



Michael Senoff's

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INTERVIEW SERIES

**How To Drink Your Way
To Sobriety: A New (And Better)
Approach For
Treating Alcoholism**



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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.

Downloadable 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.

I've learned a lot in the last five years, and today I'm going to show you the skills that you need to survive.

It is my mission, to assist those that are very busy with their careers.

And to really make my site different from every other audio content site on the web, I have decided to give you access to this information in a downloadable format.

Now, let's get going.

Michael Senoff



Founder & CEO: www.hardtfindseminars.com

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Published by:

Michael Senoff
JS&M Sales & Marketing Inc.
4978 Gaylord Drive
San Diego, CA 92117
858-234-7851 Office
858-274-2579 Fax
Michael@michaelsenoff.com
<http://www.hardtfindseminars.com>

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How To Drink Your Way To Sobriety: A New (And Better) Approach For Treating Alcoholism

About 1.8 million people die from alcoholism every year, yet until recently, there still wasn't a good method for treating the disease besides detox, rehab, and abstinence. Helplessly addicted people are told every day to just stay sober for as long as they can, and if you relapse, get back on the wagon as fast as you can. This method has about a 15% success rate, and that's probably being generous.

Meet Roy Eskapa, author of *The Cure For Alcoholism*. He's going to explain the Sinclair Method, a treatment plan that has a 75% success rate, partially because it allows for people to keep drinking – without even the slightest reduction in amount. And in this audio, you'll hear all about it.

You'll Also Hear...

- The almost-magic way this method works in combination with a pill called Naltrexone, how to get a prescription, and why abstinence cannot be a part of the equation
- Exploding the myths about alcoholism and how this type of chemical dependence is formed
- How to talk to your doctor if you think this method could work for you
- The real reason other programs and drugs used to treat alcoholism don't work
- Other diseases Naltrexone can effectively treat along with a list of people who cannot take Naltrexone
- Real-life case studies of people who have used the Sinclair method – and are either completely sober or are social drinkers now

Roy says willpower is a great solution for people who can stop without turning back, and this treatment would not be for them. But for anyone who thinks they might have a hard time with that plan, there is an alternative that works. And this audio explains it all.

Hi, I'm Michael Senoff, founder and CEO of [HardToFindSeminars.com](http://www.HardToFindSeminars.com). For the last five years, I've interviewed the world's best business and marketing minds. Along the way, I've created a successful publishing business all from home, 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 mp3 audio business interviews. I knew I needed a site that contains strategies, solutions and inside angles to help you live better, to save and make more money, to stay healthier and to get more out of life. I've learned a lot in the last five years, and today I'm going to show you the skills you need to survive.

This is Chris Costello, and I've teamed up with Michael Senoff to bring you the world's best wellness related interviews. So, if you know anyone struggling with their weight, with cancer, diabetes, ADHD, autism, heart disease or other health challenges, please send them to Michael Senoff's [HardToFindSeminars.com](http://www.HardToFindSeminars.com).

Chris: Today, we're talking with Roy Eskapa, the author of *The Cure for Alcoholism*. Thanks so much for joining us. Can you kind of explain to people what you mean by "the cure for alcoholism?" That is a pretty bold statement, we have to stay.

Roy: It is a bold statement, and what we mean by that is that the individual starts out drinking, and they're not alcoholics to begin with. If they have a genetic predisposition, they drink in something called the opiate system in the brain.

Once that occurs, it's taken place over several years of drinking, it never goes away, which is why they relapse. We discovered something called the alcohol deprivation effect. This is where once addicted, the person if they are deprived of alcohol, the craving increases and increases because the system, the software, the wiring in the brain remains intact for life, and that was one of the first main discoveries.

The other thing was that alcohol works in a similar way – similar system to opiates, things like morphine or heroine that when we drink alcohol, there this release of endorphins which are the bodies natural opiate like substances, and it seems to be in susceptible, in people who have inherited the predisposition that this thing gets much strengthened over time. That system until now, until Sinclair's method, has not been reversible.

What we mean by cure is that at the end of the treatment, pretty much of the three to four months on average, if the person taking the

medication and drinking at the same time, the system becomes weaker in reversed. It's removed because the brain is actually restored the condition it was in before the addiction was developed.

It actually rolls back the addiction. It takes the brain to its original preaddictive state before the first drink was (inaudible). That's why it's a bold claim, and this has been shown in animals. Their brains have been examined before and after treatment, and we can see it in people. Either they abstain, about one third of the patients abstain – and this is a lot of patients we're talking about now, many clinical trials – or they carry on drinking but within safe limits, social acceptable and safe limits. They are now able to choose whereas before the only way to abstain was basically do whatever you could not to have a drink. Go to AA. Go to rehab. Do whatever, but don't have another drink.

That was correct until now because the brain was not curable. You could not cure the addiction in the brain until Sinclair came up with his method.

Chris: You have a chapter in your book called the human cost of that. What is the human cost?

Roy: Well, alcoholism has been with us since ancient times, and it's caused problems not for everybody. The human cost on a worldwide scale is that 1.8 million people according to the World Health Organization die from it every year, and in the United States about 105,000 according to the American Medical Association. It's a huge cost.

It's the single biggest drain on society health wise in the states. It costs almost \$200 billion, \$187 billion, which is equivalent to two-thirds of the Pentagon 2003 budget if you add up all the lost work there, the car accidents, the medical illnesses, the broken homes. It's a massive cost on society, a massive drain – broken marriages, families, abandoned children, drunk driving. It's huge, absolutely huge.

This has been studied by the US government, by the NIAAA, which is the National Institute on Alcohol Abuse and Alcoholism, the National Institute on Drug Abuse, the NIDA, and the Substance Abuse and Mental Health Services Administration Office of Applied Studies Center.

They find data for example like approximately seven-tenths of Americans age 18 and older 1.8 million have a drinking problem. Of

these 1.8 million are clear alcoholics way down the line. They've lost complete control of their drink.

Chris: Where's that line with alcoholism?

Roy: It's not a very clear line. People generally get a sense of when they've lost control, and it doesn't seem to happen immediately. There are things like blacking out, saying things that they regret, feeling terrible, having terrible hangovers, feeling that they're craving alcohol. These are the main thoughts and issues.

It's not one day you're an alcoholic, and then the next day you're not. In fact, nobody walks into a bar at age 21, orders a drink and is an alcoholic or steals it from their parents' cabinet, has one drink and they're an alcoholic. It's something that's generally considered to be learned. It's accepted that it's a learned phenomenon.

It requires two things to develop. You need to have a genetic predisposition, the biology, and you have to drink not once, but many times over much time, and then that puts you through the system in the brain, the biology of addiction that keeps on driving. It's very much like a new thirst is developed.

We all are born with a thirst for water. If we're in the desert for 72 hours, and we haven't had water, and somebody puts water in front of you, it's virtually impossible to refuse it. The craving is overwhelming, and this is what happens eventually with alcoholics, with people who become addicted. The longer they abstain, often people try on their own, and think, "Well, I won't drink tonight," and they don't.

They can go for a few days, but eventually very much like dieting, they fall pretty to the overwhelming urge to craving, and they have a drink. Usually, at that point, they drink far more than they would have. There is no clear line on when one is an alcoholic. There's lots of questionnaires that have been developed, but there's no absolute clear line when one is more or less thought of having lost control over one's drinking. That can be fairly mild in the success of social drinking, or it can be clear alcoholism where people wake up at three in the morning to have a drink because otherwise they will go into withdrawal.

When thoughts keep popping into one's head and one of the things that this book addresses reduces that. It removes the biology of the craving. It reduces the power of the opiod system, but we can get into

that a little later, and people simply stop thinking about alcohol. They lose interest in it. It doesn't have an important place in their life.

One of the main myths is that alcoholism is incurable. That's a very big myth, and that alcoholism is something that people are born with, and psychologists have taught stay away from treating alcoholics. They are liars. They are incurable, and it is under their personal control.

One of the first main myths and this is a myth that is associated with medical doctors and psychologists as well as the general public is that it's an incurable thing, and once you're an alcoholic, you're always going to be an alcoholic. That's also a myth that was true until now since the Sinclair method, which is what the book is about, as Alcoholic Anonymous says, "Once an alcoholic always anonymous," they're correct.

One of the other myths is that you have a weak personality that it's an immoral illness, pretty much that's saying that leprosy is an immoral condition of bad morality and weakness. Alcoholism is thought of that way.

In fact, about ten percent of alcoholics are able to stop on their own, which is why the traditional treatment – the twelve step AA or other abstinence based treatments have always had really up until now, give ten to sixteen percent levels of things like abstinence for life.

Chris: So, that's what's been available so far to people struggling with alcoholism is the abstinence only program.

Roy: Yes, that generally by and large, the staple that people get for treatment, not just in the United States, but abroad as well. The idea is stay sober as long as you can, and if you relapse, get back on the wagon.

The success rates for traditional treatment, if you look at the NIAAA or NIBA or WHO, figures are between ten and fifteen percent. This is measured in terms of absolute abstinence. For the rest of their lives, they can never have another drink.

For example, there's a famous actor who in the United States with abstinence for twenty years, and he had one drink after twenty years, and he ended up relapsing very badly, and had to go twice for rehabilitation. The main thing was to try and abstain.

They go for inpatient rehab where they give them medications which themselves are addictive, to help withdrawal. That's the thalium, diazepam or Librium, xanax, and generally it's the main way that alcoholism is dealt with, but there are new methods.

According to Dr. Mark Willington of the National Institute of Alcoholic Abuse in Washington, DC, alcoholism may have a Prozac moment because now we have new medication that can help remove the craving for the first time.

David Sinclair, an American researcher who went to the best laboratory in the world for studying alcoholism, and this was run by the government of Finland using National Public Health Institute in Finland. They had tremendous amount of funds derived from taxes on alcohol to try and find a solution.

They had bred special high drinking rats that liked alcohol. That's why Sinclair went there because they had these rats, and another group that were bred that were not susceptible to alcoholism, and that's one of the reasons he went there because it has animal models to start with. Eventually, it ended up being applied to humans, real humans with great success, but that was one of the things that drew him from the United States to Finland.

This goes back from the beginning with his first work at the University of Oregon and in Cincinnati. It's a forty year effort. Very few scientists get to see their work actually put into practice. The work goes back a long time. There's lots and lots of research, hundreds of papers published in medical journals, and it's now being taken.

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Chris: So, the person continues to drink and they take the Naltrexon.

Roy: That's correct. Naltrexon is only effective if the individual drinks at the same time. If the Naltrexon is given with abstinence with instructions to abstain, the individual can take until the cows come home, and there will be no effect. This is seen in animals.

The rats for example were drinking at high levels. If you give them the medication and don't allow them access to the medication, drinking and medication, once you finish that part of the experiment, they are given access to alcohol, and they finish drinking. They drink up to

eighteen times more than they would originally, which is what is done with people.

Now, often they're just either thrown in jail or put in a rehab, or they abstain for their own position and the craving goes, and as soon as they have access, they binge drink. There's not been a way to remove it until they come up with the Sinclair method.

It's sort of counter-intuitive. People are not continuing to drink in the normal manner. They're continuing to drink while taking this medication that blocks endorphins in the brain. Naltrexon blocks the endorphins, and this prevent reward from the endorphins that are released as a result of drinking, and slowly but surely because there's a prevention of the reward, the system weakens. It cuts back. The wiring is cut so that eventually the person is restored back to their original state, and say stop probing and they stop fussing and stop thinking about alcohol.

This has been measured on scales. The number of drinks go down. Long term studies show for example, a study in Finland called a few double blind placebo controlled study, which was a gold standard in time, and after three years of treatment of patients that were taking an average of nine drinks a week or no more than 1.5 drinks on a drinking occasion, this is a very profound thing.

All were able to abstain. Many said, "I've had such a problem with alcohol, why should I drink again?" There was a golden rule through all of this. The patient always has to take this medication if they are ever going to drink in the future. If they're drinking everyday, they take this medication. If they drink once a year, they just take it once a year.

The addiction can be relearned, reacquired if they start drinking again without the medicine. Discontinue the addiction, remove it and that's ninety percent of the battle. People may have emotional and psychological problems as result as their excessive drinking, but unless you can fix the problem in the body and in the brain, you can't get rid of the addiction. It's a terrible thing for people. They're unable to stop, and as you said earlier families are broken, and often people don't come forward for treatment.

They're afraid they will fail. They've seen so many others have been in and out of rehab, and they don't want to have to wear this label, "alcoholic," which is very stigmatized and so full of shame. With this treatment, people don't have to do it. They don't have to wear a label.

Chris: And, with traditional treatment, not to mention the expense which for many people is out of their reach.

Roy: It can be at some of the rather fancy rehab up to \$40,000 per treatment, for 28 days. Essentially what Sinclair talks about is something called the D method. He says, "First you have to detect what's going on. So that means you have to diagnose the patient, and there's a lot of stigma associated with wearing that label."

Then, you have to delay. Delay means you have to finally admit, "I'm an alcoholic," and you have to wait for an opening to enter a rehab program, and that may take several months. You then have to tell your boss, "I'm going away for a month." Where are you going? "I'm going not to a resort but for rehab. Will my job still be waiting?"

Then, there's a whole question of detox. People often have to go to detox which can be very painful and uncomfortable, can even be fatal, and rapid detox can destroy the brain cells. They're given medicine early – Diazepam, Librium, a whole range of things, and these medicines themselves can become addictive.

You have to keep them in a place where it couldn't be possible to drink, and they're instructed the hardest thing, "Don't drink." That's the hardest thing you can say to an alcoholic, "Don't drink because after all that's what defines them. They're unable to stop. They've lost control." Often in these treatments, it's quite hard. They're denigrated. Sometimes, they're given a medication called difalferane for antitubete. This is a medicine that you take in tablets or it could be implanted.

When you take this medicine and you drink, it gives you terrible nausea and you throw up. Studies also show that it is ineffective, and actually agonizing and can cause death. Traditional rehab is very expensive.

With the Sinclair method, there is no detection, no delay, no difalferane, no denigration because patients are treated with dignity, and there's no revolving door. They don't have to keep coming back. It pretty much works the first time around for eighty percent of patients. In animals, it's a hundred percent effective, but humans are not animals given the way rats are in laboratory conditions. There's eighty percent previous unheard of in addiction medicine. People are thinking about five percent of people who go to Alcoholics Anonymous officially is this rate and up to fifteen percent.

There are other claims of thirty percent to forty percent, but these are not very substantiated. Often these claims are made by people who are in the \$6.2 billion rehabilitation industry. They don't address the issue of continued care. The alcoholic in the morning might crave and maybe for a day or two, but then it may become overwhelming with the treatment. They pass a favorite bar. They see a favorite bucket of wine, hundreds of triggers, and they're unable to resist the urge overwhelming just like being in the desert with water when you haven't had it in three days.

When they do have that first one or two drinks, they drink heavily. They relapse is terrible, but with the Sinclair method, where there's no more reward from the alcohol, from the endorphins that are released, the craving goes away. It's as if they were eighteen years old, or 21 years old before they had learned the addiction.

Chris: So, if people want to find out more about the cure for alcoholism, Dr. Eskapa, where can they go?

Roy: Where their website from which they can download several checklists from the book, and checklist for case history, the checklist for medical professionals on prescribing the medication, and it's simply TheCureForAlcoholism.com.

They can also look up on the internet the Sinclair Method. It's in Wikipedia. There's quite a bit about it now. There are also clinical trials that are listed on the website that they can download. There's quite a lot of information including a forum that we have started here in the United States, and the forum website is TheSinclairMethod.com.

People are talking and discussing about what's happening in them. Many of them have been through traditional rehab and have found this somewhere at the beginning stage it's done very well already, and of course, through the book. The book is available on Amazon.com.

Chris: Now, if a person wants to get a hold of the Naltrexon, how do they do that in this country?

Roy: They go to their doctor. Although the medicine is on a very low schedule, it does require a prescription and this is where some people have difficulty. They need to find an understanding and compassionate doctor making further chance to talk to the doctor on how to prescribe the medication, the question of having a good doctor/patient relationship and finding a specific doctor.

Some of the patients have been ordering the medication on the internet, but I don't subscribe that should be done. Properly medical practitioner, in fact, there's a step in the book which indicates, which shows people how to deal with doctors, how to show them it's very safe. When medication itself is not abusable, it doesn't make you high or low. It's got a very kind of thick profile.

One of the side effects initially for some patients in nausea, and there are ways around that by starting out taking half the dose two or three times, and letting the body adapt to it.

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Chris: Now, are there some people who can't go this route?

Roy: Of course, not in the case of pregnant women. It's not in the cases of people who are already dependent who are addicted to opiates such as morphine or heroine. If they take this medication and they are morphine addicts, it could put them into withdrawal, but there are adequate warnings about this.

If you or I took this medicine now, we wouldn't feel anything. We wouldn't feel high or low. It may, if we had a drink and if we're not alcoholics, block what might call the first drink affect. That's the sort of nice fuzzy feeling that non-alcoholic drinkers get with their first drink, but other than that, it's very sort of inert in the body.

Again, most important thing is that the medication itself has no active power. It is only activated in combination with drinking, and this is called Pharmacological extinction, one of Sinclair's great contributions. This came originally from the work of Pavlov, on learning and extinction in dogs. So, it's a very, very powerful thing, and it's wonderful to see the patients regain control of their drinking.

I worked in rural India among the rural poor who were given this treatment, and we went to remote villages and made the wives and – it's usually men who have a problem out there. This is in north India, in remote villages amongst the wives and the mothers and the families of alcoholics, and there was just tremendous joys that the addiction had abated and gone away.

Of course, there the medication cost a dollar a tablet. That's not very expensive for us in the west, but for them earning two or three dollars a

day, it's quite difficult to pay for it, and the danger there is if they start drinking again without the medication, the addiction recurs again. as long as you have access to the medication and follow the golden rule of always take the medication before you drink, then you will not reacquire the addiction.

Chris: Dr. Eskapa, you have some wonderful stories in The Cure for Alcoholism in your book about some families that you have dealt with over the years. I was wonder if you could share that with our listeners.

Roy: I can think of two cases. One involved quite intensive therapy. This is called Julia's Story of the Better Woman. She had a tremendous problem with alcohol. She had a lovely family. She was a porter. Her husband was well off. They were doing very well, and she started to drink well into their marriage.

The daughter would notice that she would go for parties and always get drunk, and eventually she stopped her partying and all she could do was crave alcohol, and there was divorce possibilities, until they heard about the Sinclair Method.

Julia was very afraid of going into a hospital for treatment. She wanted nothing to do with doctors. In fact, she was told she definitely had to stop drinking. She doesn't have to be hospitalized. All she needs to do is take this medication, and she called a psychiatrist who prescribed it for, and made sure that her liver was in good shape, and then she worked with the psychologist on a very intensive regular basis. She had lots of meetings and contact with the doctors.

Near the end, she decided to stop drinking, completely started to stop drinking and this is one of those cases. The marriage was saved. The family was very happy, but that was intensive with lots of contact. You don't have to have that much expensive contact with professionals.

There was another case that I treated called Richard's Story which I describe succinctly like method, same success but less intensive. In fact, that was a patient who I met who was getting up at three o'clock in the morning to drink, or else he would have ill effects, and it completely lost control. He had been to Alcoholics Anonymous. He tried everything, religious, the addiction was a sore in his brain.

What we did in this case was I explained to him and his wife how the treatment worked, and they said they'd like to try it, and they went to their general practitioner. The general practitioner gave him a

prescription, talked to me on the phone and said as long as I was with him. I did this case by telephone.

I've seen this sort of patient twice, and he managed to get to be friends with the pharmacist who subscribed this medication and he started the treatment and initially he was drinking at high levels, but the drinking and the craving went down. He was drinking more than a hundred units a week, a very, very high amount of alcohol.

After four months, his drinking was down to very safe limits. He decided that he was going to continue drinking, but always with the medication. I saw him and by the end of the treatment, he was wearing a little locket around his neck, and inside the locket he had his medication. He insisted never drink without his medication again. It was a wonderful story.

Well, the thing is here, also that you've got a way to do it extensively with lots of contact, lots of extensive therapy sessions, or you can do it inextensively with much less contact, much less counseling, and this was shown also by the American Medical Association when they published Project Combine, which is the largest trial ever on alcoholism using various methods including the use of Naltrexon.

You don't have to have such intensive therapy. Of course, this is a bit of a threat to the rehabilitation industry because look what happened to all these addiction counselors and addiction meds and doctors' jobs, if all you need is to go to a general practitioner or family practitioner, get a prescription for Naltrexon, go off and simply carry on drinking as he would normally would, but with the proviso now he's added in Naltrexon so that it has blocked the reward coming from the endorphins that are released by alcohol in the brain.

Again, it's not a magic clue. It doesn't happen overnight. It takes time. The person doesn't consciously feel the addiction happening in their body, but one might look over a month, over two months, over three months, they can clearly see, at least they're likely to see some people are clearly (inaudible), but clearly see my drinking is gone, my craving is gone, and I feel a whole lot better. My wife or my husband is happier. My kids are happier, and there's no stigma, and I don't have to go to meetings everyday. I don't have to deal with ongoing cravings.

Cravings can be like the weather. It can be two days for the alcoholic to have them, but then you can have a sudden storm that overtakes you. One day my hope is that this medication will become an over the

counter medication without the need for prescription. In fact, there's every chance that in the future, the new medication Nalmicin, new meaning (inaudible) Naltrexon will become over the country, but in years to come, and we will one day look back upon the way that we feed the addiction particularly to alcohol. So, we were very primitive the way we now look upon the way we treat (inaudible) causing patients.

Today, these kinds of effect is we have very good medication and a very good medical way of dealing with it. Alcoholism is many things, but one of the things that it could be is a medical condition, and that medical condition has a medical answer to the Sinclair Method, Naltrexon plus drinking gets a cure.

On the other hand, this is a very important point. If you are prescribed Naltrexon with abstinence, it doesn't work. This was shown in studies in Yale, and published in the New England Journal of Medicine for the year 2000, where they took 620 veterans administration alcoholics and said to them, "Take this medicine, and don't drink. Go to AA. Go to abstinence, however you can, don't drink."

After two months, they had a look at what happened, and the patients, there was no change in their craving. At which they stopped taking the medication and relapsed, and the conclusion came about that unfortunately Naltrexon is ineffective. This was because the study was done incorrectly. We now know of course polio vaccines work to prevent polio, but if you give a vaccine after the patient has contracted polio, it's ineffective. It doesn't work.

If you were to look at the study done that way, you'd say, "Well, the polio vaccine is useless. You don't want to use it," and this is what happened with that study in the New England Journal of Medicine. It got noticed and therefore people said, "We don't believe the Naltrexon works."

There's a lobby which doesn't believe that you can treat so called chemical addictions with chemicals, and this is an ideology, and we need to overcome this. One of the alternatives, because very few people come forward for treatment of the eighteen million, maybe two million come forward every year, maybe sometimes three million, but that means there are fifteen million people who are left untreated. They're driving under the influence of alcohol. They are getting involved with crime. It counts for a huge proportion of violent crime is alcohol related, massive problem, just not in the United States, but worldwide.

I said earlier alcohol claims 1.8 million lives every year worldwide. To put that in perspective, HIV AIDS according to WHO, takes three million lives. So, it's a big thing. It's also a huge drain on society particularly now with the recession that's going on. America doesn't have \$197 billion to spend on addictive drinking, accidents, hospitals, cancers are caused, heart disease.

Chris: Dr. Eskapa, what I'm wondering too though is why isn't the Sinclair Method more widely available to people? Why haven't we heard more about it?

Roy: That's a good question, and in fact, that's one thing that my publisher asked and with a chapter, chapter four, why haven't I have already heard of the Sinclair Method? He sort of come up with some ideas as to why. One of the ideas is that there are commercial invested interests.

If this medication were patented, you can be sure it would have received advertising. The drug companies, the pharmaceuticals spend millions on advertising, but they're not going to advertise a drug or medication that they don't have a proprietary right to.

The other thing is that people tend to think of medications as they take them passively if you have high blood pressure, you take a medicine for it. You don't have to do anything. If you have a headache, take a pain killer. You don't have to actively do something.

There was confusion about Naltrexon being an anti-craving medication that all you have to do is take the medicine, and that's what the fix is. This medicine is ineffective taken that way. It only becomes active and it becomes gradually active, but powerfully active if combined with ongoing drinking.

Another reason why we don't know, information overload – every month, literally thousands of studies are published in medical journals, far way too many for doctors to come to and assist you. So, one of the other reasons why to get the information across. That's one of the reasons why the book was written. Those are some of the big things.

The other thing is change the whole system, there's an infrastructure the way alcoholism is treated in America is already established. There are rehab hospitals. There's Alcoholics Anonymous, the twelve steps. There are also non-Alcoholic Anonymous approaches, and these are

all 113 ways, so to change the funding is a difficult thing. You can't get funding yet for the Sinclair Method, although that will come as patients demand it themselves, more and more.

There's seventy clinical trials that proves it, but in medical history, there's been lots of cases where it's taken a long time. It's sort of counter intuitive that if you give a little bit of illness as in vaccination, accumulated virus, for example, proven in small pox. You give a little bit of toxin, you prevent it. Nobody wanted to use it. They're scared of it. It took William Harvey a hundred years for people to believe their circulation was caused by the action of the pumping heart.

The other thing I mentioned earlier in the 1700s was rejected the vaccine. Nobody wanted to take vaccinations. Now, vaccinations against disease is repeated around the world.

(inaudible), for example in the 1800s, that was a great revolution in America for a time, but people didn't believe that Gangrene was caused because doctor's didn't wash their hands and sterilize surgical instruments. Now, every hospital is immaculate, or should be immaculately sterile.

Louis Pasteur, we boil milk now. We heat it up to destroy bacteria in milk that can cause TB. He also came up with a vaccination against rabies. It took him a long time in the 1800s, about ten years around the French countryside showing that his vaccine worked against rabies. The farmers did not want to have their animals, their livestock vaccinated, but he demonstrated, he showed this group are protected, and that group is not. It takes time for the world to adopt the practice. There's a whole infrastructure in the US, and not just the US, the UK, all over the world, there's a way that people assume that addiction should be treated, and that assumption has to change to save lives.

Chris: You also mentioned other addictions and how this drug has been helpful for those.

Roy: Yes, we know for certain that it's effective for alcohol, but it also the principle that Sinclair discovered, the pharmacological extinction is you can apply this principle to other addictions – substance addictions and non-substance addictions.

For example, at the Karolinska Institute in Sweden, that's the institute that awards the Nobel Prize, there was recently a very, very profound study, again double blind placebo controlled, on the use of Naltrexon

for amphetamine, that's speed or methamphetamine, which is a big problem in Sweden and here, too, and in my country of South Africa. People take this drug because it's cheap. It's sort of a cheap cocaine, a cheap high.

If you give Naltrexon or Nalmaphine, the new medication, but this study was done with Naltrexon, to patients who are addicted to amphetamines, they're craving comes down in the same way. More studies need to be done. There was a study done at the University of Texas on cocaine. The same thing, not just with animals and rats, but in humans. They stopped craving cocaine.

Then, there are non-substance addictions, for example, gambling, the American Gaming Association funding the study, and they showed the seventy (inaudible) success if patients were given Naltrexon. They used a slightly higher dose than is usually given for alcoholism. This is because when people gamble, there's a kind of rush or release of endorphins in the brain, whether they lose or whether they win, but you can extinguish this as well.

High risk behavior, eating disorders like bulimia, these have to be handled under careful medical attention, and of course opiate addiction – morphine. This is an illegal substance, but you can't tell people, "Don't take heroine or morphine," but they can be switched onto methadone, and from methadone you can then give them Naltrexon in a very careful monitored way, and extinguish their craving, remove the addiction.

There are other medications that may work for nicotine, but this medicine Naltrexon is generally not effective for nicotine. The new application will be with the short acting form of Naltrexon called Naloxon in a special way, a special delivery, and this will be excellent for weight control for sweets. In sweets, there's a release of endorphins.

Part of survival, when a baby is on the mother's breast and tastes milk, they can't wait for the blood glucose levels to rise. There's a release of endorphin in the brain, and that sort of tells the baby, eat more it's good for you. Eating sweet treats rather than unwrapped food, if you have something sweet in your mouth, it releases endorphins which is a signal for survival, do more of this.

This is just beginning, but we know certainly that it works for alcohol in the majority of the people. Willpower is wonderful. I want to make this

point, and this is an important point. Some people are able to stop just like that. One in a ten are told by their doctor, "You're doing damage to your liver. Stop drinking," and they just stop like that. Someone's spouse will say, "I'm leaving you," and they stop drinking.

The other point that needs to be made clearly is that today people who are doing well with abstinence, such as Alcoholics Anonymous or one of these other abstinence based methods, this treatment is not for them. Hats off to you. Keep doing what you are doing. This is not meant to dupe you into thinking that it's a license for you to start drinking again. This is only for those people who are currently drinking and need to detox slowly while taking the medication.

So, they start taking the medication, and they drink less and they crave less. That's for those who are doing well, and not going to Alcoholics Anonymous meetings and are doing well with it. The Sinclair Method is not for you. You don't need it. It's for those people who have trouble remaining abstinent.

The idea also is that it's cost effective. It doesn't have to cost a lot. It doesn't have to require such intensive care. You don't have to go to a hospital to rehab or be admitted, pay professionals a fortune. It can be managed with limited intervention.

You do need intervention. You do need care, the care of a doctor, maybe even a counselor if you could ask him to see how you're getting along. It's important to be keeping a record both of the drinking and the craving, and it's very useful to have somebody hold your hand and guide you along, but it's not an absolute necessity. Again, this was established and shown in the larger clinical trials, probably combined published in 2006 by the American Medical Association's Journal.

Chris: Dr. Eskapa, can you mention your website one more time for our listeners that are interested in finding more about The Cure of Alcoholism?

Roy: Okay, the website from where they can download chapters, and they have to click on "About the Book," is called TheCureForAlcoholism.com. There is a forum on the internet, and it's called TheSinclairMethod.com.

Chris: Dr. Eskapa, we want to thank you once again.

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Roy: Thank you very much. We need to get the word out there and start saving lives. Thank you, much appreciated.

Chris: That's the end of our interview, and I hope you've enjoyed.

For more great health related interviews, go to Michael Senoff's [HardToFindSeminars.com](http://www.HardToFindSeminars.com).

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.

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Michael Senoff

Michael Senoff

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Published by:

Michael Senoff
JS&M Sales & Marketing Inc.
4978 Gaylord Drive
San Diego, CA 92117
858-234-7851 Office
858-274-2579 Fax
Michael@michaelsenoff.com
<http://www.hardtfindseminars.com>

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What You Need To Know About Dyslexia That Will Save Your Child's Self-Esteem

The harsh reality when it comes to dyslexia is this – you can't afford to wait for your child's school to figure it out because that may never happen. Studies show one in five kids struggles with dyslexia, but federal education laws don't require schools to screen or test for it. And a child who can't keep up with peers, who's embarrassed when another child sees his class work, or who feels stupid every day at school is at risk for lifelong emotional scarring.

But parents don't have to sit back and watch it happen anymore. There are steps you can take to help your child if you suspect they have dyslexia. And in this audio, you'll hear all about them from Susan Barton, founder of *Bright Solutions For Dyslexia*. She's going to tell you how to identify the classic warning signs and how to help your child overcome them at home and at school.

You'll Also Hear . . .

- A simple "laundry list" of things to look for if you suspect your child has dyslexia
- Exploding the dyslexia myths: For example, do they really see things backwards?
- Where to find a simple free screening test
- The one best way to help schools get the training they need for dyslexia (but probably can't afford)
- The science behind the disorder – what causes the differences in brain structure and wiring detectable in dyslexics
- How to look at your family tree to determine warning signs and risk factors
- How to know if your child's school is "behind the times" when it comes to dyslexia and a simple book you can give them that will catch them up to speed

Fortunately, dyslexia is manageable, and dyslexics go on to achieve anything they want in life – architecture, computers, science, medicine, engineering, etc. But it's not something people naturally "grow out of" and does require a treatment plan. However, it's never too early (or too late) to get started. And in this audio, you'll hear the latest and greatest strategies for success.

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Hi, this is Chris Costello, and I've teamed up with Michael Senoff to bring you the world's best wellness related interviews. So, if you know anyone struggling with their weight, with cancer, diabetes, ADHD, autism, heart disease, or other health challenges, please send them to Michael Senoff's [HardToFindSeminars.com](http://www.HardToFindSeminars.com).

Chris: Thank you so much Susan for being here.

Susan: It's my pleasure.

Chris: So, Susan, why did you develop the Barton System?

Susan: Well, I never expected to. When I originally got into this field, I got into it because my nephew Ben was finally diagnosed with profound dyslexia when he was sixteen, and at that point, the public school system pretty much said, "It's too late to do anything. He'll never get any better. Just accept it and learn to live with it."

So, I switched my career completely at that point from the high-tech field into the field of dyslexia and learning disabilities, and after spending four years in adult literacy programs learning that there are effective ways to greatly improve the reading, writing, spelling skills of adults with dyslexia, and it's never too late.

Then, spending four years learning other Orton Gillingham systems that work with children and working at a clinic for children and teenagers with dyslexia, I realized the problem wasn't dyslexia. Dyslexia is pretty easy to spot. It's pretty easy to improve their reading, writing, spelling skills. The problem was that the parents and the teachers and the administrators didn't understand it, didn't have

training in it, and didn't know what would work and what would not work.

So, I felt at that point, the way I could help the most children was to stop doing tutoring directly or testing directly or working in clinics, and try to do educational outreach work.

So, I formed Bright Solutions for Dyslexia, strictly an information and resource center and started doing a lot of public speaking and speaking at conferences about dyslexia and the classic warning signs, and letting people know that there were good solutions already out there, that there were many good Orton Gillingham based systems for people who needed them.

Then, I discovered that because so very few people are trained in these systems, there are very few professional tutors available, and schools would say, "I'd love to get my teachers trained in this, but we can't afford to send them to professional training schools during the summer which are multiple weeks of training, and they are often several summers in a row to get fully trained," which is the type of training I've had.

Parents would say, "I'd do it myself, but I can't go to those training centers either. I've got children at home. I don't plan to do this as a profession. I just need to know enough to tutor my own children because there are no professionals in my area, or they are full, or they are so expensive, I can't possibly afford them, or I can afford them for one of my children, but two of my children need this. Now what do I do?"

So, I realized there was a tremendous need for yet another Orton Gillingham system, but this one designed for a different type of teacher. This one designed for parents who want to or have to tutor their own children.

So, I had to design it from scratch assuming the person doing the tutoring would have no teaching experience, probably is not a certified teacher, may not have a college degree, and because dyslexia runs in families, might also be dyslexic. So, I'm the only Orton Gillingham based system that assumes the tutor might be as dyslexic as the student, and I also had to assume that this person could not travel to a training center.

So, I had to design the whole approach on how to teach the tutor very differently.

Chris: That would be challenging I would imagine.

Susan: It was very challenging and enormously fun and has been highly successful. So, all the training that the parent or a tutor would need comes inside each level on DVD. That means the tutor does not have to travel anywhere to learn how to use this system.

Now, these DVDs are not to be shown to the student. These are to train the parent or the professional tutor or the reading specialist, or the resource specialist how to give the lessons that are in that level.

Chris: Now, I would think with statistics like that, one in five children, this would be something that you would see in schools just as part of the basic curriculum. Is that what's happening?

Susan: Unfortunately, no, that is far too rare. Federal education law is years and years and years behind the research. So, believe it or not, federal education law does not require any public school to screen or test for dyslexia, and that's why most teachers get no training in what the warning signs of dyslexia are as part of their college courses, nor do most reading specialists, resource specialists, or even school psychologists or principles.

Because they're not required to test for it, they're not trained in it. They're often not trained in these methods that work specifically for the one out of five students who are struggling through some degree of dyslexia.

Chris: Wouldn't it be a lot easier just to catch this early, like in the early years for a child?

Susan: It certainly would. As a matter of fact, that's critical. Early intervention is critical because although it's never ever too late, it is never too late to greatly improve the reading, writing, spelling skill, the emotional scars that come from years of feeling stupid and defective and falling further and further behind in school do more damage in my professional opinion, more lifelong damage than not being able to read, write and spell as well as everyone else. It's very, very, very difficult to rebuild a person's self-esteem.

How a child feels about themselves when they're eight, nine and ten is pretty much how they're going to feel about themselves when they're forty, fifty and sixty. If you can't read, write and spell, no matter smart you are and how hard you try, you're not going to succeed very well in school.

So, teaching them effective ways to read, write and spell early can prevent the academic strugglers and failure that often come with this.

Chris: So, for the teachers out there that are listening, or the parents that are listening or the grandmas that are listening, they see a child that's struggling, what are some of the symptoms that people can kind of notice right away with children or even adults with dyslexia.

Susan: Well, to start with children, there are some myths out there that people think are true about dyslexia that are not, and that's one reason why they miss a lot of kids with dyslexia. The most common myth is that they see things backwards, which is not at all true.

Children with dyslexia see things the same way as everyone else. They confuse their Bs and Ds, but it's not because they're seeing them backwards. It's because of directionality issues and auditory confusion issues, but they don't see things backwards. That's why reversals have nothing to do with dyslexia directly.

So, they don't see things backwards. It's not a vision problem, which is why vision therapy never solves the issue. Then, people think that if you have dyslexia, it means you can't read. That is not true. Everybody with dyslexia can read up to a point, but then they surprise everybody with this bright child who is reading initially, hits the wall in reading development by third grade if not sooner.

Then, no matter how smart they are and how hard they try and how hard the teacher tries, and how hard outside tutors try, unless they're taught differently, they won't be able to get over that brick wall in reading development by third grade.

Our typical reading pattern you'll see even when they "can read," the dyslexia forces them to read very differently. Some of the early reading warning signs are they'll know a word on one page, and won't recognize that very same word on the next page. How come you knew the word over here, but don't know the word over here?

Another classic warning sign is when they come to a word that they don't know when they're reading, they won't sound it. Even though they've been taught phonics, they know their sounds, the inability to sound out an unknown word despite being taught phonics is a classic warning sign of dyslexia. They'll look at the first letter. They'll look at a picture. They'll try to guess based on context, clues, which is why another classic warning sign when they're reading is they'll say a word that makes sense there even though it's nothing at all like the page.

Like, they might look at the word, "Horse," and say "pony." They might look at the word "journey," and say, "trip." They might look at the word, "small," and say it's "tiny." The word would make sense there, but it doesn't have any of the same letters. They're not looking at the letters on the page to help them read the word. In fact, they're using every strategy they can think of other than to look at the letters because the letters have always confused them.

Dyslexia is huge. It is complex, and it's way more than reading, way more than reading, which is why when I speak at reading conferences, I tell the reading specialists, "If a child is only struggling in reading, and nowhere else, it's not dyslexia." Dyslexia affects way more than reading, and what it affects most and what people will be more aware of is its impact on spelling.

In fact, if you don't struggle in a major way with spelling, you don't have dyslexia. It can be confusing because parents can say, "Oh, he does okay on his weekly spelling test," and that's not what we're talking about, but a parent will know it takes hours and hours and hours of practice to get this kid to learn the list of twenty words for Monday well enough to try to pass Friday's test.

They will also know that despite that enormous effort and the hours and hours and hours they put in, even if they do okay on Friday's test, the spelling doesn't stick. By two or three days later, they can't spell those words anymore.

It really affects their spelling when they have to write. When they write sentences or stories, these are the kids that misspell even the high frequency words like "very," "because," "friend," "does," "where," and it affects more when they write. These are the kids who just can't seem to remember that a sentence has to start with a capital letter and there has to be a punctuation in there somewhere.

So, they write without capitals. They write without punctuation. They write with significant misspellings, and yet their content, what they write is terrific.

But, it affects more than spelling and more than writing and more than reading. They usually have an odd unusual pencil grip and a great deal of difficulty getting their letters to sit on the line, and difficulty getting their tails to go below the line. It's called dysgraphia, and most kids with dyslexia also have dysgraphia, hand writing difficulties, but it goes beyond that.

You can hear dyslexia. It affects their speech. Not only were most of them late to speak, they weren't speaking at twelve months is when most kids speak. They might not have started speaking until they're eighteen months or two years or two and a half or three or later, but when they started saying those multi-syllable words, they frequently get the sounds out of sequence, and they say things like "aminal," "bisghetti," "hangaburg," "flutterbies."

At first you think it's cute until you realize you can't correct them. When they go into school, they can't say words like "consonant." Two types of letters are vowels and constanants, compliments, anything but consonants. They can't say cinnamon. My adults can't say aluminum or statistics.

Dyslexia also causes you to have enormous difficulty learning to tie your shoes. You have difficulty memorizing random facts like your math facts. My kids usually like math. They understand math, but they can't memorize their adding or subtracting facts. They always have to count on their fingers, which means when they get to their multiplication tables, they're dead in the water.

You can spend years with flash cards and worksheets and songs and everything you can think of trying to get into long-term memory, into long-term memory, into long-term memory, and you can get it in, you just can't get it out.

My adults can't do nine times seven, eight times six, this time this quickly and easily, even after years and years and years of practice. We have solutions for most of this. There are effective, research-based ways to teach them to read, write and spell, and believe it or not, they've been around since the 1930s.

Most children and teenagers and adults with dyslexia can greatly improve their skills if they're taught using a system called an Orton Gillingham based system of which there are many. There are effective ways to teach them their math facts. There are workarounds for not being able to tie your shoes called Velcro.

There are solutions or workarounds for most of these weak areas so that their gifts and their talents can be put to tremendous use because people with dyslexia not only – despite being very, very bright – have these unexpected holes in certain skills. They often are incredibly gifted and talented better than anybody else in their class and their age in areas also. There are unusual combinations of strengths and weaknesses.

I'm Chris Costello reporting for Michael Senoff's [HardToFindSeminars.com](http://www.HardToFindSeminars.com).

Chris: As you were talking, Susan about the writing in school and not being able to remember how to spell, that kind of thing, it really got me thinking about what happens to these kids self-esteem-wise when they're in a situation where their classmates are writing these beautiful stories and they can't write, "The cat went for a walk." What does that do to kids?

Susan: Emotionally, it destroys them. It destroys their belief in themselves. It makes them very anxious. Often times, they develop a secondary anxiety disorder. Anxiety is fear, fear that the teacher is going to call on me and make me stand up and read out loud in class today. Fear of what happens when the teacher does a spelling bee; fear of even passing your assignments by passing them up the rows and all the other kids can see your handwriting and your spelling and everything else.

It makes these kids hate school. These are the kids who often by kindergarten and first grade and second grade say, "Mom, please don't make me go to school. I've got one of those headaches. I really don't want to go to school." They're at high risk of dropping out.

They either internalize their struggles and failure and get depressed and anxious or whatever, or they do the opposite and act out their frustration, become behavior problems as a way of getting out of having to do tasks that they are bad at and having public humiliation. My guys would rather turn over the desk and get sent to the principal's office than stand up in front of class and read out loud.

Chris: So, basically, you're saying the schools can deal with somebody for twelve years and have a lot of problems the whole way along, or they can take a child in kindergarten, find out what's going on with this, and do a two year learning system, something like yours the Barton Learning System, where the kids can cope with the academics. Is that right?

Susan: Correct. What I'm getting more and more public schools to do and private schools to do is early screening. I know schools don't have dyslexia learning specialists on staff, and I know school psychologists aren't trained in it, but dyslexia comes with a classic list of warning signs, and the more warning signs that match, the more confident somebody can be. Don't wait for formal diagnostic report. Step in and do the right thing.

There are other simple free screening tests that are not screening necessarily for dyslexia, but they're screening for the areas where a dyslexic child would be weak, and they'll be weak fairly early on. One of the best out there is called Dibels.

Dibels stands for Dynamic Indicators of Basic Early Literacy Skills, and parents and teachers can download this from the internet for free. It's copyright free and free of charge because it was developed by the researchers with your tax dollars, and it's designed to be given three times a year by the regular teacher. It doesn't need a school psychologist to do it, and they have a version for beginning kindergarten, mid-kindergarten, end-kindergarten, a different version for beginning first grade, middle first grade, end of first grade all the way up to sixth grade.

It takes less than ten minutes to give. It's very easy to score. The instructions on giving it and scoring it are included, and so are the benchmarks. It's saying, "If a child is on track in reading development, their score should be here or higher." So, if a child is meeting the benchmarks, then just keep teaching and check once a quarter and they're not at risk of not being able to read at grade level by third grade.

My kids with dyslexia will start messing those benchmarks early, early enough to step in and do something and preventing them from hitting that wall. You need to put in place early intervention programs.

Chris: Right, and as a parent, frankly, I find it pretty easy to see and notice the signs. I didn't have the formal diagnosis or information, but there

were a lot of red flags. He never would pick up a book. He never wanted to sit down and write, things that my other children always wanted to do.

Susan: Yes, often, they will actively avoid things.

Chris: You have a wonderful website. Can you give our listeners some direction on how to find your website?

Susan: For parents or teachers who want to learn more about what those classic warning signs are and more about what can be done, go to the website for Bright Solutions for Dyslexia, and that website address is www.BrightSolutions.us, which stands for United States.

Even if a parent feels uncomfortable trying to read a website because they themselves don't read very well, right on our very first page are seven free video webcasts that someone can click on and watch a video right online. So, they can either learn by watching and hearing me explain it in great depth, or by reading the other pages.

Chris: Also, you have another website, SusanBarton.com.

Susan: That I just set up in case people wanted to know more about who I am, SusanBarton.com just explains my background. If people were interested in learning more about the Barton Reading and Spelling System in detail, we have a separate website for that, and that would be www.BartonReading.com.

When I work with schools and try to convince them to do an early intervention program, screen and find the kids who are falling behind early enough to fix it before it starts impacting them academically. One resistance I get is, "Do you mean to tell me one out of five kindergartners is likely not to meet these benchmarks?" I say, "Yes because dyslexia does impact twenty percent of our population."

Now, some only have it mildly. Some have it moderately. Some have it severally. Some have it profoundly, but you will find a large percentage of your kindergartners and first graders are not able to meet these benchmarks.

Then, they panic and say, "We don't have enough personal in special ed to meet their needs. How are we going to help them? If we identify that they're struggling, how are we going to provide the resources to help them?" The nice thing is they don't have to go into special ed. My

goal is to prevent them from ever needing special ed services by catching it early and teaching them a way that will work.

With the Barton Reading and Spelling Systems, they don't have to rely on expensive certified teachers because we designed it for parents or other caring adults to be able to learn it even if though they have no teaching background. Schools can bring in parent volunteers, community volunteers, church members.

A lot of churches have literacy organizations as part of them, and they can work one on one with a child. It doesn't take a lot of time, two hours of one on one tutoring per week will close the gap if they're using the right approach.

Every parent I've ever talked to has already tried Hooked on Phonics, and discovered a child can learn phonics. They just can't apply it.

Chris: Can you explain to our listeners just a little bit about how the Barton System is different?

Susan: It's a tutoring program. So, it's not a classroom curriculum. A teacher can not do this to thirty kids at one time. This is meant for intense intervention, which means we're going to catch kids up as quickly as possible.

So, ideally, it's done on a one on one situation, which means one tutor works with one child at a time. Experienced teachers can use it in a very small group, up to three, but that's why regular ed teachers can not do this. They can't work in groups that small, but reading specialists often can. Resource specialists can.

It is ideally a one-on-one tutoring system, and there's a whole lot of things that are different about it, but one major difference is we don't teach just reading. Our kids are struggling more in spelling than they are in reading.

So, the reason it's called the Barton Reading and Spelling system is we're teaching them how spelling and reading are actually the same skill, and we work intensely on teaching them to spell, not by memorizing lists of words. That'll never work for my guys, but spell by sounding out and knowing a few very reliable spelling rules.

So, in the Barton System, there are many steps in every lesson, and one step is a reading step. The next step is the same skill as the

spelling step, then a reading step, then a spelling step. We're teaching kids that reading and spelling are actually the same skill.

Anytime you try to work with a dyslexic child and teach them just reading, it's not going to go very far. They have got to see – if one is looking at the letters and turning them into sounds, the other one is taking the sounds and turning them back into letters. That is the same skill, and it's sounds that they're having trouble with. They're having trouble with a skill called semantic awareness.

So, we get them to the sound level. We teach them how to work sounds from both direction. So, the sequence in which we teach skills is the most common where there are no choices gradually up to where there's two choices, and one our way up as we teach it in a spelling sequence, not a reading sequence.

So, we make spelling seem very logical, and they can learn how to spell without having to memorize, without having to remember what a word looks like, and as their spelling gets better, so does their reading. There's not one person in the world who is a good speller who is also not a good reader.

Chris: So, it sounds like the Barton process is very different from the traditional process, learning process of reading.

Susan: Very different from the traditional process in learning to spell as well, and if people want to see what's so different because I could give someone all the technical words, but they could go to our website BartonReading.com, and watch a twenty minute demo, a video demo showing you a Barton lesson, showing you what's so different about this approach to reading, writing, spelling.

If somebody wants to see that for free, they can just go to BartonReading.com and find the button that talks about the demo.

Chris: If your dyslexic child is being tutored with this method, how long does it normally take for them to get to where they're reading where they should be?

Susan: It depends on where they should be. It doesn't take as long to take a first or second grader and get them up to grade level as it does a sixth grade to get them up to grade level because the grade levels are different.

We don't teach in a traditional grade level sequence. So, I tell parents, "You will see slow steady improvement all along the way." Within just a couple of months not only will their reading be better and their spelling be better, but you'll see a change in their attitude, from walking in and feeling so defeated that their head is down and they hate the idea of reading and spelling, to just after a couple of months of just twice a week tutoring, you'll see them sitting up taller. Their head is up high. They're saying, "This isn't so hard. I thought spelling and reading was hard. I can get this. I guess I wasn't stupid after all."

So, parents often will see a change in attitude even before they see years of growth on standardized reading tests, but I tell parents start at the beginning, give them at least two hours of one-on-one tutoring per week, which you can break into two one hours sessions, three forty-five minute sessions, four half-hour sessions, but at least two hours a week.

You will see slow steady progress all along the way. Now, when will they be at grade level? It's impossible to say because we don't teach in grade level sequence, and how do you measure grade levels for reading. There are so many different ways to measure reading. Is it reading comprehension? You'll see those scores go up fast.

Is it reading speed? It takes longer to build speed, which is called fluency. Is it reading accuracy? You'll see that go up quite a bit, but is it grade level reading accuracy? It depends on how you measure that because we don't teach in grade level sequence.

Our goal on the Barton System is to get them able to read and spell those great big long multi-syllable words as fast as possible. So, we teach them just what they need to know to be able to break apart those great big long words because they're textbooks are full of those great big long words. Then, once they're able to do that, we fill in other things after that.

Some of the stuff we don't teach until later, they typically teach in kindergarten. Some of the stuff we teach right in our level four, they don't ever teach until tenth grade. That's why it's hard to say, "Where will they be in grade level?" It depends on how you measure it, but parents will see slow, steady progress in both reading and spelling and written expression, all along the way.

For more interviews with the world's top health and medical experts, go to Michael Senoff's [HardToFindSeminars.com](http://www.HardToFindSeminars.com).

Chris: So, you've talked a little bit Susan about the symptoms of dyslexia. Can you tell us a little bit about what's behind the brain science of dyslexia? What is dyslexia all about?

Susan: That's a great question, and to me the brain research is the most fascinating because you've got tons and tons and tons of it. One thing we know is that dyslexia is genetic. It strongly runs in family trees. They've actually isolated the three genes responsible for it, and they haven't found any new ones for quite a while.

Where this field is heading, where we hope we'll be in – I don't know – five, ten, fifteen years. It's already being done in research labs, is everytime a child is born, we'll just scrape the inside of their cheek, look at their genes and we'll know right then and there. "This kid, you can teach reading anyway you want to, this child better get something special."

We will no longer have to wait until they've hit that wall in third grade and they're at least two years behind, and their self-esteem is in the basement to say, "Gee, maybe it wasn't a motivation problem after all. Maybe there was really something different about this child."

Chris: Right, kind of like how we've prescribed glasses for kids.

Susan: Yes, right then and there, we'll know early, early enough to teach them the right way from day one. They'll never have to hit that wall. So, I tell people the biggest warning sign of all is if you know or suspect there's dyslexia in your family tree. That puts this child at high risk. How high? Fifty/fifty odds, it's like a toss of the coin for every child born into a family where you know there's dyslexia in the family tree. This child is going to come heads or tails, heads or tails.

Now, we know that these genes impact how the brain is developed. People with dyslexia have a different brain structure, and a different wiring, different nerve pathways in one part of their brain. So, their different brain structure, their different architecture is why they have a larger right hemisphere than most people.

Their left hemisphere is the same size of everyone else. Parts of their right hemisphere is larger than everyone else, and we've seen this in study after study after study. We think that's why they're so gifted and talented in areas controlled by the right side of the brain. They've got more of it, and they seem to be putting it to pretty good use.

So, people with dyslexia, although they do struggle with reading, writing, spelling, are often off the charts gifted in things like art, and it may not be your traditional painting or sketching. It might be architecture, landscape design, photography, sculpture, graphic design, fashion design, amazing talent.

A lot of my guys are amazingly gift athletes, and they go to college on athletic scholarships, and my guys win a lot of gold medals at the Olympics. A lot of the highest pay baseball pros, basketball pros, football stars, golf pros are dyslexic, and many are becoming more and more comfortable sharing that.

They love anything that's logical, three dimensional that they can put their hands on and manipulate it. So, they tend to be very, very gifted in science, medicine, engineering. They can figure out how to build something, design it better, fix it. They can figure out how things work like computers are often a very gifted area for them.

Their people skills are outstanding. They're empathetic, compassionate. They understand how people work. They how understand how to get teams of people to work together. They can be very, very successful as adults in fields that require good people skills whether it be sales and marketing, counseling, pastoring, teaching, politics, motivational speaking, team leaders. They're terrific with people.

I could go on and on. We have the gifted areas listed on our website. If we can get them through school undamaged, emotionally undamaged, they can put these kids to good use, but unfortunately, the experience at school is so devastating, if they don't get what they need, they are emotionally so destroyed by the time they get out, they never put these kids to use.

So, unusual brain structure, yes, unusual brain nerve endings – the wiring that I talked about, the nerve pathways that go in the left hemisphere, that go out to the part of the brain called Sylvian fissure, those nerve pathways are structured differently, if they have dyslexia than if they don't.

If I had any speech/language therapists listening, they would get very excited at the mention of Sylvian's fissure because they know that right below Sylvian's fissure are the two parts of your brain that practice language, Brokaw's area and Warnekee's area.

The nerve pathways that go through the language practicing part of the brain are structured differently if you have dyslexia than if you do not, which is why researchers do not classify dyslexia as a reading problem, although it will impact reading. They classify it as a language processing problem.

People with dyslexia because of that unusual wiring process language differently, and that's why it impacts all four areas of language processing starting with the speech issues, which is why often times my kids, the first professionals they work with is a speech language therapist either because of their speech or their mixing up sounds in multi-syllable words, or stuttering.

Now, not everybody with dyslexia stutters, but if they stutter, that's considered yet one more warning sign of dyslexia, or there are articulation difficulties. They have trouble articulating or saying clearly two pairs of sounds, Rs and Ls or Ms and Ns.

Sometimes they have trouble with S, SH, CH, but not always. It's always Rs and Ls, Ms and Ns, which is why they often have what's called immature speech. Even after speech therapy, even in the second or third grade, they're still saying, "The weds and the gweens, the wabbit."

I get a hint when I'm talking to adults they might have dyslexia because I can still hear subtle problems with Rs and Ls. They'll call me up on the phone saying, "Mrs. Barton, I'm so fustrated," or "I'm so flustrated," rather than "frustrated."

So, it affects speech. It also affects how you process sounds through your ears, auditory processing. That's considered language processing, and it impacts auditory processing in certain ways. Often times, their auditory memory size is smaller than most means they can hang onto fewer sounds before they fall out of memory.

They often process auditory information more slowly than people without dyslexia, just a little bit more slowly, but we can measure that. They might have some significant auditory discrimination problems. So, they will hear the wrong sound. They will have trouble distinguishing discriminating through the ears alone auditory sounds that are similar like F and Th, or the short vowel sounds.

So, they'll say, "Mom, I have to do my maf homework." "No, sweetheart, you have to do your math homework." F and Th are very similar sounds.

I can guarantee you they will have a lot of trouble with phonemic awareness, which is auditory awareness that words are made up of little tiny sounds and be able to break those sounds apart, change a sound, blend them back together.

Rhyme, the reason they have trouble with rhyming which is another classic warning sign of dyslexia is they're saying, "I can't hear what's the same between these two words is not the same between these two words."

That also is why when they learn phonics, they can tell you the sounds that the letters make like sound out that word, maybe the word "cat." They can go "K-a," and they can't blend them together to come up with the word "cat."

They can sound out a word, and still now know what that word is. All of that is related to the skill called Phonemic awareness. That's auditory processing. That's one of the ways you process language. You speak it, and there's a lot of speech issues. You listen to it, and there's a lot of auditory processing issues and phonemic awareness issues. Later on, when you get to school, reading is considered language processing, getting language off the page through your eyes.

They can fool you for a while with that because they can read for a while. They can fake it for a while. They're getting language back on the page is also difficult. That's part of language that's called spelling and written expression, and even how you hold your pencil and form your letters.

Chris: This is all basically from the different brain structure.

Susan: Yes, the different brain structures, and the different brain wiring. So, there's a lot more that goes on with brains, but those are the two major things I wish everybody knew about – a unique brain structure and unusual wiring in the language processing part of the brain.

There are whole entire books written about the brain research on dyslexia. In fact, parents can certainly learn more about dyslexia, or teachers can also by going to our [BrightSolutions.us](http://www.BrightSolutions.us) website. There's tons and tons and tons of information there.

Sometimes people would rather read a book about it, and the best book by far on dyslexia is called Overcoming Dyslexia by Dr. Sally Shaywitz. She is one of the leading dyslexia researchers out of the National Institutes of Health, and although she wrote the book about three and a half years ago, it's still quite current. Not all that much has come out in the last three years. All the major stuff is in there.

She wrote not for researchers. She wrote it for parents and teachers, so it's very readable even if you're not a researcher. The first hundred pages are a summary of what we now know based on all the latest research about dyslexia.

The next hundred pages are on how should we be testing for it because schools are still not required to test for it. There are very few professionals out there trained to test for it. By the way, I do know where the professionals in every state are that are qualified to test for dyslexia.

So, if any of your listeners would like me to email them a list of certified dyslexia testing specialists in their area, they can certainly contact me by phone or email, and I'd be delighted to send them the list.

We have lists for every state and even for other countries, and if you'd like I can give people my email address at this point.

Chris: Sure that would be great.

Susan: It's similar to our website address. It just starts with Susan@BrightSolutions.us.

Chris: And, the phone number, Susan.

Susan: The phone number is 408-559-3652, and the last hundred pages in Sally Shaywitz's book on what do we do about it? Now, the nice thing about that book, since it's been out so long, it's available in hardbound, paperbound, almost in every book store in this nation and online, but you can also get it on CD or download as mp3 files.

So, if you don't have time to read a 300 page book, you can listen to it as you drive around in your car, as you work out in the gym, and if your child happens to go to a school where the administration or the professionals are behind the times, and they're still saying outrageous things that are not true, but were once thought to be true but are way

out of date such as, “There is no such thing as dyslexia. It’s a made-up term. It’s an old-fashioned term. We don’t use that term anymore. There’s no way to test for dyslexia anyway. You can’t test for it until you’re nine, or if he’s already nine, it’s too late anyhow,” or any of those things. There’s nothing to be done about it.

Those are outrageously outdated statements that are absolutely not true. You could get a copy of this book, and give it to them as a gift and say, “You know what? You’re a little bit out of date. Here’s a gift from me to you so that you can quickly learn the latest research.”

Often times after I give a talk in the city, there’s a run at all the local bookstores for that book.

Chris: We just have learned so much today. We really appreciate you taking the time to talk with us today about dyslexia.

Susan: It’s my pleasure.

That’s the end of our interview, and I hope you’ve enjoyed it.

For more great health related interviews, go to Michael Senoff’s [HardToFindSeminars.com](http://www.HardToFindSeminars.com).