

ON CHOOSING A NEUROSCIENCE CONSULTANT

DR CHARLES PARKER

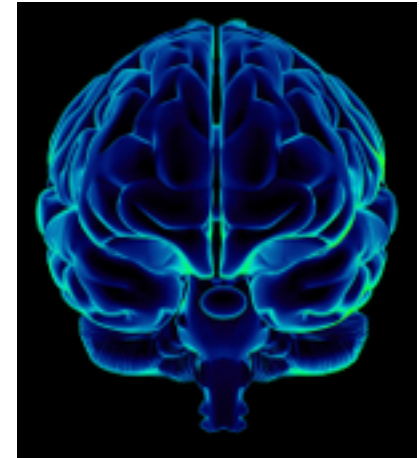
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Consultation for psychiatric issues becomes increasingly challenging.

Brain science adds treatment options

The varieties of new brain information available improve treatment choices, and, with so many diverse opinions, the choice can become quite overwhelming. Just how can one make an informed choice for their psychiatric medical team?

The everyday psychiatric world of office practice has changed. Not only should your psych professional understand the foundation of traditional dynamic psychotherapy and psychopharmacology, but they should have ready experience and access to clinical experience in a wide variety of conditions - from alcoholism to autism, from brain injury and psychoneuroimmunology. Any of these issues may be relevant to your recovery process. Knowing the edges will make any challenges more understandable.



The take home suggestion

Don't get stuck in a therapeutic adventure with a professional with a limited vision, or a lack of awareness of the changes going on the past 20 years, - unless you respond easily to that first intervention.

Board certification remains an important fundamental criterion for the selection of your medical professional, as the American Board of Psychiatry and Neurology sets excellent standards for knowledgeable intervention and treatment. Board certification is a good starting point for traditional psychiatric intervention.

But, as you know, with the rapid evolution of neuroscience and neurophysiology the choices beyond traditional intervention quickly narrow. Many who are board certified maintain surprisingly little interest in

psychopharmacology, and even less interest in bowel physiology. Many assert that they are “child trained,” but did not even start a residency in child or adolescent psychiatry.

Others assert that they were “trained in psychoanalysis,” but never entered a formal psychoanalytic training program, or if they did, didn’t finish. Others have become board certified in “addiction medicine” and have had no consistent experience with chemical dependency other than with those that occasionally walk in the door. Too many passed the addiction certification test, but don’t know the fourth step in the 12 Step Recovery Program.

Of course, many excellent practitioners don’t have the necessary fundamental credentials - the only problem for the consumer: how can you sort out skill sets by word of mouth? Sometimes it feels like a grocery store when you ask the vegetable person where the crackers are and he doesn’t know. I’ll bet the manger knows.

Both specific training and specific clinical experience matter. These attributes inevitably always bring higher value to the training or consultant experience. Add years of experience to the best training, diversity of clinical understandings, and an ongoing practice of seeking the most advanced intervention strategies - and you’ll be closest to the best value for your consultant experience.

[My personal take on training and experience - information is not practice](#)

These issues regarding ongoing training and certification are all challenges that I personally repeatedly faced in my own career. I consistently make the choice to spend the extra time and money necessary walk the extra mile, to take the extra training, and will do so until I am forced to slow down. I love office work, will practice as long as possible, still learn from my patients, and am still pleasantly surprised by remarkable new brain and body information. Every year brings new information, and I work regularly to stay on top of it.

My 4 years of flying back and forth from Va. Beach to DC starting and managing the Amen Clinic/DC office demonstrates my dedication to completely master challenging evidenced-based technology that might provide help to my patients. Not only did I captain that office and provide many SPECT imaging evaluations, but I studied and sat for certification exams by the Nuclear Regulatory Commission to handle radioisotopes. Amen is the world leader in SPECT imaging, the travel was a considerable cost and effort on my part, and the time was very well spent with an excellent DC team. [SPECT brain imaging](#) is one important tool for any compressive evaluation toolbox.

Moreover, I am in no way finished on several other [neuroscience](#) missions: I continue training on **Immune System** challenges, **Endocrine System** and **Brain Physiology**, and the nuances of laboratory measurement of hundreds of **Neurotransmitter Biomarkers** that might provide any better edge in treating those with both refractory, "untreatable conditions," and apparently commonplace conditions such as ADHD. I've been busy, and am having too much fun to slow down.

[My personal experience](#)

- + 40 years of daily office practice - The regular development with clients of essential [feedback loops](#) from the first days of practice in 1969 has enabled an enduring appreciation for what-doesn't-work-well.
- Child, Adolescent and Adult Psychiatrist - Actively seeing new patients from childhood to advanced age and continuing to develop surpassing medical teams to assist with ongoing delivery of care for clients.
- Completed: Psychoanalytic Training - Benefit: dynamic training in long-term, challenging, intense relationships, seven years with the Philadelphia Association for Psychoanalysis.
- Completed Training: MentorCoach: Coaching is a valuable tool to educate and enable personal growth - another passion: training/coaching/mentorships for medical and mental health professionals.

- Completed Training: Mediation - Child and Family: Difficult relationships may yet be artfully resolved
- Past Board Certification: Addiction Medicine For 10 years: Wrote [*Deep Recovery: How to use your most difficult relationships to find out who you are*](#) - 1992 From innocence to mastery with substance abuse.
- Past Board Certification: Forensic Psychiatry For 10 years: I no longer encourage forensic work, as patients and teaching come before unpredictable court schedules.
- Certified by the Nuclear Regulatory Commission [’03] to provide radioisotope functional imaging services.
- Psychopharmacologist: Speaking nationally to thousands of colleagues since 1996: Benefit: deep understanding of the value and complexity of the informed use of traditional psychiatric medications.
- Writer: [*ADHD Medication Rules - Paying Attention To The Meds For Paying Attention*](#) - 2010 ‘Rules’ provides many useful bridges for the evolution of *applied functional diagnostic and treatment tools* for one of the most prevalent psychiatric conditions - it was written for the public to answer the questions so often seen in the office and at CorePsych Blog. Thousands are treated annually for thinking - by many who aren’t even thinking about thinking.
- Writer: White Paper - [*Precise Solutions for ADHD Medications*](#) Complimentary 22 page overview outlining the absolutely essential understandings necessary for ADHD medication management.
- Writer: [CorePsych Blog](#) - Multiple Blogging Awards [Brain, ADHD, Addictions]: Published weekly or more: free global updates on the evolution of applied neuroscience in everyday practice - do go over and sign up [upper right hand corner] for regular email updates of each posting or [RSS Feeds](#).
- Mentor: CoreBrain Mentorship programs at many levels to train mental health providers from nurses to pediatricians and psychiatrists on the benefits of using evidence for their office practices. Long term

objective: national/international teams of evidenced based teams using the best science available for diagnosis and treatment.

- If I didn't tell you what I've done, you wouldn't know. I've had more formal, more diversified clinical training than anyone I know in the USA. That's a big statement, but true. If you know anyone with this depth of psychiatric background, please let me know and I will include them on my list of colleagues. And I fully appreciate the fact that this assemblage of experience doesn't make me right all of the time, it doesn't make me a 'celebrity psychiatrist,' and it will never make me a poser. My mission is simple: Advancing the science with anyone I treat or teach. See more background on my [About page here](#) - including chickens, concrete and cotton-picking, and a brush with outdoor writing.

Your best bet

Find a person with the best and most comprehensive training, the widest variety of actual clinical experience, an ability to coalesce abundant information, and a passion for the unknown. That person will be very pleased that your problems walked in the door, and will have a sense of optimism about the process of learning about your difficulties.

The brain and body new science provides a much more optimistic prognosis for many conditions - as in any other facet of medicine knowing the biomedical facts will often bring the team closer to a constructive resolution.

In closing this brief review one final request: even if we don't find an opportunity to work together I do hope you will sign up for regular **newsletter updates** and/or for **specific training** on state of the art psychiatric interventions. Become a part of the informed public seeking improvement in mental health care and wellness.