



MEDIA NOTES: DR. CHARLES PARKER

MISSION: TRANSLATING BRAIN & BODY INSIGHTS TO IMPROVE MIND-CARE GLOBALLY

Ask anyone on the street - the public thinks psychiatry is a sham run by pharmaceutical companies and managed care. The problem: too often they're right on managed care, and wrong on the pharmaceutical companies. *Diagnostic and treatment imprecision* with resultant unpredictable outcomes are based on superficial behavioral appearances and a *denial of available, biomedical measurement data*.

Managed care seizes upon these conundrums to deny care for thousands, and can do so because of that inadequate diagnostic documentation. Inaccuracy and guesswork set the standard of care that discourages treatment and encourages stigma against mental disorders globally. *Treatments* remain imprecise and unpredictable because targets are not sufficiently identified.

Parker, a child, adolescent, adult psychiatrist, and a psychoanalyst with three board certifications and a license for nuclear brain imaging with the Nuclear Regulatory Commission is not a heretic. He is, after 50 years of practice, an opinionated thought leader who keeps looking for answers beyond the limitations of the current traditional diagnostic and treatment game. It's beyond time for improved, comprehensive accuracy at every turn.

After more than 20 years of lecturing nationally about the value and protocols for psychiatric medications, he clearly recognizes both their benefits and appropriate treatment parameters. His COREBRAIN JOURNAL podcast brings hundreds of experts to the audio training table for listeners in 109 countries – because he believes an informed public will encourage the complexity of changes necessary to improve care.

His starting point: the diagnosis and treatment for “ADHD,” for which the current national standard of diagnosis, based on behavioral appearances, misses the *entire challenge of brain function criteria*. Current standards overlook brain measures to codify the actual *process of thinking* - executive function - for this pervasively misunderstood and mistreated *thinking process*. Even more importantly, an additional pervasive denial applies to the process of overlooking *multiple biomedical impediments and causes* that create treatment failure even when the behavioral diagnosis is correct from the outset.

New technologies with new information change the rules of this outdated game. Let's put it all on the table.

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