Red River Institute--Spring Conference 2013

A Healer's Mandala

Creating An Integrated Practice

Why the Witchdoctor Lives at the Edge of Town . . .

Helping & Healing in the 21st Century

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Where's the Science?

Mechanisms of Action

Thomas AM Kramer, MD

Medscape General Medicine. 2001;3(1)

"Put simply, we know these drugs work, but we have very little idea how. We make guesses based on the neurochemical effects of these compounds. We have very little proof, and sometimes very little data, about whether the neurochemical effects that we find have anything to do with the therapeutic effect of the medication."

4

Psychiatric Times

Psychotherapy Perspectives in Medication Management

The Inadequacy of 15-min Med Checks as Standard Psychiatric Practice

By Simon Sobo, M.D. **April 1, 1999**

" It is now customary psychiatric practice to think of a patient's illness as primarily biological in origin-so much so that, for many illnesses, published practice guidelines almost exclusively describe medication strategies . . .

The problem with this portrayal is that, while some day we may accumulate the knowledge to demonstrate the particulars of this perspective, no such chemical imbalances have been unequivocally demonstrated for any disorder. We are offered interesting conjectures and educated guesses that are forever shifting as the latest data are accumulated."

5

Prevention & Treatment, Volume 5, Article 25, posted July 15, 2002

The Emperor's New Drugs: An Analysis of Antidepressant Medication Data Submitted to the U.S. Food and Drug Administration

Irving Kirsch, Thomas J. Moore, Alan Scoboria and Sarah S. Nicholls

"Without the assumption of additivity, the FDA data do not allow one to determine the effectiveness of antidepressant medication. That is, it is not possible to determine the degree to which the antidepressant response is a drug effect and the degree to which it is a placebo effect. If one does make the assumption that the drug effect is the difference between the drug response and the placebo response, then it is very small and of questionable clinical value. By far, the greatest part of the change is also observed among patients treated with inert placebo. The active agent enhances this effect, but to a degree that may be clinically meaningless."

6

Prevention & Treatment, Volume 5, Article 25, posted July 15, 2002

Antidepressants: A Triumph of Marketing Over Science?

David O. Antonuccio, David D. Burns, William G. Danton

"Kirsch et al. (2002) have convincingly demonstrated, using pharmaceutical industry data, that the image of antidepressants as powerfully more effective than placebo is not supported by the data. The small advantage over inert placebo credited to antidepressants is quite possibly a methodological artifact (Moncrieff, 2002). It could be argued that the patients randomly assigned to placebo are the lucky ones, because they derive a benefit virtually comparable with the medication condition without the associated medical risks."

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So what is driving “The Industry”...?

Time Health & Family, May 26, 2011

Drugging the Vulnerable: Atypical Antipsychotics in Children and the Elderly

By Maia Szalavitz

"Antipsychotics bring in some $14 billion a year. So-called 'atypical' or 'second-generation' antipsychotics like Geodon, Zyprexa, Seroquel, Abilify and Risperdal rake in more money than any other class of medication on the market and, dollar for dollar, they are the biggest selling drugs in America. Although these medications are primarily approved to treat schizophrenia and bipolar disorder, which combined affect 3% of the population, in 2010 there were 56 million prescriptions filled for atypical antipsychotics."

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Ambulatory Pediatrics 2006; 6: 79-83

Trends in Prescribing of Antipsychotic Medications for US Children

William O. Cooper, MD, MPH; Patrick G. Arbogast, PhD; Hua Ding, MS; Gerald B. Hickson, MD; D. Catherine Fuchs, MD; Wayne A. Ray, PhD

"Analyses of NAMCS and NHAMCS data demonstrated a nearly fivefold increase in antipsychotic prescribing for 2–18-year-old U.S. children between 1995 and 2002. Over 50% of the antipsychotic prescriptions were for a diagnosis for which antipsychotics have not been studied in children. There may be little recognized benefits to these medications in many of the children receiving them, and potential risks do exist."

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Ambulatory Pediatrics 2006; 6: 79-83

Trends in Prescribing of Antipsychotic Medications for US Children

William O. Cooper, MD, MPH; Patrick G. Arbogast, PhD; Hua Ding, MS; Gerald B. Hickson, MD; D. Catherine Fuchs, MD; Wayne A. Ray, PhD

"During 1995–2002, there were 5,762,193 outpatient visits to health care providers by U.S. children between the ages of 2–18 years during which an antipsychotic medication was prescribed."

"32% of the nearly 6 million antipsychotic prescriptions occurred in visits to pediatricians, family medicine physicians, emergency department physicians, or other types of providers."

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The New York Times October 2, 2010

Side Effects May Include Lawsuits

By Duff Wilson

" Documents produced in recent litigation and in Congressional investigations show that some leading academic doctors have worked closely with corporate benefactors to expand the use of antipsychotics.

The most well-known is Joseph Biederman, a Harvard medical professor and Massachusetts General Hospital researcher. His studies, examining prevalence of bipolar psychological disorders in children, helped expand practice standards, leading to a fortyfold increase in such diagnoses from 1994 to 2003. The increase was reported in a 2007 study by the Archives of General Psychiatry . . . "

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The New York Times October 2, 2010

Side Effects May Include Lawsuits

By Duff Wilson

" Between 2000 and 2007, he also got $1.6 million in speaking and consulting fees — some of them undisclosed to Harvard — from companies including makers of antipsychotic drugs prescribed for some children who might have bipolar disorder, a Senate investigation found in 2008."

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Time Health & Family, May 26, 2011

Drugging the Vulnerable: Atypical Antipsychotics in Children and the Elderly

By Maia Szalavitz

Huge Doses of Potent Antipsychotics Flow into State Jails for Troubled Kids

By Michael LaForgia ***The Palm Beach Post*****, May 21, 2011**

" In 2007 . . . DJJ bought more than twice as much Seroquel as ibuprofen. Overall, in 24 months, the department bought 326,081 tablets of Seroquel, Abilify, Risperdal and other antipsychotic drugs for use in state-operated jails and homes for children. That's enough to hand out 446 pills a day, seven days a week, for two years in a row, to kids in jails and programs that can hold no more than 2,300 boys and girls on a given day."

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Time Health & Family, May 26, 2011

Drugging the Vulnerable: Atypical Antipsychotics in Children and the Elderly

By Maia Szalavitz

Huge Doses of Potent Antipsychotics Flow into State Jails for Troubled Kids

By Michael LaForgia ***The Palm Beach Post*, May 21, 2011**

"Among the psychiatrists hired by the state to evaluated incarcerated kids, about a third received drug company money. Those 17 psychiatrists wrote 54% of the prescriptions for antipsychotics; the 35 doctors who did not take such payments wrote the rest. In other words, one-third of doctors — all of whom were paid by drug companies — wrote more than half of all antipsychotic prescriptions for the state's locked-down youth."

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Are we doing harm?

Time Health & Family, May 26, 2011

Drugging the Vulnerable: Atypical Antipsychotics in Children and the Elderly

By Maia Szalavitz

“ Pharmaceutical companies have recently paid out the largest legal settlements in U.S. history — including the largest criminal fines ever imposed on corporations — for illegally marketing antipsychotic drugs. The payouts totaled more than $5 billion.”

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But

what about us . . . ?

Regular Session, 2011

ACT No. 320

ENROLLED

SENATE BILL NO. 268

(Substitute of Senate Bill No. 226 by Senator Mount)

BY SENATOR MOUNT

AN ACT

To amend and reenact R.S. 37:1103(7), the introductory paragraph of 1103(10), and R.S. 37:1107(A)(8)(a), and to enact R.S. 37:1103(12), relative to boards and commissions; to provide for the definition of mental health counseling services; to provide for the definition of the practice of mental health counseling; to provide for the definition of serious mental illness; to provide for the requirements of a licensed professional counselor; and to provide for related matters.

Be it enacted by the Legislature of Louisiana:

Section 1. R.S. 37:1103(7), the introductory paragraph of 1103(10), and R.S. 37:1107(A)(8)(a) are hereby amended and reenacted and R.S. 37:1103(12) is hereby enacted to read as follows:

professional training as prescribed by R.S. 37:1107(A)(8), and code of ethics/behavior involving the application of principles, methods, or procedures of the mental health counseling profession.

However, nothing in this Chapter shall be construed to authorize any person licensed under the provisions of this Chapter to assess, diagnose, or provide treatment to any individual suffering from a serious mental illness, as defined by this Section, when medication may be indicated, except when a licensed professional counselor, in accordance with industry best practices, consults and collaborates with a practitioner who holds a license or permit with the Louisiana State Board of Medical Examiners or an advanced practice registered nurse licensed by the Louisiana State Board of Nursing who is certified as a psychiatric nurse practitioner.

Moreover, except as provided in this Section, nothing in this Chapter shall be construed to authorize any person licensed hereunder 37:2352(5), except as provided by Title 46, Part LXIII, C

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We Must Respond . . .

- Become more effective advocates for our clients.
- Become more effective advocates for our profession & ourselves.
- Resist “medical model envy!”

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We must adopt a “Healer’s Manifesto”

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Healer's Manifesto . . .

Embrace our identity as "folk healers"

Skillful users of certain informed, stylized, symbolic, or ritualistic patterns of language and behavior with the intent of invoking a process called "healing" in the body, heart, mind, spirit, and/or relationship network of other human beings . . .

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Healer's Manifesto . . .

Embrace our identity as "folk healers"

Positive outcome is determined primarily by "special consensus" between the practitioner and the subject and normally requires no additional empirical verification.

24

Healer's Manifesto . . .

Reject the "molecular hypothesis"

While useful in certain aspects of scientific medicine, the "molecular hypothesis" is irrelevant and inappropriate when applied to the human heart and spirit . . .

25

Healer's Manifesto . . .

Reject the "molecular hypothesis"

It reduces the human condition to an unacceptable level of significance (dehumanizes & objectifies), which throughout human history has paved the way for the exploitation of the weaker and more vulnerable.

26

Healer's Manifesto . . .

Embrace a "holistic view" of the human condition

We strive to see human beings (both our clients and ourselves) within the "rich context" that affirms humans as unique phenomena in the universe and we resist the fragmentation of that context.

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Healer's Manifesto . . .

Claim as our only medicine "relationship & community"

We embrace a form of practice that utilizes, respects, & is rooted in relationship & community; and that honors the tradition of our spiritual and professional mentors and our own intuition as human beings.

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Good Evening . . .

See you tomorrow!

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