INTRO

The neuroscience world is rapidly changing, but those improvements don’t translate fast enough for Dr. Charles Parker. He says we’re living in a Galileo Mind-Moment thinking that diagnosis by appearances is both accurate and sufficient, while, in point of fact, neuroscience discoveries pervasively demonstrate the inaccuracy and missteps that characterize the current standard of care.

He supports the Galileo observation that he sun is not rotating around Rome, and an “ADHD” diagnosis based upon superficial behaviors is somewhat helpful, but remarkably insufficient. With “ADHD” thousands are treated for a thinking condition – without actually thinking about thinking!

His repeated observation: new diagnostic tools beyond brain imaging make predictability more possible and cost-effective. That cost-effective data will change stigma, introduce a more scientific process, and repeatedly provides more predictable treatment outcomes.

In addition (and the underlying reason for his devotion to CoreBrain Journal), he makes the important point that if these appearance-errors occur so pervasively with “ADHD” through overlooking the imperative reality of cellular brain function, - then consider what’s missing in the entire field of psychiatry.

Note: The most prominent thinking condition on our planet suffers from the inaccuracy of a fashion-show diagnostic process, and is too often inaccurately treated by stimulant medications, controlled substances, - with minimal regard for predictable, correctable details. Understandable adverse outcomes create national and international challenges for thousands.

http://corebrainjournal.com/galileo

WHY PARKER?

• Four board certifications [Psych, Forensic Psych, Addiction Medicine, NRC Nuclear] over the years, including certification by the Nuclear Regulatory Commission for SPECT brain imaging.
• Trained as a Child, Adolescent and Adult Psychiatrist, and Psychoanalyst, with more than 45 years of direct clinical experience.
• 20 years National speaking experience regarding the specifics of antidepressants & ADHD medications to medical colleagues.
• Books – Both address the limitations of labels & provide actionable answers:
  o Deep Recovery ’92 Relationship Management in any recovery process, beyond the labels of codependency. http://geni.us/recovery
  o New ADHD Medication Rules – Brain Science & Common Sense ’13 – The only book for both public and professionals that spells out how we must move past superficial diagnostic appearances into the realities of Executive Brain Function to address the complexity of “ADHD.” http://geni.us/adhd
• YouTube videos [more than 90] on how to use ADHD meds correctly and learn more about applied neuroscience: http://corepsych.com/youtube
• Mission: http://corebrainjournal.com/about
• Brief Bio: http://corebrainjournal.com/bio
• More comprehensive CV: http://corebrainjournal.com/cv

FREQUENTLY ASKED QUESTIONS

• What are the most important problems facing mental health professionals and clients today? – Inaccuracy and increasing public awareness.
• When did you begin to see this problem? -1992 in addiction medicine, 1996 – psychiatric medications.
• What is the most obvious challenge with psychiatric diagnosis today? - Denial
• Is ADHD a reality or just made up? What is the importance of Cognition /Thinking?
• What is “Executive Function” and why use that term? - Brain Function
• Can you give an example? - Storm
• Why do you refer to ADHD Attention Deficit/Hyperactivity Disorder as AAD – not a deficit, but Attention Abundance Disorder – a term that more correctly addresses underlying functional imbalances and the complete opposite of stigmatized deficits.
• What is the impact of not knowing how to use stimulants effectively?
• How does understanding ADHD issues apply to depression, anxiety, bipolar, sleep, schizophrenia?
• Why do so many abuse stimulant medications? Comorbidity missed
• What kind of serious associated problems are most likely to cause medications to work unpredictably? Key word, metabolism
• How do you measure those variables? Targets – transporter proteins
• What is your favorite most low cost test? Gut Transit Time – Mayo Clinic
• What is the significance of SPECT brain imaging in brain diagnosis? Excellent but insufficient.
• Is it true that gastro-intestinal immunity-“IgG” discussion quackery?
• How do food sensitivities change brain function? Zonulin - Fasano
• How should a person discuss dose of stimulant medications?
• What are commonly missed drug interactions that can lead to psychiatric hospitalization, psychotic thinking & suicide? No Prozac/Paxil mix with Amphetamines