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**The Real Issue With Children, Medications,
And Labels:**

An Interview With Dr. Judith Warner



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Expert Interviews On Mind Body & Spirit

Dear Student,

I'm Michael Senoff, founder and CEO of HardToFindSeminars.com.

For the last five years, I've interviewed the world's best business and marketing minds.

And along the way, I've created a successful home-based publishing business all from my two-car garage.

When my first child was born, he was very sick, and it was then that I knew I had to have a business that I could operate from home.

Now, my challenge is to build the world's largest free resource for online, downloadable audio business and health related interviews.

I knew that I needed a site that contained strategies, solutions, and inside information to help you operate more efficiently.

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Now, let's get going.

Michael Senoff

Michael Senoff

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The Real Issue With Children, Medications, And Labels:

An Interview With Dr. Judith Warner

When New York Times bestselling author Dr. Judith Warner set out to write her book *We've Got Issues*, she admits she came into it with some pretty heavy preconceived notions about the way children are diagnosed and medicated in this country. Like a lot of people, she believed most parents were simply unwilling to deal with the real problems their children had and instead wanted to just slap a label on them, medicate them, and move on.

But after she finished her research, she realized she got it wrong. Parents don't want to label their children. They don't want to deal with stigmas and school systems, or have anything "wrong" with their kids. And Dr. Warner came to a different conclusion. She realized we have a bigger problem in this country when it comes to special-needs children – too many families who need help can't afford to get it.

So in this interview with her, you'll hear all about the shocking findings she came up with, and the ways you can get help for your child if you suspect there's a problem.

You'll Also Hear...

- Where to start if you think your child has a disorder – and what to expect the process of diagnosing to be like
- The sad state of care most parents face with severely disabled children – and the steps you need to take to advocate for something better
- A quick peek behind the curtain of Big Pharma – Do the tax deductions and incentives they get really just produce shoddy research designed to advance their own commercial interests?
- A disturbing outline of how much the average parent is looking at in costs to get their child diagnosed – and why school systems will likely be no help at all in this department
- The real reason behind the sudden surge in autism and mental disorder diagnoses – and why they may not be going up as fast as most people think

Dr. Warner says the good news is you're not alone if you're struggling with issues. There are organizations out there that can help you get the support and resources you need. And in this audio, you'll hear all about the information Dr. Warner uncovered in her research, and all the ways you can benefit from it.

Hi, this is Kris Costello and I've teamed up with Michael Senoff to bring you the world's best health-related interviews, so if you know anyone struggling with their weight, with cancer, diabetes, ADHD, autism, heart disease, or other health issues, send them over to Michael Senoff's <http://www.HardToFindSeminars.com>.

And today we are talking with Judith Warner, author of *We've Got Issues: Children and Parents in the Age of Medication*.

Kris: Judith, thank you so much for joining us.

Judith: Oh, thanks for having me on the show.

Kris: So it sounds like you learned a lot writing this book. You started out with the idea that children are being over-pathologized, over-medicated by anxious and neurotic parents. It sounds like you found something very different, towards the end of writing the book. Can you tell our listeners a little bit about that?

Judith: I really did find something different. You know I learned relatively quickly, once I started working on the book, that there were problems with this idea of over-diagnosis and over-medication and the pushy, competitive parents trying to perfect their kids – that's the idea I went in with. I started to have, really, a very hard time reporting it.

Once I started trying to get beyond what I had come in with, which was basically stories out the media, plus personal observations of a world that seemed very strange to me -- a world with children getting diagnosed with things I hadn't heard of before, going to therapies I hadn't heard of before, older children taking medication ... Once I got beyond all that and started looking for hard numbers ... once I started talking to doctors, and then eventually when I started talking to parents, which I did, I realized that I was just wrong. And I had to start all over again.

Kris: So you basically started out kind of trying to prove that we were manifesting this whole idea of kids being ill and needing medication, is that right?

Judith: That we're in a sense, making it up. That the craziness of our time, the competition and the pressure, was producing pathologies in kids. And that parents didn't want to deal with their children's problems, and instead preferred to find fault with their children, and locate problems in them, that then could be labeled and named, and possibly medicated, rather than look at their family lives and what was going wrong. That's where I started out from, and I'm sorry to say, that's where I think a lot of people are on this issue.

Kris: So another one of the things that you mention in *We've Got Issues*, is that since the early '90s, basically the number of kids receiving diagnosis of

mental health disorders has tripled. And we all know that the numbers on autism are just staggering. What is going on with all of that?

Judith: There are a lot of different things going on. It's very difficult to say whether or not there are real increases in these disorders, because you don't have good data to be able to make that kind of judgment to come a real decision.

A lot of the disorders that we hear about today only got their current definitions in recent decades. If you're looking back to the '40s or '50s or '60s, you're kind of comparing apples and oranges, if you try to make real comparisons. What we do know is that more children are being identified today, that more disorders are being recognized, that kids with relatively mild problems, let's say, aren't passing under the radar, the way they did in past generations ... that kids who are pretty severely ill, aren't being put in institutions, the way they were in prior generations, so they're more visible to us.

And we know that diagnostic patterns have shifted, so that children, let's say, who would have been called "mentally retarded" before or even "schizophrenic," going further back, are now being called "autistic." So you have all of these things happening at once, that together give people the idea that have ALL these kids being diagnosed now, and how weird that is, but it's not really so weird, when you think about it, and you look at the different parts of the equation.

Kris: In some of the latest scientific research, it says a lot about the interplay between genes and your environment. What did you find with that?

Judith: I think a lot of people, still, have a lot of outdated notions of what causes problems in children. I think people still blame the parents, to a very large extent, the way psychiatrists used to. I mean, they absolutely used to ... be caused by "refrigerator" mothers, was said in the early 1960s. That thinking changed.

The dominant paradigm in science now is that genes load the gun, environment pulls the trigger. That's how it's often been put to me. Children come into the world with a certain temperament, with certain biological predispositions, with certain strengths and weaknesses. And then the world that they interact with can bring out those strengths or weaknesses ... make those predispositions really show themselves earlier or later. Again, there's no simple answer to all of this.

Kris: That's some of the difficulty with it. There just is no simple answer. And we have a lot of listeners' children with special needs and where do they start if they're trying to figure out how to help their children? What have you learned from this? What do you recommend?

Judith: They have to start with their gut, for one thing. I think that parents have a gut sense when something is going wrong. You know, there's all this worry that I hear as I talk about this book, that perfectly normal kids – kids with nothing wrong with them, are just being slapped with labels.

You know that's not what's happening, because parents don't want their kids labeled. They don't WANT there to be anything wrong with their child. But sometimes things are just going strangely, something just feels off, or sometimes it's something really dramatic ... A child gets depressed, and the parent knows that this is not just normal childhood sadness.

And I think parents need to listen to their gut on this. They shouldn't be listening to friends or relatives. They need to listen to themselves, and then they need to go get help. And I think a pediatrician is a good place to start. Pediatricians will hopefully take the time to really sit down and talk to the parent, and to hear everything about what's going on... Look at all the different aspects of a child's life... Look to see if there could be something physical that's going wrong ... that could be causing symptoms and isn't being seen. And then, make recommendations of another person a parent can go to for specialized help.

You know the best thing is to get a full evaluation. Psycho-educational evaluation, where a specialist will sit down with the child for many hours and give a battery of tests, and be able to really create a profile afterward on how the child's mind is working and if there are any mood issues, if there are attention issues, if there are other issues. There's really a lot of testing that ought to go on before a diagnosis is arrived at.

Now unfortunately, that is very expensive. Insurance does sometimes cover it, but from what I've heard often, in order to get what you're entitled to, even with your insurance, you often have to fight, and that takes the time, but it's worth doing. And it's important then to find a specialist again who really listens and who takes the time to talk and to explain things and to get a sense of the child as a whole person, that doesn't see things too narrowly, and who doesn't just sort of brush parents off too quickly. It's always awful to hear stories of that kind of thing happening.

Kris: In We've Got Issues, you tackle the whole idea of medication. What do parents do about that question?

Judith: They have to make individual decisions based on their child's particular case. People tend to approach it and -- I would say just about everybody comes to this with the thought, "I would never put my child on medication. I would NEVER do that. I wouldn't put chemicals in my child's body."

But sometimes parents find themselves in the position where the child's problems have gotten to the point where it's really impeding the child from living a normal, happy life. Just functioning the way children ought to function, basically, without being really badly held back by problems. And when parents see their children suffering to a great enough extent, and if medication is what's been recommended as the answer, then generally after they've tried a few things -- parents do try everything first, but some of them do come around to thinking, "Well, it would actually be irresponsible NOT to try this for my child."

Kris: And how about the alternative treatments? ... What do you say about that?

Judith: Well, there are forms of psychotherapy that can work very well for children, in particular cognitive behavioral therapy, have had some great results with helping children. I guess a little bit older children sometimes with depression, but there are other forms of therapy. There are therapies -- these are not alternatives, they are mainstream therapies -- that are so helpful for children with autism. And I'm mentioning these first, just because people often think that when we talk about children's mental health issues and treatment, that medication is the only thing going on today. And it just isn't.

Parents generally do try as many alternative therapies as they can afford to try. A lot of it comes down to that. And what they tend to find is, I think, that when a child's problems aren't all that severe, sometimes the alternative can make enough of a difference that they're able to avoid medication or more kind of heavy-duty therapy. Very often though, the alternatives come into use alongside therapy or alongside medication.

Kris: And one of the things that we talked about, Judith, is advocating for better care, and I really feel that society has failed our children, as far as the support that is needed, and I really like that in We've Got Issues, you talked about we've got to have better care for these kids. Tell our listeners a little bit about that, if you would.

Judith: We've gone from a situation where in the '60s -- even through the '80s -- children with mental health issues were sent away to hospitals for a long time. And this wasn't a good thing. It wasn't as good for them. But we've

gone from a situation like that to one where it's really difficult to get substantial care for kids who have serious issues, the kind of kids who in the past were put in hospitals, who today take heavy-duty medications in order to stay home.

Often these kids need really comprehensive services -- basically wrap-around services in their community: therapeutic school, somewhere to go after school, support for the family, family therapy -- in addition to whatever kind of individual therapy or psychiatric care that they're getting. It's precisely those kind of services that haven't been well-developed and are really not available in communities anywhere near to the extent they need to be.

So you have kids then who are kind of in and out of care or often get back into care when something terrible happens and they end up in the emergency room, who at that point are sort of in crisis mode. They could end up on an adult psych ward, they're dealing with doctors who don't have the history with them, and it's suggested, though they make a little advance forward, and then they back-track again, because they don't have comprehensive on-going care in the community.

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Kris: And you talked with a lot of parents in order to write We've Got Issues. What were some of the things that really struck you during that process?

Judith: The pain that these parents were in. You know, I think that what first struck very early on with the book -- before I'd even changed my mind on the topic -- was encountering parents who are dealing with serious mental health issues, and just being honestly knocked off my feet by the amount of pain they were in, the suffering that they were going through. This was something that's embarrassing to admit now, that I didn't realize that, that I wasn't attuned to that ... That I wasn't empathetic about it ... That I couldn't extend myself to understand what that must feel like ... But I couldn't. And this really, really impressed me.

I have to say unfortunately it didn't change my mind right away. It wasn't enough. I kept trying to re-jigger my ideas to make them work, and put these parents kind of over to one side. But after a while I came to see that even parents who had kids with issues that we don't consider so very terribly serious, like ADHD for example, you know, ADHD as opposed to other disorders ... Those parents were suffering a lot, but those kids were suffering a lot, too.

They were all experiencing the same problems, the same drama, at varying degrees of intensity. And the pain was real. And the issues they struggled with -- to medicate or not to medicate -- overcoming stigma, overcoming the disapproval of friends and relatives, all of these things were shared.

Kris: What comes to mind, too, for me, is what part of this equation is that the environment isn't set up for these kids? How does that fit into it? I mean, for many kids, they go to school, and it's seven hours of lecture at the age of six, and fairly repetitive type curriculum. How much of that enters into it?

Judith: I would think that any stress -- stress is known to be toxic to the brain, so any situation where children are stressed is going to have that effect on them. I think for children without mental health issues, it just means they're stressed, more stressed than they ought to be maybe, a little more irritable, a little more tired.

For children with mental health issues, it's just one other thing playing in to make things worse, and we do live in stressful times for children. We live in stressful times for everyone. We do have these academic pressures, we do have a lot of competition, we now have this terrible economic situation, where adults are worried, and many are losing their jobs. So it's certainly not an ideal time. That said, one wonders if there really ever has been an ideal time. There have been so many periods of history that have been terrible for children or for everyone -- periods of war, or the Great Depression. So I think the social environment certainly plays a role in making things better or worse for all kids. I don't know how much of a role it really plays in terms of real mental illness.

Kris: Then also as far as advocacy, what are some of the other things that can basically make this easier, make this better for parents?

Judith: We need to have greater accessibility for parents to really top-quality mental health therapy. Right now it is ruinously expensive for most parents to really have a lot of options, and really try to get their kids the best care. Half of all mental health professionals don't participate in health insurance. We are looking at out of pocket costs. The cost of paying a child psychiatrist in a place like New York -- granted probably one of the most expensive places -- can be \$375 a visit. Paying a child psychologist can be around \$200 a visit. This is impossible for most parents to just do out of pocket. And parents should not be in the position of having to just decide whether or not to get their kids care, because they can or can't afford it.

We need health insurance policies that cover mental health. We need some kind of way to get more mental health professionals participating in health insurance, which undoubtedly means having better reimbursement rates for them. It would be great if there were incentives in medical schools for more students to go into child psychiatry. There are only 7000 child psychiatrists in the country. In some rural areas, there are no children's mental health specialists at all. You know, we worry so much about over-diagnosis and over-medication, but the fact of the matter is, that overall in our country, the bigger problem is that most of the kids who need help can't get it.

Kris: Wow, those numbers are staggering. Did you say 7000 child psychiatrists in the country?

Judith: Yes.

Kris: That's amazing.

Judith: As medical specialties go, it's relatively poorly paid. For the rest of us none of them sound poorly paid, but as medical specialties go, it's one of the lower-paid specialties. Psychiatrists have always been perhaps the least well-considered specialty of medicine. There is so much stigma around them_ still. And the profession has really taken a hit in recent years. I don't know that this keeps students from going into it, but the behavior of some psychiatrists in taking money from the drug companies - - you know, working to further the marketing goals of drug companies, has really added to what was already a very negative public perception of psychiatry. It certainly hasn't helped the profession any.

Kris: What do you think about the whole pharmaceutical piece on this? I know that you talked in We've Got Issues about the direct-to-consumer advertising.

Judith: I think the pharmaceutical industry has really squandered the public trust. I think that they have been given all kinds of advantages as direct-to-consumer advertising that you've just mentioned. Name one other country that permits the kind of drug ads that we see all the time on television or in magazines. And it's been shown that this affects patient behavior -- people go in asking for certain medications. It certainly has had the effect of banalizing psychiatric diagnosis -- to give people the impression that depression, for example, is just a kind of a form of unhappiness that affects just about anybody.

The way it's been portrayed it's cynical. I don't know if you remember after 9-11, there were ads for an antidepressant that showed the Twin Towers coming down, but asked if you were anxious. I mean that sort of thing is just horribly cynical. And we pay for this.

The drug companies get a tax deduction for this advertising. There was a proposal when health reform was looking more on-track, to stop the tax deduction for direct-to-consumer advertising, and it was defeated, but drug companies also now get six extra months of patent exclusivity if they run drug trials specifically to test the effects of their medicines on children.

This big hand-out to them has not produced a body of excellent research. because as it's been shown time and again, the drug companies don't release negative studies. They don't release studies that show that drugs don't work one way or the other. They only put forward the evidence that advances their commercial interests.

And this has just created a situation in which it is so difficult for parents to have information they can trust.

Kris: It just creates more confusion, so people do have to be really careful of almost any kind of treatment these days. Luckily we have internet to help with that.

Judith: To help on the one hand, and yet there is so much misinformation on the internet too. It's just one more layer often of confusion for the parents.

Kris: You also mentioned basically that it sounds like very few of these kids with special needs or psychiatric disorders are covered by health insurance?

Judith: Well, if you have health insurance now that covers mental health, and it's supposed to be parity between both sides of the policy – the physical health and the mental health, but not all policies cover mental health. So for parents who have children with issues – and they very quickly become a very expensive proposition if you're going to get a proper evaluation and proper treatment afterward -- it can just be prohibitively expensive.

Kris: And I know I've heard some parents voice concern about they do get diagnosis in their school districts and things, but then there's pros and cons with that, from what I've heard.

Judith: There are. You know the school districts make it incredibly difficult a lot of the time to get the diagnostic testing done, again because it is expensive and time-consuming. So often they set a sort of threshold under which a child has to fall in terms of school performance in order to qualify for one

of these evaluations. Very often that threshold is so low, that a lot of kids who are having difficulty just seem to be doing too well to be able to qualify for help.

You know a lot of the time, parents really have to dig to find out what their rights are, and how to go about accessing the services that their kids are entitled to. Very often they make use of advocates. The advocates can be very, very helpful in knowing how to navigate the system, and then keeping a cool head for dealing with people who are throwing up roadblocks.

But again, it takes money to do that. It takes a certain amount of savvy and organization and innovation. It takes even more money to hire a lawyer, if you have to sue a school district to do what your child is entitled to. So it can be very complicated and, depending on what district you're in, too, sometimes the quality of the evaluation done is just not that great. I know there are a lot of districts where it is done well. I live in Washington, D.C. where these things are not done well.

Kris: And I've also heard stories of people that do get their children diagnosed with a formal IEP and that kind of thing, but then there's pressure from the district to have the child on medication. Have you heard of that?

Judith: Yes and no. I have heard of it, in terms of people complaining that teachers say that they want the child on medication. Teachers aren't supposed to do that. They're not doctors, they're not supposed to be making diagnoses, and they're not supposed to be pressuring people in that way. So I think this goes on when it shouldn't be going on.

Kris: I would imagine having the diagnosis, and having the services, there's always the outside chance that someone might be using the system incorrectly.

Judith: I think you have a valid point to be made with that. It would depend on what the diagnosis is. If a child is having difficulty with reading and it turns out the diagnosis is going to be dyslexia, you know you don't treat dyslexia with medication ... You treat it with a very specialized kind of tutoring, which can just turn things around completely for a child. So it would be a pity for people to now ask for help in getting a child diagnosed, because they were afraid asking for help could lead to medication. But I think a lot of people do fear that.

Kris: I actually do know of an instance where a physician friend of mine was told by a parent that the district had told her, unless this child was continuing on Ritalin, that he would not be allowed in the district.

Judith: I have trouble understanding how that works, because that sounds like pure discrimination.

Kris: That sounds like that's a case of where, as you were saying, they're basically abusing their powers.

Judith: That's what it sounds like to me, because I have trouble conceiving how that could possibly be legal.

Kris: Well, I'm sure it's not. So if there's anything else that you'd like parents to know, that struggling with these issues and may not know what to do with their child that has special needs, what would you like them to know?

Judith: Well, I'd like them to know that they're not alone. That there are a lot of other parents who are struggling with these issues, but generally in very similar ways, asking themselves very similar questions and with similar fears. And I think it's helpful to know that often there is nothing better than finding the comfort of other people, who will be able to share these kinds of experiences.

You often find people like that out on the internet, if not in your own community. And there are a lot of different organizations that exist to try to help people, often who are new to a diagnosis let's say, and are interested in finding out their options and interested in talking to other parents. That's pretty easily findable online. I think those are very good things. I just want to say, too, if listeners would like to go to my website, they can find more information about the book there as well, and it's www.judithwarneronline.com.

Kris: Wonderful, well thank you so much.

Judith: Thank you so much.

Kris: That's the end of our interview and I hope you've enjoyed it. For more great health and related interviews, go to Michael Senoff's <http://www.HardToFindSeminars.com>.

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