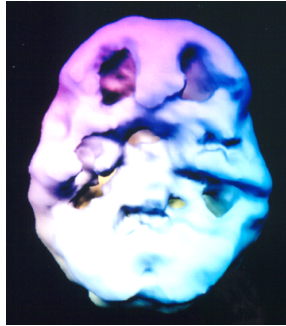


COREPSYCH RADIO # 12 MAY 21, '09
THURSDAYS 4 EST, 3 CST, 2MST, 1PST



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Review Last week: ADHD and Sleep Disorders: The Brain Defrag Plan

Program 12: Today: Team Management Structures That Work - Final of 10 Programs on ADHD Medication Management.

Watch my ADHD Medication videos on YouTube:

<http://www.youtube.com/user/DrCharlesParker>

So many treat ADHD without paying attention to the details of how you can work best with your medical team. My point is simple: Apply these easy rules and the whole treatment strategy improves. The result: better, more predictable outcomes.

Regarding medications, don't forget these titration articles that address the how to details. These tips are from one of several articles I wrote at Ezine Articles: <http://ezinearticles.com/?Sleep-and-ADHD---10-Biological-Tips-For-Consistent-ADHD-Recovery&id=1926369>

Team play – set the stage from the outset – this is a review and summary of previous programs as well as a focus for ongoing team development.

I. With your team: Define the objective: Comprehensive diagnosis – is it Functional ADHD – or just a descriptive adventure.

1. The mix
2. The onset or discovery
3. 3 Main points to any eval: thinking feeling and acting
4. Thinking - Cognitive:
 - a. Anxiety
 - b. Depression

- c. Sleep
 - d. School
 - e. Daydreaming
 - f. Context
 - g. History, context
 - h. On meds currently DOE
 - i. Breakfast
 - j. Sleep
 - k. Moods bipolar
 - l. ADD in family
5. Affective
- a. Depression
 - b. Sleep
 - c. Suicide Thinking
 - d. SIB Self Injury
 - e. Threats
 - f. Anger
 - g. Anger verbal or physical
 - h. Anxiety
 - i. Context
6. Action
- a. Impulsivity
 - b. Hyperactivity
 - c. Anger
 - d. Destruction
 - e. Duration of regressions
 - f. Danger to self or others
 - g. Prior medications
 - h. Previous diagnosis
 - i. Sleep issues
 - j. Breakfast and Bowel

II. Selecting your Medical Team: Team play evolves with everyone's participation – it is more than 'just the doctor'

- 1. Phone call screening is reasonable
 - a. Ask about interest in ADHD
 - b. Experience/ Attitude
 - c. Willingness to discuss basics: titration

III. Working Together Over Time – This is a marathon, not a foot race

- 1. First visit
 - d. More than a questionnaire
 - e. Relate to the child
 - f. Focus on biology or psychology
 - g. Considering family dynamics
 - h. Knowledge of treatment providers counselors
 - i. Compassion
- 2. Discussion of challenges
 - a. In office

- b. Phone adjustments
 - c. Nurse available
 - d. Time management in office
 - e. Humor
 - f. Medication protocols
 - i. No cookie cutter starts
 - ii. Go low and slow
 - iii. Metabolic individuality
 - iv. Remember sleep, breakfast, bowel function, immunity
 - v. Medical conditions
 - vi. No Prozac or Paxil with AMP products
 - g. Medical emergencies
3. Comorbid conditions
- a. More likely, but not necessarily psych
 - b. Depression and anxiety must be separately discussed
 - c. Watch for Basal Ganglion seesaw
 - d. Remember adjustments with growth

Thanks for joining me in this ADHD Medication CorePsych Radio Series – we always try to over deliver, and hope this material proves useful to you and yours,

cp
Dr Charles Parker