

Common sense on medicating children

By Jacob Azerrad, PhD

Guest Columnist

One wonders: Just how big a superstar do you need to be to achieve justice for a drug-related malpractice that results in your death? If you're Michael Jackson and the whole world knows everything about your life — and your death — the manner and mode of your demise is assured due process.

With the conviction of Conrad Murray, MD, the cardiologist who purported to care for Jackson and administered — or allowed to be administered — a fatal dose of a drug (Propofol) used to allegedly help him sleep; at least some medical person is being held accountable. For the vast majority of American toddlers who have been diagnosed with the controversial “childhood bipolar disorder,” some of whom have died, justice will be hard to come by.

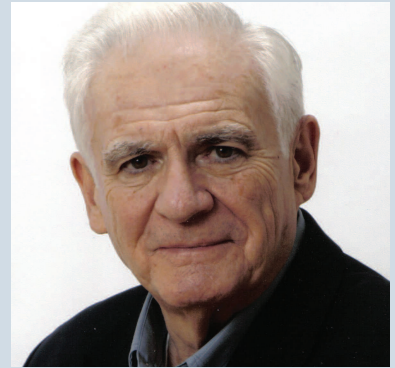
As in any thorough search for justice we should ask ourselves: “What do we know, and when did we know it?”

We do know that anti-psychotics were the nation's top class of drugs by revenue in 2009 at \$14.5 billion. We know that the number of American children and adolescents treated for bipolar disorder increased 40 fold from 1994 to 2003. We know

that, according to the New York Times between 1993 through part of 2008, 1,207 children who were given Risperdal, an anti-psychotic, suffered serious problems. And we know that, tragically, 31 of these children died. They shouldn't have. Challenging childhood behaviors exhibited by young children have remained unchanged for generations. So, why are kids being diagnosed with controversial diagnoses and being prescribed powerful anti-psychotic pills?

Because overmedicating kids is a symptom of modern parenting. And modern parenting is being led down the road paved by a failed disease model of behavior, a desire for quick fixes, and willing accomplices in the pediatric profession. Parents are taught by the child rearing “experts” to reward bad behavior. That's nonsense. We start by “loving” our kids when they behave badly, and then we drug them by the millions into “good behavior.”

Many of the most popular child-rearing books repeatedly urge parents to hold, soothe, comfort, and talk to the child who bites, screams, throws, breaks things, or otherwise behaves in obnoxious, inappropriate ways. Common sense and a truckload of research argue solidly



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- Child and Adult Behavior Therapy
- Behavior Therapy training through courses and workshops
- Individual supervision for professionals
- Positive parenting workshops for parents

against this practice. Yet, these “experts” are unaware of the well-established fact that children do what gets noticed; adult attention usually makes behavior occur more likely, not less. The result is that the wrong approach to the “terrible-two” behaviors leads to even worse terrible threes, fours, and fives followed by a diagnosis and then — all too often — pills. Could the real cause behind the defiant behaviors be that the child is, for the first time, becoming self-aware, and exerting his or her independence by saying, “No!” and “You are not the boss of me?” Could they simply be kids with a backbone who just want to grow up? When their independence is restricted, children discover that having a tantrum might get them what they want. Rather than view their behavior as the result of a problem that needs medicating, it is a healthy striving to be more grown-up and independent. A parent’s job is not to nurture negative toddler behaviors by way of talk therapy, but to teach their child what it really means to be grown up. A grown-up is caring, handles disappointment calmly, and has self-control. Grown-ups do not hit, bite, or throw things in anger. In the case of diagnosing childhood behavior with the controversial “childhood bi-polar disorder” and treating them with pills, the main person of interest remains Joseph Biederman, MD, the disgraced Harvard Medical School psychiatrist who was sanctioned last July for consulting fee shenanigans with his research at the school.

Biederman cornered the market by coining the “diagnosis” that

propelled modern psychiatry, pediatrics, and panicked parents to embrace these modern-day parenting techniques.

For so many, these modern parenting methods have proven ineffective, and after years of their use and endless therapy — here comes Biederman and his pills. And from his ivory tower, Biederman makes the pills acceptable. There is another way to approach these behavior issues with young children that doesn’t require pills. Parents can be shown how to redefine for children what it really means to be “grown up,” so that children go from defiance to caring, and from defiance to handling disappointment calmly. They can look for quiet relationship skill behaviors like: “sibling caring” and “Mother Theresa behaviors.” Parents can learn to nurture those behaviors by spending special time with their child describing the grown-up behavior in vivid detail, labeling it as “big boy/big girl” behavior. Some say that nothing significant will happen to change current prescribing practices until the death of a child of a prominent celebrity or politician causes a media circus and show trial. Perhaps. In the meantime, parents can be as courageous as the jury in the Michael Jackson case and help hold the root causes of the failed methods of modern parenting to account. You be the judge.

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Availability as a Speaker

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