



# Dr. Daniel Amen's

## 9 Rules for the Brain

1. **Your brain is involved with everything you do.** How you think, how you feel, how you act, and how well you get along with other people has to do with the moment-by-moment functioning of your brain. After looking at thousands and thousands of brain scans I have come to realize that how your brain functions influences the kind of therapist you are, the effectiveness of your mothering skill and how well you do in business. Are you the kind of therapist that is on time, listens, and is generally helpful? Likely, your frontal lobes work right. Or, are you the type of therapist that is often late, interrupts clients, and has trouble completing reports in a timely fashion. It may be that you had a frontal lobe injury playing football in high school.
2. **When the brain works right, you work right.** When the brain is troubled, you generally experience trouble in your relationships, work, or within yourself. Since the brain is well recognized as the organ of behavior, it makes sense that brain problems, such as Alzheimer's disease, attention deficit disorder, schizophrenia or brain trauma is likely to decrease a person's effectiveness in life. Your success in life is associated with how well your brain works. This principle leads to an important paradigmatic shift: if you see someone who's "not right" then it may not be "them" or their "personality", it may not even be their upbringing or environment (directly) but in the here and now it's a matter of their brain not working properly. WHY it's not working properly is a question not easily answered by saying he or she has a personality disorder, but the **\*\*big triumph\*\*** comes when people begin to say not "what's the matter with YOU?" but "What's the matter with your BRAIN?" when someone's behaving poorly.
3. **The brain is the most complicated organ in the universe.** There is nothing as complex as the human brain. Nothing. It is estimated that we have 100 billion

neurons or nerve cells and trillions of supportive brain cells called glial cells. Each neuron is connected to other neurons by up to 40,000 individual connections between cells. You have more connections in your brain than there are stars in the universe. Also, even though your brain is only about two percent of your body's weight, it uses twenty five to thirty percent of the calories you consume. Your brain is the major energy consumer in the body.

4. If you believe the first three principles, this next one is critical and often the undiagnosed cause of many "psychiatric" problems. Your brain is very soft, yet it is housed in a very hard skull that has many ridges. Mild traumatic brain injuries can change people's whole lives and virtually no one knows it, because mental health professionals never look at brain function. **\*\*\* SOUNDS LIKE A BRAIN CHIROPRACTOR\*\*\*** Understanding this point means that we should not let children hit soccer balls with their heads; tackle football is really a form of child abuse; and as professionals we need to take even mild traumatic brain injuries seriously. Clinically, I have found that I have to ask patients at least 5 times whether or not they have had a serious brain injury. Often they forget, and therapists give them the diagnoses of personality disorders, when, in fact, they have brain damage from injuries or accidents.
5. **Certain parts of the brain tend to do certain things.** For example, the prefrontal cortex is involved with executive functions; the temporal lobes are involved with memory, auditory processing, word finding and emotional reactions; the parietal lobes are involved with direction sense; etc. Understanding psychobiology is critical to taking a new view of psychiatric illness.
6. **Problems in certain brain areas are often associated with specific learning, behavioral or emotional problems.** If there are prefrontal cortex issues one would expect there to be executive function problems, such as short attention span, disorganization, poor planning and impulse control issues. If there are temporal lobe problems it is likely people will exhibit struggles with memory, mood stability, word finding and temper control. If there are parietal lobe issues people may get lost easily. Knowing about brain pathology will allow clinicians to target treatments to brain areas rather than just nebulous psychiatric diagnoses. With this model, clinicians develop prefrontal cortex treatments, temporal lobe treatments, etc.
7. Most psychiatric illnesses are not single or simple disorders. Giving someone the diagnosis of major depression is akin to giving patients the diagnosis of chest pain. Why don't we give people the diagnosis of chest pain? Because chest pain is a symptom with many potential causes, such as heart or lung disease, musculoskeletal problems, abdominal or back problems, as well as grief or panic attacks. Unfortunately, in psychiatry we give people simple diagnoses, such as major depression, ADD, or bipolar disorder, that represent symptom clusters without understanding the richness of the potential underlying causes. This leads to overly simplistic treatments that make some better and many worse. **Our brain imaging work has classified 6 different types of ADD and 7 different types of**

**anxiety and depression. Understanding the types helps us be better at targeting treatments to specific brain areas.**

8. Imaging the brain helps mental health professionals be more effective, decreases stigma and increases compliance for patients. Imaging the brain also teaches mental health professionals to ask more informed questions. Why are psychiatrists (and I would argue psychologists) the only medical professionals that never look at the organ they treat? You can try to kill yourself today in Los Angeles and virtually no one outside of our clinics will look at the patient's brain. Cardiologists, orthopedists, gynecologist, gastroenterologists, and ophthalmologists all look at what they do before they do it. It would be considered malpractice in almost all areas of medicine to treat patients solely based on history. Yet, isn't that what we do in mental health? We have had great tools to look at brain function for more than a decade. So why don't we look? Several reasons: imaging the brain is not part of our training, experience or tradition. UC, Irvine is the only psychiatric residency program that teaches residents how to use imaging tools clinically. It is time to change. The brain is our organ and we need more information to do the best job for our clients and stop guessing what might be the problem. The study we do in our clinic is called brain SPECT imaging. SPECT stands for single photon emission computed tomography and measures blood flow and activity patterns in the brain. It basically tells us three things: areas of the brain that work well, areas of the brain that work too hard and areas of the brain that do not work hard enough. Once we know how the brain works, the goal of treatment is to balance brain function, such as calm the overactive areas and enhance the underactive ones.
  
9. **THE BRAIN CAN CHANGE.** This is the headline for mental health in the new millennium! When we do the right things for our clients, whether it is great psychotherapy, effective use of medication or supplements, or newer treatments such as transcranial magnetic stimulation or hyperbaric oxygen treatment we enhance brain function and enhance people's lives. My bestselling book, *Change Your Brain, Change Your Life* is centered on this principle. We have seen it work for more than 18 years. The brain is adaptive and influenced by what we do for it. The opposite is also true, the brain can change in a negative way when we do the wrong things. Yes, you can impair brain function with the wrong interventions. We must have great respect for our interventions. I argue that we need to look at the brain before we do things to it and also check ourselves periodically to see if we are making things better or worse.

Source: <http://www.amenclinics.com/>