

**THE 1ST ANNUAL CONFERENCE
OF THE CENTER FOR THE STUDY OF
EMPATHIC THERAPY, EDUCATION & LIVING**

The Empathic Therapy Conference



**APRIL 8-10, 2011
EMBASSY SUITES SYRACUSE
SYRACUSE, NEW YORK, USA**

The 1st Annual Conference
of the Center for the Study of
Empathic Therapy, Education & Living

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WELCOME TO THE EMPATHIC THERAPY CONFERENCE

We live in exciting times. Around the world and in the United States people are embracing their individuality and seeking liberty and freedom. As professionals and concerned individuals we embrace therapeutic relationship rather than psychiatric diagnosis. We promote empowerment, responsibility and engagement rather than psychiatric drugs and shock treatment. The Center for the Study of Empathic Therapy, Education & Living is a leader in inspiring creative, engaging relationships and programs to help those individuals who have become overwhelmed by life, traumatized by life events or saddened by losses. We are all explorers, seeking solutions for wounded hearts, minds and souls. Our first conference includes participants from over a dozen countries and many cultures. We welcome your participation and contributions to this exciting new field of Empathic Therapy!

Peter R. Breggin MD & Ginger Ross Breggin
April 8, 2011

WHAT IS "EMPATHIC THERAPY"?

Empathy recognizes, welcomes and treasures the individuality, personhood, identity, spirit or soul of the other human being in all its shared and unique aspects.

Empathic therapies offer a caring, understanding and empowering attitude toward the individual's emotional struggles, aspirations and personal growth. They promote the individual's inherent human rights to life, liberty and the pursuit of happiness. They respect the autonomy, personal responsibility and freedom of the person. They encourage the individual to grow in self-appreciation as well as in the ability to respect, love and empathize with others.

A broad spectrum of therapeutic and educational approaches can draw upon and express empathy; but conventional psychiatric diagnosis, psychiatric medication, electroshock and involuntary treatment suppress the individuality and the empathic potential of both the provider and the recipient. Empathy lies at the heart of the best therapeutic and educational approaches.

Peter R. Breggin, MD, July 8, 2010

FRIDAY MORNING

7:30-8:30 am Registration & Continuing Education Sign In

8:30-9:30	What is Empathic Therapy: Peter R. Breggin MD
9:30-10:30	Transforming Health Through Empathic Natural Health Arts and Sciences: Gerald Porter, PhD
10:30-11:00	Break with refreshments provided
11-12 Noon	Guided Self-Rehabilitation of Psychotic Street People: Alberto Fergusson MD
12-1:00 pm	Inspiring Greatness: Howard Glasser

FRIDAY AFTERNOON

1-2:00 pm Luncheon provided

2-3:00 Breakouts: Four separate workshops

- **Onondoga I:** Multicultural Counseling and Therapy: Barbara Streets PhD and Adrienne Johnson PhD
- **Onondoga II:** The DSM & Disease Mongering: Thomas Garcia, LMHC
- **Onondoga III:** Non-Violent Communication; Increasing Empathy in Private and Institutional Settings: Mel Sears, RN MBA
- **Syracuse Room:** Building a Person-Centered Private Practice & Clinic: Sarton Weinraub, PhD

3-4:00

Breakouts: Four separate workshops

- **Onondoga I:** Children in Mental Health Systems: Michael Gilbert PhD, Elizabeth (Betsy) Root MSW, Jenifer Kinzie MS
- **Onondoga II:** Psychotherapy for People with Traumatic Brain Injuries or Stroke: Richard Gottlieb, MSW
- **Onondoga III:** All Addicts Anonymous: A Peer Support Model Using Twelve Step Programs: Matt Dingle
- **Syracuse Room:** A Well-Being & Healing Approach to Mental Illness: Susan Schellenberg, Rosemary Barnes PhD

4-4:30

Break with refreshments provided

4:30-6:00 Psychotherapy and Medication for Military Stress: Risks and Benefits: Maj. Maria Kimble, MSW followed by panel of Drs. Fred Baughman and Peter Breggin

6-8:pm

Dinner on your own

FRIDAY EVENING

8:00 pm **Syracuse Room:** Authors' Night—Meet conference authors!
Dessert and refreshments provided

SATURDAY MORNING

- 8:30-10:30 Psychiatric Drug Tragedies: Personal, Legal and Medical Perspectives: Mathy Downing, Karl Protil JD, Peter Breggin MD
- 10:30-11 **Break with refreshments provided**
- 11-12 Noon Trauma and Addiction—Spiritually vs. Drugs: Charles Whitfield MD
- 12-1:00 Empathy in Private & Clinical Practice: Doug Smith MD

SATURDAY AFTERNOON

- 1-2:00 **Luncheon provided**
- 2-3:00 **Breakouts: Four separate workshops**
 - **Onondaga I:** Person Centered Practice, Advocacy and Systems Change: Sharon Hoffman, Rebecca Shipman MA, Discussant
 - **Onondaga II:** Better Ways of Helping Our Warriors: Michael Orban, Tom & Diane Vande Burgt
 - **Onondaga III:** SSRI Antidepressants Adverse Effects: Michael Shaw MD, Doug Smith MD, Charles Whitfield MD
 - **Syracuse:** Follow up discussion to morning ‘Psychiatric Drug Tragedies’ plenary with panel members.
- 3-4:00 **Breakouts: Four separate workshops**
 - **Onondaga I:** Complimentary Therapy: Biofeedback Cindy Perlin LCSW
 - **Onondaga II:** Therapeutic Approaches to People with Dementia: Kathryn Douthit PhD
 - **Onondaga III:** Psychotherapy, Recovery and Spirituality Barbara Whitfield RRT CMT, Wendy Pidkaminy LCSW
 - **Syracuse:** Emotional Freedom Techniques; Faster Relief of Distress: Dorothy Cassidy MEd, Nadine DeSanto EdS
- 4-4:30 **Break with refreshments provided**
- 4:30-6:00 How Psychiatric Drugs Work and How They Get FDA Approval: Peter R Breggin MD & Mark Foster DO
- 6-8:pm **Dinner on your own**

SATURDAY EVENING

- 7:30 pm **Dessert and Refreshments provided**
- 8-10 pm Premiere of Dr. Breggin’s training film “How To Do Empathic Therapy” & discussion: Peter R. Breggin MD, and Wendy Pidkaminy LCSW

SUNDAY MORNING

- 8:00 am **Buffet breakfast provided**
- 9:00-10:30 The Psychiatric Web Ensnaing Our Children: Martin Whitley, Fred Baughman MD
- 10:30-11:30 Practical Approaches to Dealing with Stress and Emotional Problems without Resort to Psychiatric Medications: Piet Westdijk MD and Hemant Thakur MD
- 11:30-12 **Break with refreshments provided**
- 12-1:00 Empathy in Action including Drs. Colbert and Breggin Role Playing Therapy. Guaranteed to be Memorable: Ty Colbert PhD and Peter Breggin MD
- 1-1:30pm Closing with Ginger and Peter Breggin and friends

DR. BERTRAM KARON IS FIRST RECIPIENT OF THE EMPATHIC THERAPY AWARD

Bertram P. Karon, PhD is the first recipient of the Empathic Therapy Award from the Center for the Study of Empathic Therapy, Education & Living. The award honors his unique combination of humanity and scientific discipline. Throughout his career he has touched and enhanced many lives and influenced many professionals for the better as an educator, therapist, researcher, writer, and leader. Because of him, psychology and indeed the world are more caring and rational places.



Dr. Karon has spent most of his career as a Professor of Clinical Psychology at Michigan State University. He received his A.B. from Harvard and his Ph.D. from Princeton. He is a former President of the Division of Psychoanalysis of the American Psychological Association, and has over 150 publications. His book, *Psychotherapy of Schizophrenia: The Treatment of Choice*, remains a landmark in the field.

Dr. Karon has received many awards in the fields of psychology and psychoanalysis. He is a Founding Member of the Advisory Council of our Center for the Study of Empathic Therapy, Education & Living, and a long-time friend and colleague to many of us in the organization. In the early years of Dr. Breggin’s reform work, he received support and encouragement from Dr. Karon when few others were courageous enough to do so.

Dr. Karon endured a serious automobile accident in November 2007 and then on February 11, 2011 he lost his wife Mary whom he described to us as “a part of everything good I have done.” He is less active now but wants his friends and colleagues to know that he has started to write again.

This award is dedicated to our friend Bert Karon with love and respect.
Peter and Ginger Breggin

MEET OUR SPEAKERS

Rosemary Barnes, PhD: Psychologist Dr. Rosemary Barnes has worked at Toronto General and Women's College Hospitals and been affiliated with the University of Toronto, York University and the Ontario Institute for Studies in Education. She has published on suicide, HIV conditions and residential schools. She is currently in independent practice. Susan Schellenberg and Rosemary co-authored *Committed to the Sane Asylum: Narratives on Mental Wellness and Healing*, a Foreword Magazine, Book of the Year finalist.



Fred Baughman, MD: Dr. Baughman has been an adult & child neurologist, in private practice, for 35 years. He is also an international critic of the psychiatric diagnosis of children. Making "disease" (real diseases--epilepsy, brain tumor, multiple sclerosis, etc.) or "no disease" (emotional, psychological, psychiatric) diagnoses daily, he has discovered and described real, bona fide diseases. It is this particular medical and scientific background that has led him to view the "epidemic" of one particular "disease"--Attention Deficit Hyperactivity Disorder (ADHD)--with increasing alarm. Dr. Baughman describes this himself. Referring to psychiatry, he says: "They made a list of the most common symptoms of emotional discomfiture of children; those which bother teachers and parents most, and in a stroke that could not be more devoid of science or Hippocratic motive--termed them a 'disease.' Twenty five years of research, has failed to validate ADD/ADHD as a disease. Tragically--the "epidemic" having grown from 500 thousand in 1985 to between 5 and 7 million today--this remains the state of the 'science' of ADHD."



Peter R Breggin, MD: Dr. Peter Breggin is Founder and Director of the Center for the Study of Empathic Therapy, and a psychiatrist in private practice in Ithaca, New York. He also offers consultations in clinical psychopharmacology and often acts as a medical expert in criminal, malpractice and product liability suits. Dr. Breggin has been called "the Conscience of Psychiatry" for his efforts to reform the mental health field, including his promotion of caring psychotherapeutic approaches and his opposition to the escalating overuse of psychiatric medications, the oppressive diagnosing and drugging of children, electroshock, lobotomy, involuntary treatment, and false biological theories. He is a Harvard-trained psychiatrist and former full-time consultant at NIMH and the author of many scientific articles and books including, *Toxic Psychiatry* (1991), *Talking Back to Prozac* (1994 with Ginger Breggin), *Brain-Disabling Treatments in Psychiatry, Second Edition* (2008) and *Medication Madness: The Role of Psychiatric Drugs in Cases of Violence, Suicide and Crime* (2008).

Dorothy Cassidy MEd: For many years Dorothy Cassidy has served on the Board of Directors of a couple of mental health organizations. She is now thrilled to be part of The Center for the Study of Empathic Therapy, Education & Living. Nationally, statewide, and locally, she has been giving presentations and seminars on issues and choices for mental health, especially those involving children, with personal appearances which on occasion have included radio and television. Over a 36 year period, she has primarily taught special education for all grades levels through adults including incarcerated women.



Ty Colbert, PhD: Dr. Colbert has been a licensed clinical psychologist for the last thirty years. He specializes in drug free psychotherapy for such so-called mental disorders as Schizophrenia, Bipolar and ADHD. He is the author of *Broken Brains or Wounded Hearts: What Causes Mental Illness, Rape of the Soul, Blaming Our Genes*, as well as several short booklets. He has given Continuing Educational seminars across the United States to professionals on the fallacies of the medical model of mental illness and on drug free approaches to psychotherapy. He presently works as a prison psychologist in the state of California.



Kim Crespi: The Kim and David Crespi tragedy occurred on 1/20/2006. After 7 days of Prozac and a cocktail of other medications, David became psychotic and fatally stabbed to death their twin 5 year old daughters. Surviving children were Jessica (17), Dylan (13) and Joshua (9) at the time. David was arrested, medicated further, charged with Murder 1 and then encouraged to plea which he did within 5 months of the tragedy. The psychiatrists brought in by the public defenders did nothing to alert family or defenders to possible "medication induced psychosis" and the family was left to find the truth alongside the grief of losing the twins and dealing with David's imprisonment. Peter Breggin's publication of *Medication Madness* in 2008 opened their eyes to the truth and they have gone on from there. David is currently serving back to back life sentences in North Carolina; no further legal action has been filed. Lawyers are gathering the evidence to apply for a motion for appropriate relief to ask for the plea to be set aside. David has been medication free in prison for 2 1/2 years and has great clarity on what happened to him and to his family.

Nadine De Santo EdS: Nadine De Santo is a school psychologist in Indiana who also teaches parenting classes and workshops that incorporate personality, learning style, challenging temperaments, drug-free discipline, and Emotional Freedom Techniques (EFT). She presents at schools, churches, Huntington University, and the women's division of the Fort Wayne rescue mission.



Matthew I. Dingle: Matthew has held the following positions for East Ridge and the Upstate Group of All Addicts Anonymous (the headquarters for the AAA movement): Outreach Director, East Ridge Recovery Center, Assistant to the Chairman, Upstate Group of AAA, Editor, *24 Communications*. He is a recovered alcohol, drug addict and has been on the AAA Program for eleven years. Matthew is married with three children and lives in the East Ridge Community in Upstate NY, the home group of AAA. The Upstate Group exists to sponsor and support the central and unchanging mission of All Addicts Anonymous — offering a program of recovery for all addicts and all addictions. The East Ridge Recovery Center is a laboratory for learning to live the All Addicts Anonymous Program, which is the Twelve Step way of life that has been providing recoveries from all kinds of addictions since 1964.

Kathryn Douthit PhD: Kathryn Douthit is an Associate Professor and Chair of the Counseling and Human Development Program in the Department of Counseling & Human Development, Warner School of Education, University of Rochester, New York. Dr. Douthit is a counselor educator who joined the Warner School in 2001 with a scholarly background and career experiences that encouraged her to bridge the worlds of social and biological sciences. Dr. Douthit thinks it is crucial to bring together the literatures of science and counseling to form one coherent statement about their relationship that both disciplines can digest and accept. Dr. Douthit currently teaches courses in human development and the counseling process.

Mathy Milling Downing, MA: Mathy Downing resides in Laytonsville, Maryland, with her husband, Andrew, and her surviving daughter, Caroline. She has taught for numerous years and is a certified counselor and educational specialist. Following the death of her daughter, Candace, in January, 2004, Mathy became quite outspoken in the fight against the needless overmedicating of children. She has testified before the Food and Drug Association, the National Institutes of Medicine, and the United States Congressional House and Senate. She has been interviewed on radio and on every major network in regards to Candace's untimely death from antidepressants, hospital and medical error, transparency between doctors and the pharmaceutical corporations, and the idiocy and fraud of Teen Screen. Candace's story is recognized all over the world and Mathy was asked to present in Norway following the national screening of "Prescription:Suicide", an award winning filming, written in part and narrated by Candace's sister, Caroline. Mathy has appeared in two additional documentaries entitled, "Generation Rx" and "Dead Wrong".

Alberto Fergusson, MD: Dr. Fergusson, is a psychiatrist in Columbia, South America, who also consults in the United States. He is an international innovator in the field of helping deeply disturbed and homeless patients without resort to psychiatric drugs. Dr. Fergusson works at the institution, Fungrata, dedicated to the rehabilitation of homeless, so-called psychotics. In private practice since 1976 and at Fungrata since 1982 with at least 500 persons diagnosed as schizophrenia has given Dr. Fergusson the clinical experience to develop the approach he now calls Accompanied Autoanalysis.

Thomas Garcia, LMHC: Thomas Garcia, LMHC NCC CAP CFAE MAC - Doctoral Student, Department of Psychological and Social Foundations University of South Florida. Mr. Garcia has worked with the chemically dependent population – both adolescents and adults, in both private and public sectors, including Florida Department of Corrections and Department of Juvenile Justice for over 10 years. He is an advocate for education and treatment reform and a worldwide lecturer. Mr. Garcia also is the Clinical Director of Novus Detox and SunCoast Rehabilitation addiction facilities and an adjunct professor at Springfield College's School of Human Services. He also is a Nationally Qualified Supervisor for Mental Health and Marriage & Family interns in Florida and a Board Member for the Florida Adlerian Society.



Michael Gilbert PsyD: Dr. Gilbert has worked in human services since 1989, including foster care, group home, and hospital settings. In addition, he has worked as a school psychologist within Syracuse City Schools as well as adjunct professor at local colleges. In 2000, he founded "It's About Childhood & Family, Inc.," a not-for-profit clinical and resource center. Recently, he launched the Inner Wealth Initiative and the Center for Change in Central New York as a grassroots movement to provide families an alternative to the traditional mental health system. In addition to lecturing extensively he has advocated for and conducted research evaluating non-medication and non-labeling approaches for families with children exhibiting challenging behaviors often diagnosed as ADHD, ODD, and Bipolar.



Howard Glasser, MA: Howard Glasser is the Executive Director of the Children's Success Foundation in Tucson, Arizona. He designed The Nurtured Heart Approach and authored *Forming the Difficult Child* (1999). He has been a featured guest on CNN and a consultant for 48 Hours. He lectures internationally, teaching therapists, educators and parents about The Nurtured Heart Approach, which is now being used in hundreds of

thousands of homes and classrooms around the world. Howard Glasser is former director and clinical supervisor of Center for the Difficult Child and he has been a consultant for numerous psychiatric, judicial and educational programs. His work is being successfully applied across many types of programs, including those for methamphetamine addicts, for the military and for troubled marriages. The Nurtured Heart Approach is being applied in mentoring programs, Head Start programs, high school character education, all areas of mental health treatment, elder care, in-home family therapy, residential programs, foster care systems, and programs designed to instill inner wealth in infants and toddlers.

Richard Gottlieb, MSW: Richard F. Gottlieb, MSW say "My work as a psychotherapist spans more than 40 years in private and public practice. In that time I have had thousands of teachers, all of whom were my patients. I have also worked with many clinicians, the best of whom share a commitment to unwavering focus on their patients. The two most influential were Dr. George P. Inge III at the very beginning of my career, and Dr. Bertram Karon, over many years and to this day. Both taught me how to learn, how to listen, and how to respect and get out of the way of a mind seeking health." Richard Gottlieb, is a licensed Master's Social Worker, licensed Marriage & Family Therapist, Board Certified Diplomate in Clinical Social Work, Clinical Supervision, & Practice with Children and Their Families.



Sharon Hoffman: Sharon Hoffman is an active disability advocate. She is a Certified Startup and Support Broker for NYS Office for Persons with Developmental Disabilities (OWPDD), a Benefits and Work Incentives Practitioner (Certified- Cornell ILR School, Employment and Disability Institute) and has an Interdisciplinary Bachelor of Science: Disability Studies, Culture and Mental Health, SUNY Empire State. Sharon is an independent training consultant. Her expertise includes Person-Centered Planning and Advance End of Life Care based on Self-Determination Principles.

Adrienne Johnson PhD: Dr. Johnson, is an Associate Professor in Mental Health Counseling at SUNY - Oswego. Her clinical experience includes crisis counseling, adult outpatient counseling, and college counseling. She has presented internationally on a broad range of counseling topics, and has and produced several scholarly publications primarily related to diversity and disability issues in counseling and higher education. Dr. Johnson is a member of several professional organizations related to mental health counseling, higher education, and disability advocacy. Her current research focuses on bias and attitudes in counseling, counselor trainee competence, disability advocacy, and diversity issues in counselor education.



Major Maria Kimble, MSW: Maria Kimble enlisted as a Private in the U.S. Army in 1990. She has completed three combat deployments to include Operation Joint Guard (Bosnia-Herzegovina), Operation Iraqi Freedom (Iraq), and Operation Enduring Freedom (Afghanistan). In reference to her combat deployments, she has earned the Bronze Star Medal, Combat Action Badge, and other recognitions. Maria has also earned the Parachutist Badge and has served with the elite 82nd Airborne Division. After 20-years of military service, Maria has earned the rank of Major and is currently serving in the Ohio Army National Guard as the 37th Infantry Brigade Combat Team (IBCT) Behavioral Health Officer and is preparing for her fourth combat deploy-



ment. In 1999, Maria began her career with the Department of Veteran Affairs (VA) by completing a Veteran's Work-Study Program with the VA while earning her Bachelor of Arts in Social Work (BASW) from the University of Akron (UA) and her commissioning through the UA's Reserve Officers' Training Corps (ROTC) Program. In 2002, Maria continued her career with the VA by completing a Social Work Internship with the VA while earning her Master of Science in Social Work (MSSW) from the University of Texas. In 2003, Maria was employed with the Central Texas Veterans Health Care System (CTVHCS) as a Community Based Outpatient Clinic Social Worker. Currently, Maria is continuing her employment at the CTVHCS as an Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn Program Case Manager.

Jennifer Kinzie MS: Jennifer Kinzie, MS, LMHC is the Program Manager at Syracuse Model Neighborhood Facility, Inc., an individual and family services facility. She is also a mental health counselor in private practice where she provides mental health counseling, parent consultation, and psychosocial education for adolescents, parents, families, and providers.

Michael Orban: Michael Orban was drafted into the U.S. Army at age 19 and served 12 months as an infantry soldier in the jungles of Vietnam. He returned from war in a psychological and spiritual darkness overwhelming in intensity and volume. Filled with extreme anxiety and unable to understand his reactions to war, he began a decades long retreat into isolation and the remote jungles of Africa. Where mental health professionals failed in therapy and resigned him to life anesthetized in lethargic misery with heavy medications, the people and cultures of remote Africa helped restore his mind and soul. Combined with an introduction to the hospital and works of Dr. Albert Schweitzer, Michael Orban found the reverence for life and will to live that would balance the reactions to war that were haunting him.



Cindy Perlin, LCSW: Cindy Perlin is a Licensed Clinical Social Worker and is Board Certified in Biofeedback by the Biofeedback Certification International Alliance. She has been in private practice as a psychotherapist and biofeedback practitioner for 17 years in the Albany, NY area. She is currently the president of the Northeast Regional Biofeedback Society. 30 years ago she successfully used biofeedback to heal a chronic, disabling back problem. She is currently writing a book on health care reform from an alternative medicine perspective.

Wendy West Pidkaminy, LCSW: Wendy Pidkaminy is a Licensed Clinical Social Worker and Certified School Social Worker in the state of New York. Wendy has decades of experience working with non-profit organizations, government agencies, school districts, universities, and in private practice, bringing transformation, vision, and healing to countless individuals and families. Wendy is an Adjunct Professor in the Syracuse University Department of Social Work and the author of *Parenting Challenging Children with Power, Love and Sound Mind*.

Gerald Porter, PhD: Dr. Porter is Dean of the School of Natural Arts and Sciences at Bastyr University. He was formerly Chair of the Department of Counseling and Psychological Services at SUNY Oswego, and Dean of the School of Education at SUNY Cortland. Prior to coming to academia, Dr. Porter was in New York State government service in a variety of policy level positions in education, corrections, and economic development. His research interests include the social construction of race, gender, and psychiatric disorders.

Karl Protil, JD: Karl Protil's legal practice consists of personal injury litigation, with an emphasis on medical malpractice and tort claims against the federal government. He has extensive experience before Federal courts through the United States and in state trial courts in Maryland, Virginia and the District of Columbia representing clients whose litigation resulted in multi-million dollar recoveries.

Elizabeth Root, MSW: Betsy Root has been a licensed clinical social worker for 20 years. Her employment spanned five upstate New York counties, where she served families and children in the public sector. She became increasingly concerned about the labeling and medicating of children as she observed many of them deteriorate and become truly mentally ill when they weren't to begin with. Betsy's research accelerated, and by 2007 she had accumulated volumes of information about a broken system, how to fix it, and how to help children without drugs. She retired from practice and set to work completing her encyclopedic critique of America's mental health treatment of children. *Kids Caught in the Psychiatric Maelstrom: How Pathological Labels and "Therapeutic" Drugs Hurt Children and Families* was published in September of 2009.

Susan Schellenberg: Artist and writer Susan Schellenberg, began her career as a public nurse. Susan's *Shedding Skins* dream art and text is on permanent exhibit in the main lobby at the Centre for Addiction and Mental Health, Clarke Site, Toronto, Canada. Susan and Rosemary Barnes co-authored *Committed to the Sane Asylum: Narratives on Mental Wellness and Healing*, a Foreword Magazine, Book of the Year finalist.

Mel Sears, RN, MBA: Melanie Sears, has been a trainer for the Center of Nonviolent Communications since 1991. She works with businesses, hospitals, nursing homes, hospices, individuals, couples and parents in transforming their usual way of operations, interpersonal interactions and dealing with conflict to one which is more compassionate, conscious and effective. She has worked in most areas of health care as an RN, administrator and supervisor for thirty years. She has observed common communication themes in each area she experienced. These themes adversely affected both patient and staff satisfaction which resulted in increased operating costs, increased staff turnover, increased sick leave and in general poor team work and lack of harmony. Melanie discovered that by shifting the communication patterns used, everything else shifted to create more positive outcomes for staff, patients and administration. She is the author of the books, *Humanizing Health Care: Creating Cultures of Compassion with Nonviolent Communication* and *Choose Your Words: Harnessing the Power of Compassionate Communication to Heal and Connect*.



Michael Shaw, MD: Dr. Shaw practices obstetrics and gynecology in Binghamton, New York. His medical practice includes a special emphasis upon helping men and women who are suffering from intimacy issues, including those problems caused by the adverse effects of SSRI antidepressants. *Female Sexual Desire and Male Sexual Fulfillment; Why it is Lost and How it Can Be Found?* is the title of Dr. Shaw's book, in press.

Rebecca Shipman, MA: Professor Rebecca Shipman Hurst is Department Chair of the Human Services Department at Massasoit Community College. Throughout her career she has utilized a student-centered approach to teaching and learning and has developed an Associate Degree Human Services program that emphasizes a person-centered, relational method of helping. Professor Shipman Hurst has promoted a perspective which highlights human individuality, diversity, voluntary interdependence, and rights and responsibilities. Rebecca Shipman Hurst is a recipient of the National Institute for Staff and Organizational Development's Excellence in Teaching Award.

Doug C. Smith, MD: Dr. Smith, M.D. is a retired U.S. Public Health Service Officer, and an active psychiatrist and mental health consultant who currently lives and practices in Juneau, Alaska. Dr. Smith is board certified in psychiatry extensive post-graduate training in psychoanalysis. He was Chief of Mental Health Services at Davis-Monthan AFB from 1990-1994 and Chief of Psychiatry at Mount Edgecumbe Hospital in Sitka, Alaska from 1994-1996. Dr. Smith has testified in dozens of civil commitment hearings and since 1996 has been director of mental health services at the Juneau Medical Center. In 2001 he became the clinic's medical director. Dr. Smith continues to practice psychiatry and through his career has also served in positions at State prisons in Ohio and Alaska and at community mental health centers in Arizona.



Barbara Streets, PhD: Barbara Streets, PhD, is an assistant professor at SUNY-Oswego in the Department of Counseling and Psychological Services, is a Board Certified Fellow in African Centered / Black Psychology. She is also a New York State licensed psychologist and an AFAA certified aerobics instructor. Her areas of interest include multicultural counseling, college students, mental health outreach programming and wellness management.



Hemant Thakur, MD: Dr. Thakur is a psychiatrist and assistant clinical professor with specialized training in psychosomatic medicine, and a specialist in post-traumatic stress disorder (PTSD). He has worked as a psychiatrist in various mental health settings including inpatient and outpatient psychiatry programs at Riker's Island Prison in New York City and in many alcohol and drug rehabilitation programs. After years of treating people whose lives were in ruins, he saw that traditional psychiatry, drug therapies and psychotherapies were not always effective and when they did work, the results were not long lasting. He learned that unless these people were taught to have a different perceptions of their problems, they would not be free of the disempowering effects of past trauma, and painful life experiences and problems, nor would they be able to handle new stresses and challenges in life. Thus, they could not be truly happy or successful human beings. He began to identify simple methods that changed behavior, solved life problems and minimized stress. By making better choices these



methods can help patients to start new, productive, and happy lives. He now teaches these techniques in seminars and lectures nationally and internationally and is the author of *Innovative Holistic Approaches to PTSD and Life Stress*. He is a Colonel in the U.S. Army Reserve and Director of the PTSD Program, Lenexa, Kansas.

Diane Vande Burgt & Tom Vande Burgt: "Lest We Forget" a PTSD Family & Military Support Group was founded by Diane and Tom Vande Burgt and is a peer and family run support group. Tom and Diane Vande Burgt are advocates for Military and Veterans: Tom Vande Burgt served with the WV Army National Guard, 3664th Maintenance Co in Iraq from Feb 2004-Feb 2005. The entire year in Iraq Tom witnessed and experienced numerous rocket and motor attacks, as well as having run convoys throughout the country. In March 2005, Tom was rotated home to West Virginia. It was a surreal transition. Earlier in life, he served with the Marine Corps for 15 1/2 years, then retired in 2006 from the WV Army National Guard after serving



an additional eight years. Diane Vande Burgt also served in the West Virginia National Guard. She was an active duty military spouse dealing with the military since 1986. She attended WV State University, studying Criminal Justice, and is a skilled computer forensic researcher. Her oldest sons are also currently serving in both the Army and Marine Corps.

Sarton Weinraub, PhD: Sarton Weinraub, PhD, is the Director of the New York Person-Centered Resource Center, a humanistic mental health clinic based in New York City. Dr. Weinraub says "my mission is to guide our mental health clinic to understand and respond to the actual origin of the client's mental illness. As an individual practitioner, I strive to offer psychotherapy services that draw upon the actualizing capacities of each person, family, and group in order to promote positive growth and healing." Dr. Weinraub is a Rogerian person-centered psychotherapist who believes the primary goal of therapy is deep empathic listening and nonjudgmental acceptance. He says "along with many other professionals, I am against the 'medical model' being applied to mental health treatment. As a psychotherapist, I feel it is important to avoid biases, not to impose values, and to appreciate each person as the expert on his or her life. Therefore, I strive to offer psychotherapy that promotes equality and honesty, is based upon what I see as solid scientific evidence, and consistently considers the actualizing potential of each person." Dr. Weinraub has received training in the Person-Centered Approach from the Independent Consultation Center in New York City and in psychodynamic-psychotherapy from the New York University Psychoanalytic Institute, as well as a great deal of individualized psychotherapeutic training from well-regarded psychotherapeutic practitioners.

Piet Westdijk, MD: Piet Westdijk, MD, is a child and adult psychiatrist, systemic therapist and supervisor (Heidelberg school), in private practice in Basel Switzerland for 14 years. Dr. Westdijk trained in medicine and psychiatry in state hospitals in Switzerland for 6 years. Basics of his work as a medical practitioner include: helping patients to leave the traditional psychiatric systems by examining and unmasking psychiatric diagnoses and drugs, by personal encounter on Bubers level of "I and Thou", and searching for reasons and goals. Dr. Westdijk's experience ranges over the fields of psychiatry / psychotherapy including psychoactive substance use, schizophrenia, phobic anxiety disorder, obsessive compulsive disorder, adjustment disorders, somatoform disorders, personality disorders and forensic psychiatry. Within his training he worked during 2 years as prison psychiatrist, where he trained to write forensic expertises. Now he likes to write second opinions to forensic expertises. He has also focused on workplace and school bullying issues and does couples and family therapy.



Martin Whitely: Martin Whitely is a West Australian (WA) politician, author (*Speed Up and Sit Still*), and former teacher. In the 1990's Martin became alarmed at the number of boys in his class who were 'medicated for ADHD' but were unnaturally quiet and compliant. When he was elected to the WA Parliament in 2001 WA's ADHD prescribing rates were amongst the highest in the world. Martin's advocacy slashed WA Government estimates of child ADHD prescribing numbers by over 65% between 2000 and 2009. Over a similar timeframe WA teenage amphetamine abuse rates fell by over 50%. WA's story as the world's first ADHD hot spot to see a massive decline in child ADHD prescribing offers hope that with common sense and leadership the ADHD industry can be beaten. In addition, long term data from Martin's home town Perth provides compelling evidence that for children 'diagnosed with ADHD', those 'medicated' had significantly worse academic and health outcomes than 'ADHD children' who never used 'medication'.

Barbara Whitfield, RRT, CMT: Barbara Harris Whitfield had two profound near-death experiences while suspended in a Stryker frame Circle Bed after catastrophic spinal surgery in 1975. From then on her life has been a search for answers to questions created by being an atheist and suddenly confronted with a Higher Power that took her through a life review. Her path led her to six years of research at the University of Connecticut Medical School's Dept. of Psychiatry where she looked at the after effects and how to integrate them into every day life. She taught about these after effects for 12 years at Rutgers University's Institute for Alcohol and Drugs Studies calling her classes "When the 12th Step Happens First." Her new book *The Natural Soul: Unity with the Spiritual Energy That Connects Us-- What it looks Like and how It Feels* is a first person description of how her life is now a reflection of what she learned and continues to learn. On this panel she will share what she has learned about spirituality and psychotherapy.



Charles Whitfield, MD: Dr. Charles Whitfield is a physician and psychotherapist specializing in working with people with addictions and adults who have been traumatized as children. He has a private practice in Atlanta, Georgia. He is a consultant at the Centers for Disease Control, and was a faculty member at the Rutgers University Summer program for 23 years. He is on the editorial boards of several professional journals and since 1993 has been voted by his peers as one of the Best Doctors in America. Dr. Whitfield has appeared on several national TV shows as a guest expert. His bestselling book, with over 1.5 million copies sold, is *Healing the Child Within* (1987). Dr. Whitfield's most recent book is *Not Crazy: You May Not Be Mentally Ill - Misdiagnosed and mistreated with drugs that don't work well or make you worse. Important information withheld from you by the Drug Industry, Psychiatry, Government, and others.*



Ginger Ross Breggin: Ginger Breggin is Co-founder and Executive Director of the Center for the Study of Empathic Therapy, Education & Living. Since the Center was founded April 2010, she has launched a new monthly E-newsletter, organized this first Empathic Therapy Conference, and has created the social and educational network: The Empathic Therapy, Education & Living Network for professionals, individuals, survivors, families and advocates. Ginger has co-authored two books with her husband Peter Breggin: the bestseller *Talking Back to Prozac* and *The War Against Children of Color*. For more than a decade Ginger Breggin was director of the Center for the Study of Psychiatry, informally known as the International Center for the Study of Psychiatry and Psychology (ICSPP.org), where she developed and organized the annual international conferences, newsletter and membership of that organization. She also conceived and cofounded the scientific journal *Ethical Human Psychology and Psychiatry*, and served as its first managing editor.



THE CENTER FOR THE STUDY OF EMPATHIC THERAPY, EDUCATION & LIVING

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There is no such thing as a spontaneous anxiety or an endogenous depression. If a patient is anxious, there is something to be scared of. If a patient is depressed, there is something to be depressed about. If it is not in consciousness, then it is unconscious. If it is not in the present, then it is in the past and something in the present symbolizes it. ~ Bertram Karon, PhD

GUIDELINES FOR EMPATHIC THERAPY

BY PETER R. BREGGIN, MD

Preface

The Guidelines for Empathic Therapy apply to every human relationship. In therapy they are codified and then applied with care by the therapist under the special conditions of therapy. Therapy is as complex and subtle as life itself. You don't have to accept every one of the Guidelines for Empathic Therapy to belong to the Center for the Study of Empathic Therapy, Education & Living. Each of us must find our own particular understanding of these principles, emphasize one or another, and perhaps modify some. We welcome an open and continuing dialogue about these guidelines and plan to include new ideas.

The Guidelines

As Empathic Therapists –

- (1) We treasure those who seek our help and we view therapy as a sacred and inviolable trust. With humility and gratitude, we honor the privilege of being therapists.
- (2) We rely upon relationships built on trust, honesty, caring, genuine engagement and mutual respect.
- (3) We bring out the best in ourselves in order to bring out the best in others.
- (4) We create a safe space for self-exploration and honest communication by holding ourselves to the highest ethical standards, including honesty, informed consent, confidentiality, professional boundaries, and respect for personal freedom, autonomy and individuality.
- (5) We encourage overcoming psychological helplessness and taking responsibility for emotions, thoughts and actions—and ultimately for living a self-determined life.
- (6) We offer empathic understanding and, when useful, we build on that understanding to offer new perspectives and guidance for the further fulfillment of personal goals and freely chosen values.
- (7) When useful, we help to identify self-defeating patterns learned in childhood and adulthood in order to promote the development of more effective choice-making and conduct.
- (8) We do not treat people against their will or in any way use coercion, threats, manipulation or authoritarianism.

(9) We do not reduce others to diagnostic categories or labels—a process that diminishes personal identity, over-simplifies life, instills dependency on authority, and impedes posttraumatic growth. Instead, we encourage people to understand and to embrace the depth, richness and complexity of their unique emotional and intellectual lives.

(10) We do not falsely attribute emotional suffering and personal difficulties to genetics and biochemistry. Instead, we focus on each person's capacity to take responsibility and to determine the course of his or her own life.

(11) We recognize that a drug-free mind is best suited to personal growth and to facing critical life issues. Psychiatric drugs cloud the mind, impair judgment and insight, suppress emotions and spirituality, inhibit relationships and love, and reduce will power and autonomy. They are anti-therapeutic.

(12) We apply the Guidelines for Empathic Therapy to all therapeutic relationships, including persons who suffer from brain injuries or from the most profound emotional disturbances. Individuals who are mentally, emotionally and physically fragile are especially vulnerable to injury from psychiatric drugs and authoritarian therapies, and are in need of the best we have to offer as empathic therapists.

(13) Because children are among our most vulnerable and treasured citizens, we especially need to protect them from psychiatric diagnoses and drugs. We need to offer them the family life, education and moral and spiritual guidance that will help them to fulfill their potential as children and adults.

(14) Because personal failure and suffering cannot be separated from the ethics and values that guide our conduct, we promote basic human values including personal responsibility, freedom, gratitude, love, and the courage to honestly self-evaluate and to grow.

(15) Because human beings thrive when living by their highest ideals, individuals may wish to explore their most important personal values, including spiritual beliefs or religious faith, and to integrate them into their therapy and their personal growth.

With guidance from Executive Director Ginger Breggin and Members of the Advisory Council including Bart Billings PhD, Doug Bower PhD, Joanne Cacciatore PhD, Mathy Downing, Thomas Cushman PhD, Dorothy Cassidy MEd, Nadine De Santo EdS, Pamela Glasner, Adrienne Johnson PhD, Jennifer Kinzie LMHC, Jodi Mullen PhD, Wendy West Pidkaminy LCSW, Gerald Porter PhD, Michael Shaw MD, Stuart Shipko MD, Doug Smith MD, Tony Stanton MD, Sarton Weinraub PhD, Piet Westdijk MD and Charles Whitfield MD.

Peter R. Breggin, MD,
International Director
Center for the Study of Empathic Therapy, Education & Living
www.empathictherapy.org

PETER R. BREGGIN M.D. --HIS 1954 TO THE PRESENT PSYCHIATRIC REFORM ACCOMPLISHMENTS THAT INFORM EMPATHIC THERAPY

Many of Dr. Breggin's accomplishments as a reformer are documented in detail in *The Conscience of Psychiatry: The Reform Work of Peter R. Breggin, M.D.* (2009). This biographical tribute to Dr. Breggin's work draws on more than half-a-century of media and more than 70 special contributions from his colleagues as well as many other sources.

Dr. Breggin reports:

I have been blessed with the opportunity to carry out reform activities, to work with an increasing number of like-minded colleagues, and to publish dozens of scientific articles and more than twenty books for the public and the profession over the course of my professional career. I have been especially fortunate to have my wife, Ginger, working with me for almost twenty-five years. What follows is an outline summary of some of the highlights of my work as a psychiatrist and reformer.

Developing the Harvard-Radcliffe College Volunteer Program

As a college student (1954-1958), I co-directed and helped to develop the Harvard-Radcliffe Mental Hospital Volunteer Program, including a case aide program in which individual students worked with their own hospitalized patients, many of whom were released as a result of the volunteer interventions. The program lasted for many years and originated a credit undergraduate seminar at Harvard. Our program was described and strongly supported by the President's Commission on Mental Health (1962). From the volunteer project, I co-authored my first book, *College Students in a Mental Hospital* (Umbarger et al., 1962). I then went to medical school with the intention of becoming a psychosocially oriented psychiatrist; but I had no idea how much the profession would turn wholly to the biological model and to drugs, electroshock and even psychosurgery.



Forming New Organizations

In 1972, I founded the Center for the Study of Psychiatry, which became unofficially known as the International Center for the Study of Psychiatry and Psychology with a board of directors including psychiatrists and other mental health professionals, lawyers, consumers and members of the U.S. Congress. After my wife Ginger joined me as Executive Director, the organization grew to have a large board of directors and an advisory council of several hundred members, plus a large general membership. It held annual meetings and sponsored a peer-reviewed journal that I co-founded with my wife, *Ethical Human Psychology and Psychiatry*, published by Springer Publishing Company.

In 2002 my wife Ginger and I arranged for an orderly transition to new and younger leaders, and handed over complete authority for the running of the Center. In recent times, the old Center has not met our expectations. Most of the national figures that I brought onto the board of directors and the advisory council are no longer associated with it and the membership has dwindled. In addition, we have had conflicts with the leaders over the direction of the Center. In April 2010, Ginger and I withdrew support from our old organization and formed a new one.

Our new Center for the Study of Empathic Therapy, Education & Living continues our focus on criticizing biopsychiatric theory and practice, but also places increased emphasis on caring and effective empathic therapeutic, educational and human service approaches (www.EmpathicTherapy.org). The new Center has an outstanding Advisory Council, a website, an e-newsletter and additional networks.

Stopping the Resurgence of Lobotomy and Psychosurgery

After completing medical school, internship and three years of psychiatric residency training, I realized that psychiatry had become wholly committed to the biological model and to drugs and electroshock. I spent two years at NIMH working on building and staffing mental health centers and then in mental health and education. Then I went into private practice with no plan for becoming an active reformer as I had been in college. In the early 1970s, I discovered that lobotomy and newer forms of psychosurgery were being promoted throughout the world, including the United States, Canada, Europe and Asia. I was outraged and decided to conduct what became an international campaign that stopped the worldwide resurgence of lobotomy and psychosurgery on adults and children. Eventually all but a handful of projects around the world were forced to stop and all psychosurgery came to halt in federal and state institutions in the United States.

The anti-psychosurgery campaign was a major project, at times all-consuming, that required many hours of volunteer work per week for several years. The successful reform effort is described in a chapter in the *War Against Children of Color* (1998, coauthored by Ginger Breggin), and in the Special Topics section on my professional website (www.Breggin.com) under the topic of "Psychosurgery" as well as the topic of "Racism and Social Control." The book *The Conscience of Psychiatry: The Reform Work of Peter R. Breggin, MD* vividly documents this campaign through media quotations and many testimonials.

As a part of my international effort to stop psychosurgery, I developed the following projects during the 1970s:

- Wrote federal legislation to ban federal funding of psychosurgery that was introduced by members of the U.S. Congress. The legislation did not pass but it had a chilling effect on any further funding for psychosurgery and eventually all federal funding was stopped.
- Originated the idea and worked with members of the U.S. Senate to create the federal Psychosurgery Commission that eventually declared the treatment experimental and not suitable for routine clinical application.

- Helped to bring about and testified at the Kennedy Hearings on psychosurgery.
- Testified as the primary expert in *Kaimowitz v. Department of Mental Health* in Michigan, a trial before a three-judge panel. The court's final opinion was entirely consistent with my testimony about the damaging effects of psychosurgery and effectively stopped all psychosurgery in America's state mental hospitals.
- Made innumerable media appearances against psychosurgery, addressed professional conferences (including the American Psychiatric Association, NIH and NIMH) and wrote articles for the public and the profession.
- More recently, was the consultant and medical expert in the first successful psychosurgery malpractice case with a \$7.5 million verdict against the Cleveland Clinic in June 2002. The Cleveland Clinic stopped performing psychosurgery and only two remaining medical centers in the United States have been identified as continuing to conduct these mutilating procedures.

By the time it was over, my campaign had stopped most psychosurgery in the United States, Canada and Europe. I was especially grateful to see an end to the "research" of O. J. Andy at the University of Mississippi in Jackson who had operated on several dozen black children as young as age five, planting multiple electrodes into their brains to stimulate them and then to burn psychosurgical holes in their frontal lobes and limbic system. My efforts also stopped a similar surgery project on adults conducted in Boston by Harvard psychiatrist Frank Ervin and Harvard neurosurgeon Vernon Mark under the sponsorship of another Harvard neurosurgeon William Sweet.



Advocating Against Shock Treatment

In 1979 I published *Electroshock: Its Brain-Disabling Effects*. This was the first and remains the only medical book devoted to a critical analysis of this barbaric treatment. It has helped to support the anti-shock movement led largely by former mental patients and former victims of shock treatment. In 2008, Dr. Ursula Springer wrote a history of Springer Publishing Company in which she called the publication of my first medical book one of the highlights of her career. She described frightening encounters with shock doctors when she went as a publisher to medical meetings, including a threat to boycott her firm, which never developed. I continue to provide a rare voice within psychiatry documenting the dangers of electroconvulsive therapy and calling for it to be abandoned.

I was the sole scientific presenter on the brain-damaging effects of shock treatment at the NIH Consensus Development Conference on ECT in 1985 and may have helped the panel recognize and report on some of the dangers associated with the treatment.

In 2005, I testified as the medical expert in the first trial in history in which a jury returned a malpractice verdict against a shock doctor in favor of the injured

patient. It is a source of gratification that I have been the psychiatric expert in the first malpractice suits won against perpetrators of shock treatment and psychosurgery.

Publishing *Psychiatric Drugs: Hazards to the Brain* (1983) and Publicizing Tardive Dyskinesia

Psychiatric Drugs: Hazards to the Brain was the first and only medical book devoted wholly to the dangers of psychiatric drugs to the brain and mind. Among other things, it alerted the profession to the danger of tardive dyskinesia in children, a subject that was almost entirely unacknowledged. Tardive dyskinesia is a potentially devastating neurological disorder with abnormal movements caused by neuroleptic or antipsychotic drugs.

The book also alerted the profession to the danger of dementia produced by longer-term exposure to neuroleptic drugs, a subject most psychiatrists still avoid.

Dan Rather built a TV feature around the book (he saw the manuscript before it was published and I was a consultant to the show). In part because of the book and the media attention I generated around it, the FDA felt compelled to respond by developing a new class label for TD for all of the antipsychotic drugs.

Tardive dyskinesia continues to be a main concern for me. Literally tens of millions of patients are suffering from this persistent, untreatable disorder that can vary from disfiguring to wholly disabling and agonizing. I have testified and consulted in dozens of successful tardive dyskinesia cases in the US and Canada. Among half-a-dozen adult TD cases that have gone trial in the US and Canada, the injured patients have won all but one, and the exception was a hung jury. Many others have been settled, sometimes for millions of dollars.

I believe that on the basis of the frequency and potential severity of tardive dyskinesia, the FDA should ban neuroleptic drugs. In addition, these drugs cause many other severe and often life-threatening disorders that further bolster the urgency to withdraw them from the market.

Stopping the Federal Violence Initiative

Working with my wife, Ginger, we led a campaign that caused the cancellation of a large multi-agency federal program to perform dangerous invasive experiments on inner-city children in search of supposed genetic and biochemical causes of violence (the violence initiative). Second only to my much earlier international campaign to stop psychosurgery, this was a major time-consuming project. It is described in *The War Against Children of Color* (P. and G. Breggin, 1998). A chapter in *The Conscience of Psychiatry: The Reform Work of Peter R. Breggin, MD* is devoted to our successful campaign against the Federal Violence Initiative. Some related accomplishments include:

- Causing the initial cancellation and later restructuring of a potentially racist federally sponsored conference on the genetics of violence, and protecting some of the nation's most vulnerable children from psychiatric abuse.

- Working with the U. S. Congressional Black Caucus and other African-American leaders to develop a coalition against the violence initiative.
- Exposing the channeling of drug company funds to individual researchers at NIH through the intermediary foundation, FAES, leading to cancellation of this program, circa 1994.
- Causing NIH and NIMH to hold special hearings to re-evaluate their research in order to place more emphasis on psychosocial causes of destructive behaviors.
- Discouraging a new onslaught of eugenically inspired psychiatry.

Disclosing the Role of Psychiatry In Nazi Germany

Before it was written about in the United States, I learned from a World War II soldier about his liberation of a state mental hospital that was being used for the extermination of mental patients even before the Holocaust had begun. The hospital was still killing and cremating its patients, even after the war was over. I was able to research foreign documents and to travel to Germany with my friend Jeffrey Masson to look into archives on the extermination of mental patients. It turned out that biological psychiatry in Germany developed the theory and practice of massive “scientific” murder, including extermination centers, gassing and cremation. Furthermore, the Germans were sustained in their efforts by approval from key figures in British and American medicine and psychiatry. I gave a formal presentation on the subject at the first German conference on the role of medicine in the Third Reich, and wrote both a popular article and a scientific report on how the murder of mental patients was a key step toward the murder of the Jews. When Jeffrey Masson and I physically delivered my paper to the Holocaust Museum, the archives reported that it was the first scientific documentation in their possession about how the “euthanasia” program paved the way for the wider extermination program. (The museum had failed to collect earlier substantial documentation by German authors.)

Alerting the Public and the Profession to the Dangers of the SSRI Antidepressants

I became the first psychiatrist to confront the profession and the public about the risks of violence and suicide from the new SSRI antidepressants, starting with Prozac. Beginning in the early 1990s, I began documenting many of the findings that the FDA now confirms about suicide and a general worsening of the condition of patients taking these drugs including:

- Providing my research publications to the FDA panel confirming that antidepressants cause suicidal behavior and a continuum of over-stimulation (activation) that includes akathisia, agitation, insomnia, irritability, hostility, aggression, and mania. The FDA class warning at times reads like my prior publications.
- Alerting the profession to the danger of down-regulation and dangerous withdrawal reactions from the new SSRI antidepressants, such as Prozac, Zoloft, and Paxil, with an article as early as 1992 and then *Talking Back to Prozac*.

- Alerting the profession and the public to the flawed and even consciously deceptive nature of controlled clinical trials in determining efficacy and safety, documented in *Talking Back to Prozac* and subsequent publications. Now many of these problems are generally recognized.

- Developing the scientific basis for all of the combined Prozac product liability cases against Eli Lilly and Co. The drug company has quietly settled dozens of these cases. Only one of my cases has gone to court (Fentress v., in Louisville, Kentucky, the “Wesbecker Case”). I provided much of the background research and testified as a medical expert. The suit was secretly settled during trial without informing the judge. The plaintiffs accepted a huge settlement in return for providing the jury with a weakened presentation of the case against the defendant drug company. The jury found for the defendants by a 9-3 vote. Afterward, the Supreme Court of Kentucky found in regard to Eli Lilly, “In this case, there was a serious lack of candor with the trial court and there may have been deception, bad faith conduct, abuse of the judicial process and perhaps even fraud.” The trial judge, John Potter, was empowered to change the jury verdict to “settled with prejudice” against Lilly.

- Consulting in 2001-2002 as the medical expert in a California suit against GlaxoSmithKline concerning the failure of the Paxil label to describe withdrawal reactions to the antidepressant drug. The “resolution” of the suit coincided with a change in the label so that withdrawal reactions are now listed and described. The label changes were published on the company website in 2002. I was among the first to warn about SSRI withdrawal problems.

- Releasing previously sealed information on the alleged negligence of GlaxoSmithKline in regard to hiding the risks of suicide and violence associated with Paxil (2006). After a judge made public my product liability report, I put the entire document on my website and wrote several scientific articles about the contents, providing a unique opportunity for any interested person to look through a window into drug company internal machinations.

Defending America’s Children from Psychiatric Diagnosing and Medicating

As my recent blogs and my many books confirm, advocating for children and protecting them from psychiatric abuse is a major theme of my work. Four of my books are devoted almost wholly to children’s issues but most of the others focus on children as well, including chapters in my most recent books, *Medication Madness* (2008) and *Brain-Disabling Treatments in Psychiatry* (2008).

Within my limits, I have tried to monitor and at times stop unethical, hazardous experimental research on children, from the psychosurgery experiments in the 1970s to the widespread use of toxic adult drugs in the current psychiatric treatment of children.

Since 1991 in *Toxic Psychiatry*, I have provided a basis of criticism of the supposed biological basis of ADHD and an analysis of potentially damaging effects of stimulant medication. Following my scientific testimony, many of my views and concerns were partially confirmed by the final report of the NIH Consensus Development Conference on The Diagnosis and Treatment of Attention Deficit Hyperactivity Disorder in November 1998.

I was among the first to criticize the escalating tendency to give psychiatric drugs to preschoolers. In 1998 I informed the International Narcotics Control Board about the drugging of children as young as two and soon after the World Health Organization agency issued a warning about it. In *Talking Back to Ritalin* (1998; revised in 2001) I made one of the most thorough analyses of the dangers of these drugs in young children. In March 2000, in response to public outcry raised partly in response to our national educational efforts, the White House made a public statement showing concern about the medicating of preschoolers.

I was a consultant to the attorney who brought the original Ritalin Class Action Suit against the manufacturer, Novartis, as well as against CHADD and the American Psychiatric Association. This first suit became a model for several others, although I did not participate any further in any of the class action suits. Unfortunately, the courts have rejected the class actions, but that does not rule out individual product liability suits.



I helped to motivate and inform state legislation, including Connecticut, limiting the power of teachers and school officials to discuss the use of medication and psychiatric diagnoses with the parents of children in their care.

Defining and Examining the Psychopharmaceutical Complex

Beginning with *Toxic Psychiatry* in 1991, I coined the term “the psychopharmaceutical complex.” Since then I have spent considerable time and effort to demonstrate how the pharmaceutical industry dominates all psychiatric research, the American Psychiatric Association, the Food and Drug Administration, NIMH, medical education, insurance providers and basically the whole system of psychiatry and psychiatric drugs. I was among the earliest to point out the conflicts of interest between the drug companies and so-called experts in psychiatry and psychopharmacology. My most recent books continue to elaborate on the stranglehold that the drug companies and biological psychiatry have over mental health and psychological services.

Since my earliest books I have continued to develop the brain-disabling principle of psychiatric treatment. It states that all physical treatments in psychiatry—drugs, electroshock and psychosurgery—disable the brain and that none improve brain function. In 2006, I added the theory of medication spellbinding (technically, intoxication anosognosia) which helps to explain why so many people take so many different kinds of psychoactive drugs despite the fact that they cause more harm than good. Physical interventions that disrupt brain function, including all psychiatric drugs, tend to hide their damaging mental and emotional effects from the injured individual, making the medicated person unable to detect the adverse effects or to properly identify them as caused by the drug. Some people end up believing that they are doing better than ever when they are doing worse, and a number end up committing acts of suicide, violence or criminality that would ordinarily have appalled them if they had been drug-free.

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 accepted as rational and ethical by medicine in general. Here are some examples of the change that my work has contributed to:

- Psychosurgery is no longer widely practiced and not at all carried out in state or federal institutions and not at all on children in the United States.
- The role of German psychiatry in the murder of mental patients and, to a lesser extent, the role of psychiatry in general in enabling the Holocaust, have now been confirmed by many studies and books.
- The first ECT malpractice case has been won and recent ECT research has confirmed that the “treatment” causes long-term brain dysfunction and widespread mental deficits.
- The multi-agency federal violence initiative aimed at screening and treating inner-city children for supposed genetic and biochemical causes of violence was disbanded. The head of NIMH, a powerful psychiatrist who sponsored the program, was forced to resign from the government.
- The conference on the genetics of violence was delayed and then vastly modified, and eugenically-oriented psychiatry was driven back underground.
- All experts now recognize the dangers of tardive dyskinesia in children.
- Many researchers, and nearly all published articles, have confirmed that the neuroleptic drugs produce permanent widespread cognitive deficits or dementia.
- Many physicians and laypersons now realize that drug companies distort their research to their own advantage and that the controlled clinical trials used to obtain FDA-approval for a drug are deeply flawed and often rigged.
- Experienced doctors and the FDA now recognize the potential for dangerous withdrawal effects from the SSRIs.
- The FDA acknowledges that the newer antidepressants can cause suicidal behavior in children and young adults, that the drugs can cause a general worsening of the patient’s condition and that they do not work at all in children—conclusions I was documenting as early as 1992-1994.
- The controversy surrounding ADHD and stimulant medication has been growing, while my warnings about the ineffectiveness and toxicity of the drugs, and the lack of scientific foundation for the ADHD diagnosis, have been confirmed by a growing body of research.
- Nowadays the news is filled with disclosures about how doctors take money from drug companies in exchange for promoting their products, and how pharmaceutical company interests corrupt research and practice.
- A growing body of research supports the brain-disabling principle of psychiatric treatment.

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Counselors

R. Cassidy Seminars is recognized by the National Board for Certified Counselors to offer continuing education for certified counselors. We adhere to NBCC continuing education guidelines. Provider #6375. Up to 29.5 CE hours.

Marriage and Family Therapists

R. Cassidy Seminars is recognized by the National Board for Certified Counselors to offer continuing education for certified counselors. We adhere to NBCC continuing education guidelines. Provider #6375. Up to 29.5 CE hours.

Chemical Dependency Counselors

Provider approved by NAADAC Approved Education Provider Program for (up to 29.5) contact hours. Approval #000654.

Disability Access - If you require ADA accommodations please contact our office 10 days or more before the event. We cannot ensure accommodations without adequate prior notification.

Please Note: Licensing Boards change regulations often and while we attempt to stay abreast of their most recent changes, if you have questions or concerns about this course meeting your specific board's approval, we recommend you contact your board directly to obtain a ruling.

FRIDAY MORNING APRIL 8, 2011

8:30-9:30

What is Empathic Therapy: Peter R. Breggin MD—1 CE hour

Attendees will be able to:

- describe Empathic therapy and how to apply it in their practices with patients, clients or students
- explain and apply the Guidelines of Empathic Therapy to their clients, patients, students and in other aspects of their lives
- demonstrate understanding of experiments in Empathic Therapy from 18th Century Moral Psychiatry to the modern Soteria House Project

9:30-10:30

Transforming Health Through Empathic Natural Health Arts and Sciences: Gerald Porter, PhD—1 CE hour

Attendees will be able to:

- explain the use of empathy across diverse cultures
- discuss the variety of natural healing arts and sciences from a mind, body and spiritual approach.

10:30-11:00 Break with refreshments provided

11-12 Noon Guided Self-Rehabilitation of Psychotic Street People: Alberto Ferguson MD—1 CE hour

Attendees will be able to:

- assess how deeply disturbed homeless individuals can be assisted in taking charge of their own recovery, reclaiming their own lives.
- demonstrate the concept of autoempathy, self-rehabilitation, and how to help their patients, clients or students utilize this perspective in their healing work.

12-1:00 pm Inspiring Greatness: Howard Glasser—1 CE hour

Attendees will be able to:

- explain and apply the difference between methods of parenting, teaching and communication in general in contrast to the energetically aligned Nurtured Heart Approach. –Learn to identify and express qualities of greatness relevant to propelling self-growth.
- define and demonstrate strategies useful to parents and educators that assist intense children to positive behaviors encouraging and nurturing success.

FRIDAY AFTERNOON APRIL 8, 2011

1-2:00 pm Luncheon provided

2-3:00 Breakouts: Four separate workshops

Onondoga I: Multicultural Counseling and Therapy: Barbara Streets PhD and Adrienne Johnson PhD—1 CE hour

Participants will be able to

- inventory five characteristics of multiculturalism
- describe the multicultural counseling movement
- evaluate demographic changes impacting multiculturalism
- classify sociopolitical paradigms of treatment with persons with disabilities

- disseminate foundational knowledge about disability rights legislation and current advocacy efforts
- promote techniques and strategies for intervention, prevention, and advocacy across contexts, fields of practice, and disciplines of study regarding the culture of ability and disability

Onondoga II: The DSM & Disease Mongering: Thomas Garcia, LMHC—1 CE hour

Participants will be able to

- catalog current and relevant trends in mental health treatment and diagnosis
- identify personal and professional paradigms utilized in treating clients with unhealthy lifestyles
- critique the medical model and identify its influence on current trends in diagnosing pathology where pathology may not exist.

Onondoga III: Non-Violent Communication; Increasing Empathy in Private and Institutional Settings: Mel Sears, RN MBA—1 CE hour

Participants will be able to

- name five habitual patterns of responding and reacting and verbalize the steps of Empathic Listening
- state the difference between words that express feelings and words that express thoughts
- state ten universal human needs

Syracuse Room: Building a Person-Centered Private Practice & Clinic: Sarton Weinraub, PhD—1 CE hour

Participants will be able to

- apply the Person-Centered Approach.
- practice the procedures, regulations, and practices necessary to create a group or private mental health practice.

3-4:00 Breakouts: Four separate workshops

Onondaga I: Children in Mental Health Systems: Michael Gilbert PhD, Elizabeth (Betsy) Root MSW, Jenifer Kinzie MS—1 CE hour

Participants will be able to

- grade the efficacy of various non-medication approaches in comparison to use of medication
- describe three antidotes to childhood distress: i.e., alternatives that truly address their developmental and educational needs
-

Onondoga II: Psychotherapy for Traumatic Brain Injuries, Stroke: Richard Gottlieb, MSW—1 CE hour

Participants will be able to

- describe why neurologically damaged people are excellent candidates for empathically-based psychotherapy.
- catalogue concepts and practice skills applicable to that population

Onondoga III: All Addicts Anonymous: A Peer Support Model Using Twelve Step Programs: Matthew I. Dingle—No CEs

Participants will be able to

- describe how the peer support networks of Twelve Step Programs and All Addicts Anonymous work
- apply the basic concepts and tools needed to better understand and work with clients participating in Twelve Step Programs

FRIDAY AFTERNOON APRIL 8, 2011 (CONTINUED)

Syracuse Room: A Well-Being & Healing Approach to Mental Illness:

Susan Schellenberg, Rosemary Barnes PhD—1 CE hour

Participants will be able to

- differentiate the modernist, illness-focussed, medical model of care from post-modern, well-being focussed, recovery model of care.
- describe evidence supporting the efficacy of a recovery model of care for individuals with serious mental illness.

4-4:30 Break with refreshments provided

4:30-6:00 Psychotherapy and Medication for Military Stress: Risks and Benefits:

Maj. Maria Kimble, MSW followed by Drs. Baughman and Breggin—1.5 CE hours

Attendees will be able to

- describe and explain the effects that Psychotropic Medication is having on military personnel both on the battlefield and at home
- discuss alternative/integrative treatment approaches
- distinguish between and compare PTSD and head injury effects and their treatment

FRIDAY EVENING APRIL 8, 2011

8:00 pm Syracuse Room: Authors' Night. Dessert and refreshments provided. Meet conference authors!

SATURDAY MORNING APRIL 9, 2011

8:30-10:30 SSRI and Other Psychiatric Drug Tragedies: Personal, Legal and Medical Perspectives: Mathy Downing, Karl Protil JD, Peter R. Breggin MD—2 CE hours

Attendees will be able to

- describe and evaluate the circumstances surrounding the death of a child by antidepressants
- explain feelings and actions associated with unanticipated trauma
- apply coping strategies as a grieving mother, as a parent of a surviving child and wife, as a member of the community and as a teacher
- demonstrate how to facilitate family discussion after a tragedy
- Explain the legal considerations used in determining whether or not to file a legal suit
- discuss drug company litigation tactics
- highlight the misleading way in which the drug companies advertise statistics and efficacy of their products

10:30-11 Break with refreshments provided

11-12 Noon Trauma and Addiction: Spiritually vs. Drugs: Charles Whitfield MD—1 CE hour

Attendees will be able to

- explain and identify the advantages of psychological approaches above medication approaches in the treatment of addiction and emotional crises
- differentiate between childhood trauma and adult psychological suffering and failure

12-1:00 Empathy Applied in Private and Clinical Practice:

Doug Smith MD—1 CE hour

Attendees will be able to

- define and demonstrate underlying theories or assumptions that drive clinical treatment
- Compare some of the modes of thought, including scientism, post-modernism, naturalism, spirituality, and wisdom, and how they affect clinical work
- Explain the clinical perspective of “meeting people where they are at”, and then moving with them to where they want to be

SATURDAY AFTERNOON APRIL 9, 2011

1-2:00 Luncheon provided

2-3:00 Breakouts: Four separate workshops

Onondaga I: Person Centered Practice, Advocacy, Systems Change: Sharon Hoffman, Rebecca Shipman MA, Discussant—No CEs

Participants will be able to

- describe the value and function of Person-Centered Practice as an agent of individual, system and social change
- be conversant with Five Self-Determination Principles, Person First Language, Person-Centered Planning and understand their use as Advocacy
- Identify the primacy of self and the importance of self assessment and development in education of the empathic helper

Onondaga II: Better Ways of Helping Our Warriors: Michael Orban, Tom & Diane Vande Burgt—No CEs

Participants will be able to

- identify constructive and workable peer support activities that assist veterans and their families at a community level
- be part of a concerned group interested in learning, educating and networking every possible therapy and make them available for the unique individual experiences of every soldier, veteran or family member

Onondaga III: SSRI Antidepressants Adverse Effects: Michael Shaw MD, Doug Smith MD, Charles Whitfield MD—1 CE hour

Participants will be able to

- discuss how loss of libido and other related conditions can be adverse effects of the SSRI antidepressants and how to correct them
- apply a greater understanding of the adverse effects resulting from SSRI use and how to address them
- describe what depression is and how to help patients address it
- identify the common myths and misunderstandings clients may bring about depression.

Syracuse: Follow up discussion to morning ‘Psychiatric Drug Tragedies’ plenary with panel members—No CEs

The morning plenary panel meets with conference participants who wish to share their personal and family experiences and further discuss the family issues surrounding psychiatric drugs and tragedies. Dr. Peter Breggin, Mathy Downing, Karl Protil, Kim Crespi, Jennifer Kinzie and other panel members will participate in this important follow up.

SATURDAY AFTERNOON APRIL 9, 2011 (CONTINUED)

3-4:00 Breakouts: Four separate workshops

Onondaga I: Complimentary Therapy: Biofeedback: Cindy Perlin LCSW—1 CE hour

Participants will be able to

- describe how biofeedback is being used to teach individuals to safely reduce anxiety and depression, stabilize mood, improve concentration and minimize prescription drug withdrawal symptoms
- identify situations when biofeedback may compliment other therapy to improve the wellbeing of the patient or client

Onondaga II: Therapeutic Approaches to People with Dementia: Kathryn Douthitt PhD—1 CE hour

Participants will be able to

- review current literature on the use of psychotropic medication in elder care, giving particular attention to the current trends in dementia intervention
- apply an empathically-informed model of dementia care that connects with the basic human needs of the “person behind the disorder” and reverses the trend toward biopsychiatric control of symptoms
- evaluate how the various therapeutic approaches work and how best to apply them for patients with dementia

Onondaga III: Psychotherapy, Recovery and Spirituality: Barbara Whitfield RRT CMT, Wendy Pidkaminy LCSW—1 CE hour

Participants will be able to

- identify foundational, guiding principles of the Christian Counselor
- discuss perspectives and approaches on incorporating spiritual experiences and desires into creating a life where one moves beyond being a victim to learning how to survive and then thrive
- identify several possible psychological/emotional after effects of a spiritual experience
- inventory possible physical after effects of a spiritual experience

Syracuse: Emotional Freedom Techniques; Faster Relief of Distress: Dorothy Cassidy MEd, Nadine DeSanto EdS—1 CE hour

Participants will be able to

- describe basics of Emotional Freedom Techniques (EFT)
- apply EFT in a variety of settings and circumstances, with a broad age range of individuals

4-4:30 Break with refreshments provided

4:30-6:00 How Psychiatric Drugs Work and How They Get FDA Approval: Peter R Breggin MD and discussant Mark Foster, DO—1.5 CE hours

Attendees will be able to

- describe and apply the meaning and application of concept of medication spellbinding (intoxication anosognosia)
- interpret and analyze the brain disabling effects of psychiatric medications in the treatment of mental illness
- evaluate the basics of the FDA approval process and its limits

SATURDAY EVENING APRIL 9, 2011

7:30 pm Dessert and refreshments provided

8-10 pm Premiere of Dr. Breggin's training film "How To Do Empathic Therapy" and discussion: Peter R. Breggin MD and Wendy Pidkaminy LCSW—2 CE hours

Attendees will be able to

- list ways in which empathic approaches can be applied in various therapeutic approaches and other relationships
- describe how to more genuinely engage their patients, clients, students and others
- describe and identify how to bring out the best in themselves in order to bring out the best in others

SUNDAY MORNING APRIL 10, 2011

8:00 am Buffet breakfast provided

9:00-10:30 The Psychiatric Web Ensnaring Our Children: Martin Whitley, Fred Baughman MD—1.5 CE hours

Attendees will be able to

- identify fundamental differences between physical abnormality/disease processes and non-disease processes
- describe why no psychiatric diagnosis exists in which there is a physical abnormality
- describe how media advocacy and policy changes contributed to a massive decline in child prescribing rates and teenage amphetamine abuse rates (previously fueled by diverted dexamphetamine) in Western Australia between 2000 and 2009
- identify how the unique long term evidence of ADHD medication harms from the Raine Study affected the long term health and wellbeing of Western Australian children

10:30-11:30 Practical Approaches to Dealing with Stress and Emotional Problems without Resort to Psychiatric Medications: Piet Westdijk MD and Hemant Thakur MD—1 CE hour

Attendees will be able

- to examine situations dealing with stress and emotional problems at the workplace in an industrialized nation
- apply a innovative practical model to cope with any stressors in life
- describe how to successfully deal with any stressor

11:30-12 Break with refreshments provided

12-1:00 Empathy in Action including Drs. Colbert and Breggin Role Playing Therapy; Guaranteed to be Memorable: Ty Colbert PhD and Peter Breggin MD—1 CE hour

Attendees will be able to

- describe how to genuinely engage clients and patients in an empathic manner without resort to psychiatric drugs
- create a safe and trusting connection with severely emotionally disturbed individuals
- explain how to correctly understand behavior labeled as psychotic

1-1:30 pm Closing with Ginger and Peter Breggin and friends

Contact Us and Join Us!

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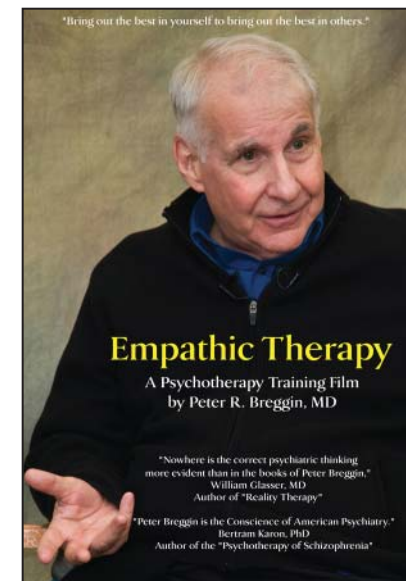
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