Ask anyone on the street – many think psychiatry is a sham run by pharmaceutical companies and managed care. The problem: too often they’re right on managed care using outdated labels based on appearances, and wrong on the value of pharmaceutical companies and medications. The pervasive problem: *Diagnostic and treatment imprecision* with resultant unpredictable outcomes are based on superficial behavioral appearances and a *denial of available, biomedical measurement data*. Why?

Managed care seizes upon these conundrums to deny care for thousands - and can do so because of that undeniably inadequate diagnostic documentation. Inaccuracy and guesswork set the superficial standard of care that discourages treatment and encourages stigma against mental disorders globally. As a result, *treatments* remain imprecise and unpredictable - because biomedical and brain imbalances *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 to customize informed biomedically-based treatment strategies.

After more than 20 years of presentations for medical professionals nationally about the value and protocols for useful psychiatric medications, he clearly recognizes both their benefits and appropriate treatment parameters. His *CoreBrain Journal* podcast brings more than three hundred experts to the audio training table for listeners in more than 114 countries – because he knows that an informed public will encourage the complexity of changes necessary to improve care.

His starting point involves a serious problem: 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*. More explicitly, 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 surface behavioral diagnosis is correct at the outset. When data is out, appearances create inaccuracy.

New technologies with new information change the rules of this outdated game. Let’s put it all on the table, own the changes, and make a difference.

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