiatrization, the lived experience of sanism, and organizing alternatives to professional services. She has published many journal articles on these topics and is co-editor of three volumes, including (along with Canadian scholars and activists Robert Menzies and Geoffrey Reaume) the book *Mad Matters: A Critical Reader in Canadian Mad Studies* (2013, Canadian Scholars Press Inc). Also, she was one of the founding editors of the journal *Radical Psychology*. Dr. LeFrançois has been an activist for over 20 years, and is currently working with community members to develop the Hearing Voices Network for Atlantic Canada.

Chris Chapman is Assistant Professor of Social Work at York University, Canada. He worked in the helping professions for a decade. Chris is co-editor of *Disability Incarcerated: Imprisonment and Disability in the US and Canada* and co-author of the forthcoming *Interlocking Oppression and The Birth of Social Work*. His articles and chapters include *Becoming Perpetrator: How I Came to Accept Restraining and Confining Disabled Aboriginal Children*; *Fostering a Personal-is-political Ethics: Reflexive Conversations in Social Work Education*; and *Cultivating a Troubled Consciousness: Compulsory Sound-mindedness and Complicity in*

Maria Liegghio Ph.D. is an Assistant Professor in the School of Social Work at York University, Toronto, Ontario, Canada. Her main areas of research are social work epistemology in child and youth mental health; the stigma of mental illness in child and youth mental health; critical social work education, theory, and practice; and collaborative, community-based and participatory action research. She has extensive experience working as a child and family mental health therapist. Her current work is focused on the experiences psychiatrized children and youth and their caregivers have of policing and police encounters.

Cathy Cave has 30 years working in human services invested in the movement to shift mental health, substance abuse, first responder, education and other systems' services to become trauma-informed. In the mid 1990s She coordinated New York State's Annual Mastering The Key Connections Conferences; presenting state-of-the-art clinical training for trauma treatment and collaborative models for engaging survivors in healing approaches and systems change. She has partnered with domestic violence, sexual assault, mental health and peer run advocacy organizations to incorporate trauma-informed approaches in service delivery, training and supervision. She served 7 years as the Director for Cultural Competence at the New York State Office of Mental Health, addressing disparities elimination and inclusion of cultural considerations into services and supports. She is recognized for her work in the integration of cultural competence and trauma-informed approaches, has consulted with many national technical assistance centers and brings her experiences with survival, leadership and organizational development to all that she does.

PRE-CONFERENCE WORKSHOPS FRIDAY OCTOBER 9 2015 12:30-3:30 PM

Registration/Lunch 11:30-12:30p

WORKSHOP A

Barry Duncan Psy.D.

On Becoming a Better Therapist: Evidence Based Practice One Client at a Time

Despite overall efficacy, many clients do not benefit, therapists significantly vary in success rates, are poor judges of negative outcomes, and don't have a clue about their effectiveness. This presentation presents the nuts and bolts of a solution: The Partners for Change Outcome Management System (PCOMS). PCOMS, a SAMHSA evidence based practice, finally gives clients the voice they deserve and provides an early warning system that identifies clients who aren't responding to therapeutic business as usual, allowing new directions to be collaboratively charted. Supported by mounting empirical evidence and widespread implementation, PCOMS focuses the practitioner and the client on the *present* evidence of effectiveness, whether *this* therapeutic approach provided by *this* provider is benefiting *this* client—or *evidence based practice one client at a time*.

WORKSHOP B

Robert H. Moore, Ph.D., CTS, BCETS

Critical Issues in Trauma Resolution

Fully functional and feeling fine, we sometimes say our hippocampus is in control. Knowingly or subliminally reminded of a previous threatening or hurtful event or adversity, however, we spike into a state of alarm. This is our amygdala at work. No problem when danger actually is imminent. But the resemblance of present circumstance to past misfortune is often superficial, and the amygdala's warning emotional jolt is a false alarm (PTSD).

Until recently, such false alarms have been regarded as a manageable but generally irreversible consequence of prior trauma. Good news: we now have clear evidence of the amygdala's native ability to thoroughly *unencode*, or actually reverse and permanently reclassify even a long-standing traumatically encoded event for complete resolution of post-traumatic effects.

What's needed for such a reversal (among other things) is the brain-state that occurs only when the amygdala is given uninterrupted control of executive function in working memory. In this mental arena and in close (neurochemical) conference with the hippocampus, the amygdala ultimately sees and agrees that the dire situation, to which it had thought all reminders justified an alarm, no longer exists. It then simply removes the incident in question from its trauma "watch list," putting the hippocampus, at last, in control of its memory, fully functional and feeling fine.

PRELIMINARY CONFERENCE SCHEDULE

OCTOBER 9-11 2015

FRIDAY – OCTOBER 9 2015

WELCOME RECEPTION 6:30-9:00 PM

Ty Colbert Ph.D.

SATURDAY & SUNDAY – OCTOBER 10 & 11 2015

REGISTRATION 8:00 AM

CONFERENCE 8:30AM–5:30PM

LUNCH 11:30–12:45PM

SATURDAY – OCTOBER 10 2015

PLENARY SPEAKERS

Meaghan Buisson — *“The Alchemy of Trauma”*

Joanne Cacciatore Ph.D. — *“Traumatic Grief”*

Cathy Cave — *“Cultural Competence and Trauma-Informed Approaches”*

Barry Duncan Psy.D. — *“The Heart and Soul of Change”*

Bessel Van Der Kolk M.D. — *“The Body Keeps Score: Integration of Mind, Brain, and Body in the Treatment of Trauma”*

David Walker Ph.D. — *“Seven Generations of Harm: Mental Health Oppression in Indian Country”*

BREAKOUT SESSIONS – TBA

AWARDS DINNER 6:30-9:30 PM

SUNDAY – OCTOBER 11 2015

PLENARY SPEAKERS

Chris Chapman Ph.D. — *“Psychology and Ethics: The Same River Twice”*

Ann Jennings Ph.D.— *“The effects of childhood trauma: promoting prevention & early intervention”*

Brenda LeFrancois Ph.D. — *“Gender, childhood and trauma - linking trauma reactions to violence in our daily lives”*

Bruce Levine Ph.D. — *“How a Coercive, Traumatizing and Crazy Society is Maintained by Psychiatry—and How to Counter This”*

Maria Liegghio Ph.D. — *“Trauma work as political work: My (dis)locations as a daughter within the psychiatric system”*

Rachel Waddingham — *“Sense, Interrupted”*

BREAKOUT SESSIONS – TBA

October 9, 2015
9:30-4:30p
Crowne Plaza Hotel
Newton, MA
An ISEPP Pre-Conference
Event

In July, 2014, 100 + people gathered at the Wisdom House in Litchfield, CT for the MindFreedom Creative Revolution Conference. It was notable for its unique format **and** the commitment from participants to promote approaches that support self determination and safe, humane and effective options in mental health. This year we are delighted to be affiliated with the ISEPP annual conference, *Understanding Trauma: Responding Beyond the Medical Model*. Please join us to continue the creative revolution.

The 2015 MindFreedom Mini-Conference: Continuing the Creative Revolution in Mental Health

We have invited people with knowledge and experience in the following approaches or “tracks” to help participants learn about, create and promote them far and wide. The tracks are:

- ⇒ Open Dialogue
- ⇒ Soteria House
- ⇒ Peer Respite
- ⇒ Hearing Voices Support Groups
- ⇒ The Sunrise Center for Psychiatric Drug Withdrawal
- ⇒ Intentional Peer Support



We invite you to bring your interest and energy to work on continuing this movement.

The conference will open with a keynote address and brief presentations on each of the tracks. In the afternoon we will break into track groups for in-depth information, discussion and work.

**Lunch Included



ISEPP ANNUAL CONFERENCE

UNDERSTANDING TRAUMA: *RESPONDING BEYOND THE MEDICAL MODEL*

OCTOBER 9-11 2015

CROWNE PLAZA (BOSTON/NEWTON) – MASSACHUSETTS

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REGISTRATION FEES*:	<i>Full Conference</i>	<i>Saturday Only</i>	<i>Sunday Only</i>
	<i>(10/9-11/15)</i>	<i>(10/10/15)</i>	<i>(10/11/15)</i>
<u>Advanced</u> (by 9/1)			
Individual	<input type="checkbox"/> \$275	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150
ISEPP Paid Member	<input type="checkbox"/> \$225	<input type="checkbox"/> \$125	<input type="checkbox"/> \$125
Student Rate (w/ ID)	<input type="checkbox"/> \$125	<input type="checkbox"/> \$75	<input type="checkbox"/> \$75
<u>Registration</u> (after 9/1)			
Individual	<input type="checkbox"/> \$325	<input type="checkbox"/> \$175	<input type="checkbox"/> \$175
ISEPP Paid Member	<input type="checkbox"/> \$275	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150
Student Rate (w/ ID)	<input type="checkbox"/> \$175	<input type="checkbox"/> \$100	<input type="checkbox"/> \$100

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

- OPTIONAL OTHER FEES:**
- Awards Dinner - Saturday 10/10 \$40
 - Conference CEU Certificate \$20
 - Pre-Conference Workshops - Friday 10/9 \$55 (includes 3 CEUs and lunch) (choose one)
 - Introduction to the PCMOS - Barry Duncan 12:30-3:30p
 - TBA 12:30-3:30p

Name: _____ E-Mail: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: () _____ Organization/School: _____

REGISTRATION AMOUNT ENCLOSED: \$ _____

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

Michael Gilbert 100 Bradford Heights Road Syracuse, NY 13224

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

Conference 2015 Co-chairs

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Laura Delano



Dominick Riccio



Michael Gilbert

All In The Family

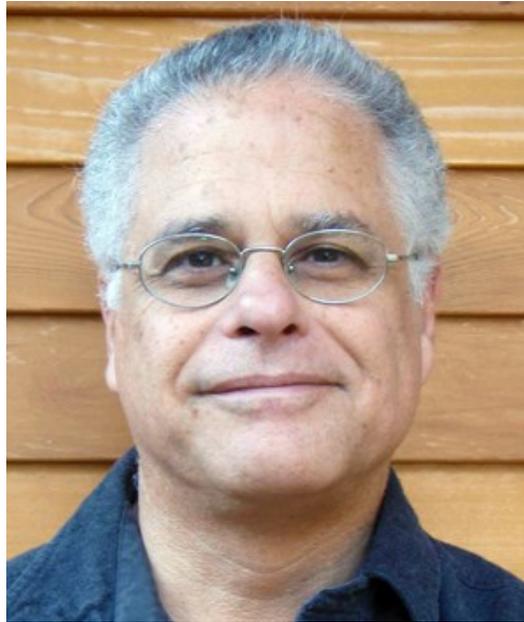
Lloyd Ross, Ph.D.

This issue is about a man who has probably done more than any other member of ISEPP to convey our causes to the general population of this country and he does it quietly and professionally with multiple articles in the popular press that are very difficult for anyone to argue with. For doing this, and especially with the volume that he does it, I would classify him as one of our all-time powerhouse heroes.

Bruce E. Levine was born in 1956, grew up in Rockaway in New York City, graduated from Queens College of the City University of New York, and received his PhD in clinical psychology from the University of Cincinnati. He currently lives in Cincinnati. He has been in private practice there as a clinical psychologist since 1985, three full decades.

Bruce goes way beyond his role as a clinical psychologist. He is also a societal critic who not only diagnoses what is wrong with the current trends in psychology and psychiatry, but he also talks about some of the solutions to these profound issues in a clear, concise, and provocative way. In that sense, he stands at the edge of his profession, both critically dissecting its failures and refusing to be deceived by its pretensions, all the while looking for deeper solutions and refuting the icy cold and failed technological approaches to mental health. He also writes uniquely in that he describes the ways in which psychology, society, culture, politics, and economics intersect.

In 2003, Bruce wrote *Commonsense Rebellion: Taking Back Your Life From Drugs, Shrinks, Corporations, and a World Gone Crazy* (Continuum, 2003). Dr. Levine's contention is that the oppression of what he terms an "institutional soci



greenshadowcabinet.us

ety," results in disconnectedness. He argues that high national rates of mental illness in the United States are really just natural reactions to this discontent. He states that "institutional mental health" has diverted us from examining an important rebellion. This mainly passive and too often self-destructive rebellion is against an increasingly impersonal and coercive "institutional society." What has previously been pathologized is re-humanized by this author and suggestions are made for replacing self-destructive rebellion with commonsense rebellion. An earlier edition was released in 2001 with the subtitle *Debunking Psychiatry, Confronting Society- An A to Z*

Guide to Re-humanizing Our Lives.

Dr. Levine, also the author of *Surviving America's Depression Epidemic: How to Find Morale, Energy, and Community in a World Gone Crazy* (Chelsea Green Publishing, 2007). In it he argues that by not seriously confronting societal sources of depression, American mental health institutions have become part of the problem rather than the solution. The book provides an alternate approach that encompasses the whole of our humanity, society, and culture, in a way that makes enduring transformation more likely, and which redefines depression as a problematic strategy to shut down pain.

His most current book is *Get Up, Stand Up: Uniting Populists,*

Energizing the Defeated, and Battling the Corporate Elite (Chelsea Green Publishing, April 2011). In it he calls for a new kind of politics to help citizens overcome political demoralization. Polls show that the majority of Americans oppose recent US wars in the middle-east and the Wall Street bail-outs, yet most remain passive and appear resigned to powerlessness. In *Get Up, Stand Up*, Dr. Levine offers a unique and convincing explanation for this passivity.

Many Americans are deeply demoralized by decades of oppressive elitism, and they have lost confidence that genuine democracy is possible. Drawing on phenomena such as learned helplessness, the abuse syndrome, and other psycho-

logical principles and techniques for pacifying a population, Levine explains how major US institutions have created fatalism. When such fatalism and defeatism set in, truths about social and economic injustices are not enough to set people free.

However, the situation is not truly hopeless. History tells us that for democratic movements to get off the ground, individuals must recover self-respect, and a people must regain collective confidence that they can succeed at eliminating top-down controls. *Get Up, Stand Up* describes how we can recover dignity, confidence, and the energy to do battle. That achievement fills in the missing piece that, until now, has undermined so many efforts to energize genuine democracy. The book details those strategies and tactics that oppressed peoples have successfully employed to gain power. Dr. Levine explains in this book how we can unite, gain strength, wisely do battle, and wrest power away from the ruling corporate-government partnership (the "corporatocracy").

Dr. Levine has been a regular contributor to *Salon*, *AlterNet*, *CounterPunch*, *Z Magazine*, *Mad In America*, *OpEdNews*, *TakePart*, and *The Huffington Post*. His articles and interviews have been published in numerous other magazines. He is an editorial advisor for the Icarus Project/Freedom Center Harm Reduction Guide to Coming Off Psychiatric Drugs and on the editorial advisory board of the journal *Ethical Human Psychology and Psychiatry*, a peer reviewed Journal published by the **International Society for Ethical Psychology & Psychiatry**.

He is also a long time member of

the **International Society for Ethical Psychology & Psychiatry**, a member of **Psychologists for Social Responsibility**, a member of **MindFreedom**, a forward looking international psychiatric survivors group, and on the medical and scientific advisory board of the **National Center for Youth Law**.

Some of the articles that Dr. Bruce Levine has authored in the popular press are quite amazing in their depth, credible research, and direct no punches pulled approach. Some very limited examples are as follows:

Psychiatry Now Admits It's Been Wrong in Big Ways-But Can It Change? (*Truthout*).

*Star*D Wars*. (*Dissident Voice*), in which he talks about the corruption in NIMH and the failure of anti-depressants.

Drugging Poor Kids (*Counterpunch*).

Psychiatry's Manufacture of Consent (*Counterpunch*).

The Astonishing Rise of Mental Illness in America (*Counterpunch*).

Suicide Spike for U.S. Soldiers: Psychiatric or Political Solution (*Z Magazine*)

Interview: Case Studies in Activism #67. Battling Big Pharma & Re-Humanizing Mental Health Treatment (*Daily Kos*).

Living in America Will Drive You Insane – Literally (*Salon*).

10 Ways Mental Health Professionals Increase Misery In Suffering People (*Mad in America*).

Grief, Tantrums and a Bad Memory Could Equal 'Crazy' Soon (*Take Part*).

The Politics of Suicide and Depression (*Huffington Post*).

Who's a Menace to Society? Journalist or Leading Psychiatrist? (*Huffington Post*).

Leading American Psychiatrist Conducted Disturbing Experiments – Now He's Smearing Journalist Who Uncovered It. (*Alternet*).

The More Psychiatry Coerces People, the Greater the Chance of Mental Illness (*Alternet*).

Psychiatry's 'Shock Doctrine': Are We Really OK with Electroshocking Toddlers? (*Alternet*).

And my two personal favorites: *What's It Going to Take to Lock Up Drug Company Execs?* (*Alternet*).

The Case for Giving Eli Lilly the Corporate Death Penalty (*Alternet*).

One of the very fascinating aspects of Dr. Levine's work is the volume of excellent literary and well researched pieces that he is able to produce. And even more significant, his writing is easily managed and readable by everyone because it contains tremendous clarity. I strongly suggest that you go to his website www.brucelevine.net/.

From his website, you can also access his blog, which will allow you hours of new learning.

Dr. Levine will be speaking at the ISEPP Conference in Boston on Columbus Day Weekend. I would suggest that even if you are not interested in anything else we have to offer, that listening to this presentation by Dr. Bruce Levine will make your time very well spent. Every time I have heard him speak, the audience does not want him to stop, and I have seen him speak multiple times. He is provocative, articulate, extremely knowledgeable, passionate, and personable. I guarantee that Dr. Bruce Levine will get you thinking, talking, questioning, and fully energized. Please come to the Conference and hear what he has to say.

PRIMUM NON NOCERE

Lieberman's Szasz: A Tale of Schizophrenia and the Brain, or What to do about page 113?

Joe Tarantolo, MD

Why did I read Jeffrey A. Lieberman's new book, "Shrinks: The Untold Story of Psychiatry"? Frankly, I have been befuddled by my profession – I am a psychiatrist, Board Certified as they say, these past 37 years – for a long time. So finally, I thought, if I read this book, the pieces of the story would fall into place, right? I would be "told" that which has been "untold." And, evidently Siddhartha Mukherjee, author of "The Emperor of All Maladies," a talented oncologist indeed I was astonished! I did not remember president of the American Psychiatric Association's nice job of describing some of our know what I mean: lobotomies and bleeding, and dunking and spinning, tells us we psychiatrists have put on a path of enlightened science prior brain diseases. If you need help recommend reading two reviews, one by the author of "The Book of Woe," Gary Greenberg. (http://www.bookforum.com/inprint/021_05/14161)



found Lieberman's book, "Astonishing." recognize the profession that this for-chiatric Association described. He does a ugly, tortuous and nutty roots. You purges, chains and seizure-inducing, and and gassing and beatings. But now he this sadistic craziness behind us and are marily with effective drugs that treat sorting out fact from fiction, I recom-our own Robert Whitaker and the other

I wish only to address here a few lines that forced me to put the book down and pace the floor for an hour.

Lieberman wishes to defang two monsters that have sullied the reputation of his beloved biological psychiatry: psychoanalysis and the "anti-psychiatry" movement. His disgust with these culprits is evident. "As someone who has worked with thousands of schizophrenic patients, I can assure you that they are just as likely to be talked out of their illness as they are to be bled or purged out of it" (page 82). I found this attack interesting in that the patients I have seen who have had a bad psychotherapeutic experience usually complain that the analyst did not talk enough! But it is the second "monster" I wish to address here, his vitriolic critique of a colleague, the late Dr. Thomas Szasz.

On page 113 Lieberman devotes a full paragraph to a quote from another biological psychiatrist, E. Fuller Torrey. Torrey and Szasz have vociferously debated in person and in writing over the nature of schizophrenia, Torrey sticking to the position that schizophrenia is a brain disease which often must be "treated" with drugs and involuntary hospitalization, and Szasz taking the position that schizophrenia is an arbitrary construct, not a brain disease, which psychiatrists use to justify control and incarceration violating the principles of a free society, not to mention bad science. So when I read Torrey's quote "*... Laing's convictions were eventually put to the test when his own daughter developed schizophrenia. After that, he became disillusioned with his own ideas. People who knew Laing told me that he became a guy asking for money by giving lectures on ideas he no longer believed in. Same with Szasz, who I met several times. He made it pretty clear he understood that schizophrenia qualified as a true brain disease, but he was never going to say so publicly.*" (italics and bolding, mine)

I had to put the book down. There is nothing sacred about Szasz's views but this did not make sense. I checked it out with a half dozen other colleagues who knew Szasz quite well. They were non-plussed, so used to criticisms of Szasz's work. Jeffery Schaler and Robert Whitaker, however, were incensed. I had to probe further. I contacted Torrey by email:

From: Joseph Tarantolo [mailto:drjtarantolo@earthlink.net]
Sent: Monday, April 06, 2015 8:23 AM
To: Fuller Torrey
Subject: "SHRINKS"/Szasz

Dear Dr. Torrey,

We met several years ago, perhaps at a book signing, or we may have overlapped at the NIMH (I was a clinical associate 1970-72).

Although I disagree with many of your tenets about the biological origins of schizophrenia, I admire much of your work, particularly as a champion for the mentally ill and your critique of the need for a humane "asylum" policy.

I know you debated Tom Szasz and you respected him and spoke well of him after his death. Therefore I was taken aback by the quote by Jeff A Lieberman in his new book "Shrinks" on page 113. Lieberman quotes you as saying: "... Same [comparing Szasz to Laing] with Szasz, who I met several times. He made it pretty clear he understood that schizophrenia qualified as a true brain disease, but he was never going to say so publicly."

I never knew Szasz to shy away from saying publicly what he believed privately so I want to check the veracity of this quote.

I can imagine Tom saying that whether Schizophrenia was "organic" or not, still no one should be locked up unless they broke the law.

The schizophrenics I have treated have seemingly had brain disease but they have been maintained on neuroleptics for decades so how might I distinguish iatrogenic damage from primary disease damage. I believe the jury is still out!

If Tom made the above statement to you, so be it. It just doesn't sound true. Please enlighten me.

Thanks.
Sincerely,
joe tarantolo, m.d.
202-543 5290
908 Pa Ave, Se
wash, dc. 20003

Several days later he replied:

From: Fuller Torrey <torreyf@stanleyresearch.org>
Sent: Apr 20, 2015 9:44 AM
To: Joseph Tarantolo <drjtarantolo@earthlink.net>
Subject: RE: "SHRINKS"/Szasz

Dear Dr. Tarantolo,

Periodically in recent years I sent Tom articles such as the attached. [see below] In fact now there are over 200 such studies. I had lunch with him a year prior to his death and urged him to acknowledge what has become overwhelmingly obvious--that schizophrenia is a disease of the brain. He just smiled his enigmatic smile. Tom was an honest man but also a stubborn man and there was nothing in it for him to recant at the age of 90. After Tom's death I had a similar conversation with Dr. Mantosh Dewan, on the faculty at Syracuse and one of Tom's closest friends there. Mantosh agreed with me that Tom realized that schizophrenia is a brain disease but was not going to say so publicly. Thus my statement to Jeff Lieberman.

Best wishes,
Fuller Torrey, MD

So now I knew that what was said in Lieberman's book, that Szasz made these comments directly to Torrey was false, they were alleged second hand, but it still left hanging whether there was any truth to Szasz's self-repudiation. Next I contacted Mantosh Dewan:

Dear Dr. Dewan,

I am a psychiatrist in DC. I am an admirer of Tom Szasz and got to know him late in his life. I had the honor of introducing him at the ISEPP conference in LA 3 years ago where he gave perhaps his last significant public talk. Knowing his views about schizophrenia, then, I was taken aback when I read in Jeffrey A. Lieberman's new book, " Shrinks": on page 113. Lieberman quotes E Fuller Torrey as saying:" Same [comparing Szasz to Laing] with Szasz, who I met several times. He made it pretty clear he understood that schizophrenia qualified as a true brain disease, but he was never going to say so publicly."

I never knew Szasz to shy away from saying publicly what he believed privately so I checked the veracity of this quote with Dr. Torrey].

(I told him Torrey's response)

Dr. Dewan got back to me within a day:

From: Mantosh Dewan <DEWANM@upstate.edu> [Edit Address Book]
To: Joseph Tarantolo <drjtarantolo@earthlink.net>
Subject: Re: Szasz/"Shrinks"
Date: Apr 21, 2015 10:00 PM
Attachments: The psychology of schiz.docx
Dear Dr. Tarantolo,

Tom was not merely brilliant but also capable of unusually sophisticated thinking; thinking that "schizophrenia qualified as a true brain disease" is entirely too simplistic. Tom would not agree to this statement in the way it is written- and *I certainly did not say or mean in any way to say* [italics mine] "Tom realized that schizophrenia is a brain disease but was not going to say so publicly."

Tom wrote an amazing paper, *The Psychology of Schizophrenia*, in which he describes the deficits in object relations/developmental terms. Later, when biological findings were being reported, he wrote a superb paper, "Schizophrenia: the sacred symbol of psychiatry" in the *British J Psychiatry*. I published a dozen articles on CT scan findings and discussed this with him. His view:

-isolated findings in some persons is not necessarily meaningful since these findings are also found in other conditions. eg poverty runs in families, and has many biological stigmata [shorter, lower IQ, etc].

- Schizophrenia is a consequence of poverty of internal objects. [his more challenging notion was that people make up voices and pithy quotes such as : "If you talk to God, it is prayer; if God talks to you, it is schizophrenia']

-in persons who have a brain disease [which are known to cause psychosis, delirium, etc] and [not] 'schizophrenia', it is a neurological disease and therefore not a psychiatric disease [like schizophrenia] to be treated under coercive 'mental health laws.'

He continued to believe that the essential facts are: the state or majority will always subjugate the unwanted social groups and that 'mental illness' including schizophrenia is a fiction that is manufactured to justify this oppression.

Personally, I do not care whether folks agree or disagree with Tom. I just hope they do not dismiss him by calling him 'like Laing' [a major disservice, Szasz thought Laing so bad he wrote a book about it: "ANTIPSYCHIATRY, QUACKERY SQUARED, 2009, Syracuse press]] or as 'antipsychiatry' without giving his views thoughtful consideration- and sometimes even without ever reading him.

I presented the "Clinical wisdom of Thomas Szasz" at a celebration of his life that the Department held last year and have built on his ideas on the psychology of schizophrenia in a paper recently submitted. I have attached it in case it is of interest.

Warm regards

Mantosh

Intellectual cowardice
in the critique of Szasz

So there you have it. In Whitaker's book review he says tersely about "Shrinks...", "This is not a serious book." I think, however, we should take seriously the egregious nature of a former president of the APA attempting to tarnish the reputation of a legitimate critic. Yes, I understand that any of us can get careless in our private conversations. I still don't know what actually went on between Torrey and Dewan. Whatever was said, however, pales before the corpus of Szasz's work: 30 published books, hundreds of articles in dozens of journals, countless lectures and speeches. I am not calling Lieberman a liar, but I do think his besmirching of Szasz's psycho-philosophical-political views was intellectually cowardly.

Addendum:

I did read Torrey's paper "proving" that schizophrenia is a brain disease. ("Studies of individuals with schizophrenia never treated with antipsychotic medications: a review" in SCHIZOPHRENIA RESEARCH 58 (2002) 101-115) It is a good review but it proves only that we should be much more humble when trying to explain madness using medical language. I shared with Torrey the following:

Date: Apr 21, 2015 4:53 PM

Thanks for the article, well written, I'm still studying it.
I am agnostic about the issue: brain or Mind. Off the top here are some thoughts that concern me: (Note: I made some minor editorial changes for this article)

- 1) There is no diagnostic organic test to diagnose schizophrenia, only clinical impression.
 - 2) All the physical findings described are non specific. The papers are awash with statistical probabilities, nothing definitive.
 - 3) What comes first: schizophrenia symptoms or organic disease. (abnormal MRI's, etc)?
 - 4) I'd prefer not to make a radical distinction bet/ psychological and biological: psychosomatic AND somatopsychic are both legitimate notions. Body impacts mind. Mind impacts body.
 - 5) Contrary to organic diseases, madness takes different forms in different cultures. Culture defines madness, not physiology.
 - 6) Contrary to your view that schizophrenia is like Parkinson's disease and Multiple Sclerosis, we can make an autopsy/biopsy diagnosis in Parkinsons and Multiple Sclerosis, but not in schizophrenia.
 - 7) Isolation of lab rodents will lead to brain changes. i.e. psychosocial factors lead to brain changes. Brain changes are pertinent but psychosocial factors may produce the brain changes. In other words we don't know cause or effect.
 - 8) Madness has taken different forms over the ages. Not true of organic diseases.
 - 9) Organic disease is profoundly influenced by psychological factors. (see Dean Ornish "Love and Survival")
 - 10) Charles B Dunlap's 1924 autopsies (American Journal of Psychiatry Vol.3 page 403) showed no difference in brains of Schizophrenics and "normals".
 - 11) There really is a "dementia praecox" (i.e. chronically institutionalized/dysfunctional people who never get better) but is that the same illness as the significant % of schizophrenics that do get better. Does the so called brain disease heal?
 - 12) If Schizophrenia is first and foremost a brain disease, then all treatments that damage the brain (ECT, lobotomy and neuroleptics) should be contraindicated. Why would one want to damage an already damaged brain?
 - 13) Virtually all the "risk factors" are psychosocial not humoral, immunological, morphological, or genetic.
- Best, joe t

NOTE: This article appeared originally in the MAD IN AMERICA website

NURSERY RHYMES, FAIRY TALES, & PSYCHIATRIC RESEARCH

Lloyd Ross, Ph.D.

This column in the ISEPP Bulletin is specifically directed at the children of the world in order to help them to truly understand the fundamentals of modern psychiatric research. This episode will be somewhat of a history lesson.

The following is complete history of the development of murder weapons in the world, based upon extensive research that has been done in this clandestine undisclosed location,, hidden under layers of rock inside a mountain, somewhere in middle America.

MURDER WEAPONS PROGRESS

First Generation Murder Weapons: KNIFE, SPEAR, STICK, PILLOW, ROPE.

Second Generation Murder Weapons: GUN, BOMB, LANDMINE.

Third Generation Murder Weapon: ANTHRAX, WEAPONS OF MASS DESTRUCTION, ENVIRONMENTAL MALADAPTIONS.

Fourth Generation Murder Weapons: PHARMACEUTICALS.



NEWS FLASH

NEW "HYPOCRITIC" OATH

Even though all the research shows that psychiatric drugs have a much more devastating effect on children than they do on adults, Pediatricians and Psychiatrists in the United States are now, it seems, swearing to uphold the new "pharmageddon" Hypocritic oath: **"Let no child get in the way of my making money."**

MORE "SIGNIFICANT RESEARCH" FROM BIG PHARMA

In a combined study sponsored by the 12 largest pharmaceutical companies in the world, this \$2.4 billion study teased out all the conflicting nutritional studies regarding carbohydrates and should be the final word on nutrition and health. These companies came up with two remarkable conclusions, one of which opened the door to further research, the other opened the door to greater "off-label" marketing by the industry. After an exhaustive study of the research, the following was found:

1. The Japanese eat very little fat and suffer fewer heart attacks than Americans.
2. Mexicans eat a great deal of animal fat and suffer fewer heart attacks than Americans.
3. The Chinese drink very little red wine and suffer fewer heart attacks than Americans.

4. The Italians drink a great deal of red wine and suffer fewer heart attacks than Americans.

5. The Germans drink a great deal of beer and eat large quantities of sausages and fats and suffer fewer heart attacks than Americans.

The two conclusions reached were:

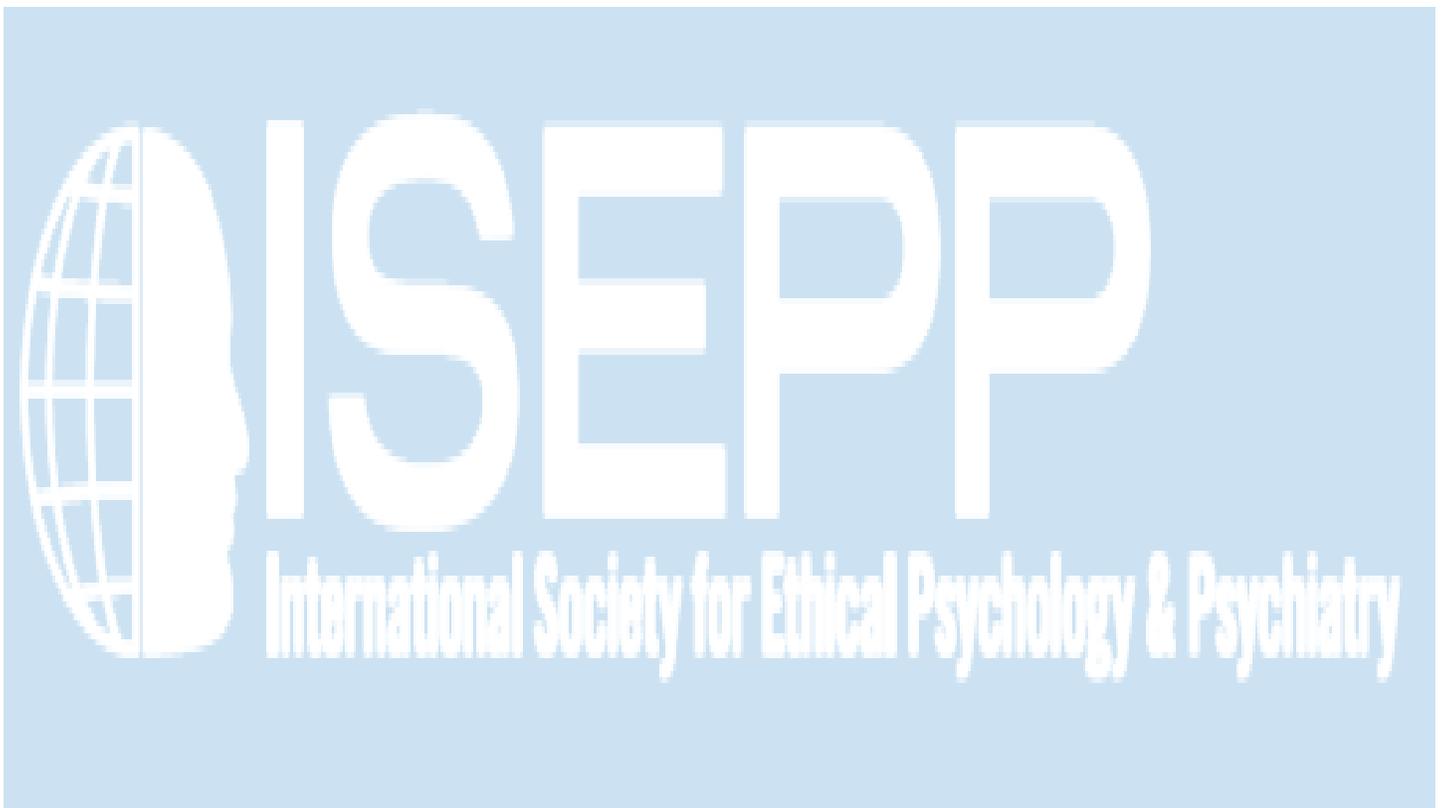
A. you can eat and drink what you like. Speaking English is apparently what kills you.

B. Atypical? Anti-Psychotic drugs should be marketed "off label" to help prevent heart problems. These include Clozaril, Risperdal, Seroquel, Geodon, , Abilify, and Fukitol. Zyprexa isn't on this list because it was already being marketed for this condition off-label for the past 10 years.

This has been another remarkable pharmaceutical moment brought to you by the pharmaceutical companies that care about you.

I hope you enjoyed these historically accurate children's lessons. We will be back in the next edition of the Bulletin with another chapter of "*Nursery Rhymes, Fairy Tales, & Psychiatric Research.*"

(If anyone has a story you would like us to print, please send it to Lloyd Ross at dr.lloydross@gmail.com)



An Appraisal of Scope and Intent

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Abstract

This paper compares and contrasts two papers as to define a sensible approach to ethical review and actions in the counseling profession. It tries to define a responsible scope of approach and as well some of the underlying intentions, politics and contradictions of approach. It as well looks at possible consequences and relates back to APA standards of ethics.

Herein two articles are compared, by Harris and Kurpius as well as Natasi and Naser, which are concerned with defining ethical standards in the counseling profession. The difference being that Natasi and Naser are attempting an incorporation of an international standard into the milieu of school counseling while Harris and Kurpius are concerned with weighing the ethical pros and cons of the Internet as an informational database in relation to counseling.

Harris and Kurpius shed light on the practice of counselors that look up information on clients through social media outlets. Harris and Kurpius (2014) preface their argument by quoting APA Ethical Principals (2010) that “while APA Ethical Principals (2010) does not specifically address standards for social networking sites, it does assert that the “application of an Ethical Standard may vary depending on the context” (p. 1). Further that, “The fact that a given conduct is not specifically addressed by an Ethical Standard does not mean that it is necessarily either ethical or unethical” (p. 1).

In an astounding statistic Harris and Kurpius (2014) cite, “between 27% and 97.8% of student psychotherapists report seeking client information through the Internet” (DiLillo & Gale, 2010, p. 12). Even if we go by the mean of that statistic that would mean that roughly 50% of student counselors are creeping through data on the Internet for fact and fiction about their “practice clientele” without consent from said clientele. This ethical abomination reduces the profession to the status of at best suspicious detective and at worst to unconscionable

voyeur. An effective argument is that this practice violates Principle C: Fidelity and Responsibility of the APA Code of Ethics (2010) where stated, “Psychologists establish relationships of trust with those with whom they work.” In addition, Principle E: Respect for People’s Rights and Dignity “Psychologists respect the dignity and worth of all people, and the rights of individuals to privacy, confidentiality, and self-determination” (p.3).

It is an ethical principle of counseling practice to inform the client of their need to consent to sessions and that there is an element of confidentiality taking place in sessions. Further in many counseling schools it is taught as a general guideline that clients choose the direction of the sessions. This possibly due to the wide influence of Carl Roger’s model of Person Centered Therapy. While counselors probe they do not interrogate. A client may wish to “compartmentalize” treatment of their own accord, preferring only to work on the hypothetical lack of intimacy in their marriage instead of their private obsession with transsexuals. So be it. When a counselor takes it upon themselves to intently and perhaps rigorously scour the Internet for unrevealed data on the client they are actualizing the worst stereotypes toward the counseling profession of being instead of healer rather mental “rapist”. It is true that some useful data could be gained about said client’s predilection for transsexuals as it affects intimacy in their marriage, but if this data is not gained by honest probes during sessions it seems out of bounds.

There is another aspect to APA ethical guidelines that counselors should check within themselves when feeling the urge to investigate a client online. Harris and Kurpius (2014) quote a Likert-type scale question, “You begin therapy with a client and you find that you are attracted to each other” (Kendall et al., 2011, p. 14). This is a perfect case in point. It should be considered immediately if one is feeling the need to look up a client on the Internet that they are suffering from a bad case of counter-transference. Indeed, it could be speculated that even the standard of privileged communication is being breached by the curious counselor looking up data on a client. Who cannot imagine the zestful and entrepreneurial private investigator or Agent of the State hacking said counselor’s computer, and cross-referencing client name with searches toward interest groups around name and time period?

Additionally compelling is when Harris and Kurpius (2014) state, “Whether or not the client has an expectation of privacy, the intentionality of the clinician needs to be considered” (p. 17). Further when Harris and Kurpius (2014) compare actions of looking up clients online to seeing a client in public and continuing to spy on them for a duration without them knowing (p. 17). It is possible to imagine an Orwellian world, regardless of any “Snowdens”, where counselors serve the “good” of clients no matter what and all resources, including monitoring what a client seeks online, are utilized in interventions. For now though that is not our world or our

ethics. In all Harris and Kurpius have outlined a sound and timely position.

Natasi and Naser, on the other hand, are concerned with the worthy, yet possibly grandiose mission of aligning the standards of school psychology, as related to children from birth to the age of 18, with the 54 Articles of the UN on human rights. This seems like a provocative “third rail” issue fraught with more moral, spiritual and political hazards than abortion, gay marriage and bi-sexuality combined. Why would an industry like Education, replete with regulations, be in need of such reform? When Natasi and Naser (2014) start getting off course when they cite the ISPA & Child Rights Education for Professionals (2010), that education is “greatly facilitated by informal education through planned and incidental experience with and across the social ecology”. In addition that well-being encompasses “physical, emotional, cognitive, social, spiritual, moral and behavioral health” (p. 38), one imagines a steep increase in pay scale for school psychologists for all new responsibilities bestowed along with a headache, general confusion and certainly an unmanageable flood of parent and counselor conferences. Would not it be better if school counselors simply developed a better relationship with their local Child Protective Agency and used the phone more?

While perfectly unifying all regulations under a common umbrella seems helpful, there are as well the counter forces in practice of so many concerned and discerning eyes, acting under various rules of ethics and law, among teachers, counselors, neighbors, family members and those in the medical professions that the effort seems redundant. Issues with children are generally spotted. Particularly worth questioning, is the call by Natasi and Naser (2014) to insure “Participation” and “development of Social-Cultural Ecologies”. For the artistic or introspective child “Participation” could be intrusive and dollars spent here might go farther if parceled out to the drama and art departments. As far as Social-Cultural Ecologies it would be better to send dollars, top down, toward revitalizing local communities economically or hosting a fantastic Diversity Awareness Fair at one’s school. All in all Natasi and Naser’s paper seems like an attempt to bestow uncharacteristic administrative powers on the school counselor.

Some of the oversight powers Natasi and Naser (2014) would imbue on school counselors are United Nations (1989) – (Articles 28, 29) right to leisure and play (Article 22) right of children to express their views (Article 16) access information (Article 17) and freedom of association (p. 45). Taken as a whole and thus combined, it is true one does not want to imagine a child imprisoned in their room, tape over their mouth, disallowed to crack open Huckleberry Finn and unable to play with the neighbors. Conversely one could visual a zealous freedom rights advocate using the new power to permit a child who considers it fun to meet a Sado-Masochist cult leader online, have them over for a drum party in the family living room while cussing out the kid’s parents for being small minded. While the intent of Natasi and Naser can be seen as attempts to fulfill APA Code

of Ethics (2010) Principle D: Justice and Principle E: Respect for People's Rights and Dignity (p.3). De facto it more likely spawns a plethora of ethical conflicts related to Principle A: Beneficence and Non-maleficence as by not avoiding "political factors that might lead to a misuse of their influence" and Principle C: Integrity—specifically not avoiding "unwise or unclear commitments" (APA Code of Ethics, 2010, p.3).

Overall, I confess admiration for the intent of both. Fundamentally though I feel the attempt at inquiry of Harris and Kurpius is more intellectually incisive and worthy as a methodology of pursuit. They have succeeded in putting a spotlight on a major concern that will inevitably grow in consequence due to the nature of the Internet's growing influence in society. By contrast Nastasi and Naser seem to be beating dead horses. While children are the world's treasure, there are inherently so many domestic forces competing to promote their well-being that adding a complicated and over-arching set of laws based on principals instead of specific action sets seems unfruitful. Pitting child psychologists against parents and teachers as crusaders for human rights, beyond encouraging more oversight and proper use of Child Protective Services reporting, seems unnecessary and related to a desire to begin a form of civil war. Let sleeping dogs lie or don't.

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