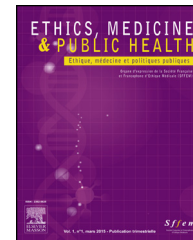




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Symptom presentation and functioning in neurodevelopmental disorders: Intellectual disability and exposure to trauma



Présentation et fonctionnement des symptômes dans les troubles de neurodéveloppement : déficience intellectuelle et exposition à des traumatismes

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Trauma;
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Summary The neurodevelopmental hypothesis posits that altered, pathological, or delayed maturation of the developing brain shifts the neurodevelopmental trajectory, later followed by the onset of neuropsychiatric illness. The United States Supreme Court has clearly established the constitutional obligation that attorneys bear to thoroughly investigate and present evidence of the multigenerational bio-psychosocial history. In this context, this paper recommends that the best clinical, forensic and ethical assessment is to more thoroughly document and present the neurodevelopmental trajectory, the symptoms and functioning associated with the specific manifestation in the patient, and to recognize the limitations of diagnostic categorization. We consider two conditions, which have been considered to have different mechanisms and developmental trajectories, and generally, to be unrelated: exposure to trauma (trauma) and intellectual disability (ID). Our focus is on the circumstances under which it is ethically necessary and clinically useful to differentiate between the overlapping symptoms of trauma and ID, when it is more appropriate to diagnose them as comorbid, and the times at which the behavioral and functional outcome of these conditions are more important than the labeling. Our approach emphasizes understanding the scientific basis for functioning and behavior, where and when

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people can or cannot accomplish a goal or task, and how the symptoms affect daily life and lived experience. This approach is descriptive, but it is also more than that: it is the process of describing the observed and its causes, in the context of seeking to accurately understand and elucidate functional ability. We believe that this is the best ethical, clinical and forensic approach and, in the long run, what this population deserves.

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MOTS CLÉS

Traumatisme ;
Déficience
intellectuelle ;
Éthiques ;
Neurodéveloppement ;
Comorbidité

Résumé L'hypothèse de neurodéveloppement postule que la maturation altérée, pathologique ou retardée du cerveau en développement change la trajectoire de neurodéveloppement, ce qui, plus tard, est suivi par le début de la maladie neuropsychiatrique. La Cour suprême des États-Unis a clairement établi l'obligation constitutionnelle dont les avocats supportent de mener une enquête approfondie et de présenter l'historique bio-psycho-social multi-générationnel. Dans ce contexte, le présent document recommande que la meilleure évaluation clinique, légiste et, plus important, éthique est de documenter de manière plus approfondie et de présenter la trajectoire du développement neurologique, les symptômes et le fonctionnement associés à la manifestation spécifique chez le patient et de reconnaître les limites de catégorisation des diagnostics dans ce contexte. Nous considérons deux conditions qui ont été prises en compte comme ayant différents mécanismes et trajectoires de développement et, en général, indépendantes : l'exposition à un traumatisme (traumatisme) et déficience intellectuelle (DI). Nous mettons l'accent sur les circonstances dans lesquelles il est éthiquement nécessaire et cliniquement utile de distinguer entre les symptômes semblables de traumatisme et la DI, quand il est plus approprié de les diagnostiquer comme co-morbide et les moments dans lesquels le résultat comportemental et fonctionnel de ces conditions sont plus importantes que l'étiquetage. Notre approche insiste sur la compréhension de la base scientifique pour le fonctionnement et le comportement, où et quand les gens peuvent ou ne peuvent pas accomplir un but ou une tâche et comment les symptômes affectent la vie quotidienne et l'expérience vécue. Cette approche est descriptive, mais il est aussi plus que cela : il s'agit du processus de décrire ce qu'on a observé et les causes, dans le contexte de chercher à comprendre et de décrire avec précision la capacité fonctionnelle. À notre avis, cela est la meilleure approche éthique, clinique et légiste et, à long terme, ce que cette population mérite.

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Introduction

The neurodevelopmental approach to the origin and trajectory of neuropsychiatric illnesses holds promise for improving outcomes because it searches for the causes and mechanisms which result in illness later in life, creating the potential for earlier and more effective intervention and prevention [1]. The neurodevelopmental hypothesis posits that altered, pathological, or delayed maturation of the developing brain shifts the neurodevelopmental trajectory, later followed by the onset of neuropsychiatric illness [2–5]. This approach to serious mental illnesses offers a way in which to understand how these conditions arise, affect functioning and behavior, and more broadly re-direct the developmental trajectory; it potentially elucidates critical periods of development during which intervention and prevention may be most beneficial. Understanding the trajectory and important points of intervention is ethically responsible as well as clinically appropriate, guiding assessment and treatment. The focus of the neurodevelopmental

approach is on both normal and abnormal processes, first understanding the range within which normal development occurs such that deviation from that range can be distinguished, and how deviations manifest in psychiatric and neurologic illnesses [6].

For many people with a neurodevelopmental illness, pre-morbid and prodromal symptoms bring them to the attention of medical, social service, or educational experts before the full diagnostic criteria for the illness is met [7–14]. As more and more people with neurodevelopmental disorders become identified by, and involved in public health, criminal and civil justice, and social service systems, the question of accurate assessment and treatment becomes more than a clinical conundrum [15]. Accurate and reliable assessment and treatment is clearly a clinical, ethical and societal necessity. Confusing the symptom picture early can condemn someone to a life without needed supports, health, and well-being. Yet, diagnostic differentiation can be difficult because a number of neurodevelopmental conditions present with overlapping symptom clusters, often along

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