

THE NEUROPSYCHOLOGY OF THE CHRONIC BEHAVIORALLY DISORDERED CHILD: SOCIO-CULTURAL AND BIOLOGICAL ORIGINS

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NATURE VERSUS NURTURE: Root Causes

1. Neurobiological Theory (Perry, 1999)
 - Increased Dopamine and Serotonin
 - Increased Adrenalin/Noradrenalin levels
 - Monoamine Theory
 - Impairments in frontal-lobe/executive functioning
 - Hyper-arousal (pseudo AD/HD)
 - Abnormal electrical chemical activity
 - Genetics (XXY pattern)
 - Traumatic Brain Injury

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2. Socio-cultural/Environmental Theory

- “Learned behaviors”
- Family Dysfunction/ Inconsistencies/ Permissiveness
- Improper reinforcement schedules
- Parental conflict/dysfunctional marriage
- Abuse and Neglect
- “Gang Mentality” (group cohesiveness)
- Weakening in societal norms
- “Escape from consequences”

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NEUROPSYCHIATRIC PROFILES OF SOCIOPATHIC YOUTH: Assessment to Treatment

- 1 Fundamental lack of guilt, remorse and conscience development (Samenow 1988, 1990)
- 2 Need for arousal, stimulation and excitement
- 3 Impulsivity, inflated ego, narcissism
- 4 Superficial attachments with primary caretakers
- 5 Dominant attachments with peers
- 6 Obsessive-compulsive rigidity
- 7 “Unprocessed” depression and rage
- 8 Pathological lying

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9 Bizarre affective symptoms

- Overt or latent suicidality
- Overt or latent homicidal rage
- Diminished logic and reality

10 Pervasive "thinking errors"

- Fantasy becomes reality
- Sadism becomes "normal relating"
- No such thing as "obligations and responsibilities"

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CREATING PSYCHOPATHOLOGY AND DEVIANCY: The Role of the Family and Society

- Many deviant children come from deviant families
- Majority of deviant children have been "groomed" to continue a psychopathic lifestyle
- Lack of family unity, structure, effective discipline and general caring for "deviancy"
- Families simply "give up" and hope for the best
- Society punishes by isolative means versus productive personality reconstruction
- Limited interest in "family responsibility"

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THE ROLE OF SOCIETY WITH CHRONIC OFFENDERS AND BEHAVIOR DISORDERS

- Ignore, lecture, punish, and move on
- Isolate and incarcerate
- Failure to "dismantle" highly dysfunctional family system which has promoted deviancy
- Failure to protect deviant youths from what they like most – "detachment and isolation"
- Assuming "psychiatric hospitalizations" will resolve the delinquent lifestyle
- Assuming medications will resolve the delinquent lifestyle

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THE JUDICIAL SYSTEM: HELPFUL OR PERPETUATING THE DELINQUENT

- All delinquents must be held accountable
- Full neuropsychiatric assessments rarely presented
- Important to assess competency
- "Individualized court treatment plan" versus blanket punishments/punitive actions
- Many delinquents "feel at home" and "cared for" in the judicial system (i.e. their second home)
- Many delinquents escalate in the judicial system in order to remain "safe and detained"

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SHORT AND LONG-TERM GOALS FOR DELINQUENCY PREVENTION AND REHABILITATION

- 1 "Redefine" and "Reassess" the delinquent
- 2 Proper neuropsychological diagnoses with appropriate treatment planning
- 3 Early assessment and intervention for the "high risk family"
- 4 Intensive in-home and in-school prevention, mentoring and rehabilitation programs
- 5 Immediate and directive consequences for early deviancy (parents and children)

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FAMILY PRESERVATION MODEL: INTENSIVE, IMMEDIATE AND COST-EFFECTIVE

- Education in the "violence/deviancy cycle"
- Family/responsible party training
- "Disruption of Deviant Dynamics"
- Positive group cohesiveness
- "Adults Only" as "re-parenting agents"
- Total reduction of outside stimuli
- Removal to a "safety zone"
- Burn as many bridges as possible
- START OVER AND RECONSTRUCT/TEACH "EQ"

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