

March 19, 2105

Dear Education Chairman and Committee Members:

AbleChild strongly supports the two bills introduced into your committee regarding Informed Consent and data mining. AbleChild's mission is informed consent regarding psychiatric products and services. We have submitted an Informed Consent Bill to the Education Committee over the last seven or so years on basic informed consent rights for parents and children regarding psychological testing when faced with ADHD questionnaires and checklists. (ADHD data collection - psychiatric research) Representative Hetherington introduced this Informed Consent bill on AbleChild's behalf.

We have watched the overall hearings today on several issues that face the education committee and our communities. AbleChild believes that if you incorporate strong informed consent laws of "opt in" policies you just might find that the programs that work will grow, and the programs that do not will go.

We have included the Hetherington Bill submitted to this committee over the years, we encourage you to read it and incorporate it into the data mining issue facing parents on the collection of behavioral health information from their children without informed consent in the public school system.

We also included a link to the over identification of children with mental illnesses. AbleChild thought it would be helpful because it actually came into discussion during the hearing relating to the Charter School debate and what is wrong with public schools. The subjective nature of the psychological testing must be disclosed to the parents. This is not happening. Research companies should not be allowed to access our children's' data in the public school system.

Who does the liability stand with when children are misdiagnosed and placed on dangerous mind altering drugs due to a "subjective" data collection process. We encourage you to pass meaningful Informed Consent Policies that provide a parent to sign up, (OPT IN).

Thank you for your support of Informed Consent. We would be happy to provide you more information on Informed Consent.

Sheila Matthews, Cofounder www.ablechild.org, (203) 253-0329

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Science of Us

[Owls Are Not Very Punctual](#)

[What *The Jinx* Reveals About Body Language](#)

RACE March 16, 2015 1:29 p.m.

Minorities May Be More Likely to Get Inaccurate Mental-Illness Diagnoses

By [Jesse Singal](#)

The findings are complicated and vary greatly from country to country, but overall there are some clear and troubling connections between race and mental illness. In some places, members of disadvantaged groups (a category that often overlaps neatly with ethnic minority status) appear to be more susceptible to certain mental illnesses. In the U.S., while Latinos and African-Americans are less likely to be diagnosed with mood and anxiety disorders — a result that could be explained by a lack of access to mental-health care compared to other groups — when these disorders do crop up, they're more difficult to treat.

In a [new study](#) in *Social Psychology and Personality Science*, psychology researchers Ora Nakash and Tamar Saguy of the Interdisciplinary Center in Herzliya, Israel, looked at one possible mechanism for these differences: how clinicians interact with minority patients. The study involved the two major Jewish ethnic groups in Israel: Ashkenazi Jews (*Ashkenazim*), who are descended from Europe (sometimes with a stop in the U.S. before their families resettled in Israel) and who enjoy majority-group status in Israel, and Mizrahi Jews (*Mizrahim*), who are descended from Asia or Africa and "who are socially disadvantaged relative to the Ashkenazim" — on average, they have higher rates of mental illness, lower income, and lower educational attainment.

The researchers, who believe their study was the first to "consider[] diagnostic accuracy in the context of divergent social identities during early stages of... mental health treatment," took a close look at the intake procedures of 58 patients who were seen by Ashkenazi therapists at four mental-health clinics in Israel.

After their "regular" intakes, in which the patients were examined by clinicians and given a diagnosis, the patients were then given a "gold standard" structured interview — that is, one in which word choice and question order are carefully designed to scrub out as much bias as possible — by a separate clinician.

The basic idea was to compare diagnoses given during the "natural" intakes with those revealed by the more careful structured interview. Sure enough, the two diagnoses were much more likely to match when both therapist and patient were Ashkenazi, the majority group, than when the therapist was Ashkenazi and the patient was Mizrahi — in the prior case there was mismatch 24 percent of the time, while in the latter that number jumped to 52 percent. This suggests that *Mizrahim* may be more likely to get a false mental-illness diagnosis in Israel, which could lead to all sorts of difficulties down the road.

There's only so much we can take from this study. For one thing, the sample was pretty small, and for another, it took place in Israel, which like every country has its own unique issues regarding race, class, and how the two intermingle. But look at the researchers' speculation about what's driving their results:

Several processes may account for the difference in therapist's attitudes and diagnostic decisions, as a function of the client's identity. The effects may be explained by cross-cultural difficulties that are present in discordant encounters (cultural dysfluency). If this is indeed the reason, then we would expect similar results in (the relatively rare) situations involving a therapist from a disadvantaged group and a client from an advantaged group. Other processes, more directly pertaining to intergroup bias against minorities, and to asymmetrical power, are less likely to take place when the therapist belongs to a disadvantaged group.

If this is accurate, one would expect to find these sorts of effects, or versions of them at least, any place that has socioeconomically disadvantaged groups. So in other words, just about everywhere.

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Testimony Before CT Education Committee

March 5th, 2012 By [Able Child](#) | [Uncategorized](#)

Testimony:

Request Insert of Language of Informed Consent Bill [5007](#) to Bill [5353](#).

Ablechild is a nationally recognized 501(3)c non-profit parent's rights organization. Ablechild was recently featured on CNN Special Projects, Perry's Principles (Quick to Medicate) December 10, 2011. Ablechild contributed to the groundbreaking Diane Sawyer ABC 20/20 year long investigation into the drugging of foster care children which was shown to be a major problem not only within the state of Connecticut, but throughout the Nation.

Ablechild was founded by two moms, Patricia Weathers and myself, Sheila Matthews. Both our schools diagnosed our boys with ADHD through the IEP process in our school system. This diagnosis was based off a "subjective" ADD checklist. We were never informed during the entire IEP process that this ADD/ADHD checklist was subjective and was not endorsed and had never been endorsed by the Board of Education, the State or Federal Government. We have submitted below letters from the Board of Education, State of Connecticut and a

Federal Document that states they do not endorse this type of identification of children.

We were never told this checklist came from the Association of School Psychologists through research: behavioral, and clinical drug trials grants. We were never at any time informed that there is no test in existence to diagnose the condition and the diagnosis itself was not based in science. We were never informed at any time that this was a psychiatric label and that we were in essence labeling our children “mentally ill.” We were never informed that there were any other treatments for this diagnosis other than drug treatment. We were never informed at any time what the risks of this recommended drug treatment were and the fact that many of the drugs recommended were not even FDA approved for children.

In fact, we were never informed that we even had a choice to “opt out” of a school psychologist and his or her testing of our child. During this whole process we were only offered mental health services and little if any educational ones. Parents must have the right to have an education or speech and language specialist test their child instead of a psychologist. All parents should have the right to educational services that are evidence based rather than subjective not only within special education but throughout the entire education system.

For the past five years, Ablechild has fought for legislation to prevent what happened to us from happening to other parents. We in many ways have been fortunate. Our children are survivors of this very risky process. Other children have not been so lucky, being injured and having died from misdiagnosis and recommended drug treatment.

Ablechild and all of its parent members continue to urge this committee to pass an informed consent bill which focuses on full disclosure to protect not only parents informed consent rights but our children’s health and safety. Each year for the last five years, a bill for informed consent has been rejected, and it is our hope this year,

that you as a committee seriously consider this issue since it involves both the protection of parent's rights and our children's health and safety. We are requesting that you incorporate Representative Hetherington's proposed bill #5007 last proposed in 2011, AN ACT CONCERNING PSYCHIATRIC AND PSYCHIATRIC AND PSYCHOLOGICAL TESTING OF SCHOOL CHILDREN AND PROCEDURAL SAFEGUARDS FOR PARENTS, on informed consent into the language of this bill 5353.

AN ACT CONCERNING PSYCHIATRIC AND PSYCHOLOGICAL TESTING OF SCHOOL CHILDREN AND PROCEDURAL SAFEGUARDS FOR PARENTS

<http://www.cga.ct.gov/2011/TOB/H/2011HB-05007-R00-HB.htm>

We cannot stress enough how important it is to incorporate the Hetherington bill language "5007" within bill "5353" for parent and children's rights.

We would be happy to expand on our request and answer any questions you may have.

Thank You for Your Consideration

The Staff of Ablechild.org

Topics: [ADDADHDBill 5007](#)[Bill 5353](#)[Children's Health](#)[CT Education Committee](#)[Hetherington](#)[Informed Consent](#)[Parents' Rights](#)

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