

Can't Versus Won't

For those of you who know me, it is no secret that I don't get out much. So imagine my shock and awe when, at age 16—totally out of the blue—I get a phone call from Penny King asking me to accompany her to the annual high school band banquet. Sometimes, miracles do happen!

Quick tidbit of history: Penny was the very first girl I ever had a crush on, dating back to 1st grade. However, I was always much too shy to approach her. Plus, did I mention that I didn't get out much?

Well, some things never change. I still don't get out much. Which means I have plenty of time to answer commonly asked questions about brain-related issues and their connection to attachment disorders.

Q: We really struggle with figuring out what our 10 year old, Jason—with attachment problems—can't do, versus what he won't do. How on earth do we figure this out?!

A: This question, bar none, is the most common one I get. And it goes to the kissing-cousin dilemma of, “How can I as a parent ensure that appropriate expectations are set for my child? I don't want to frustrate him with what he really can't do. But I don't want to baby him either, by failing to present appropriate maturity challenges.

A great way to answer the eternal “Can't Versus Won't” question, in my opinion, is doing a neuropsychologic (NP) exam on a child. Here, we systematically check out Jason's brain and emotional functions, to tease out the can't versus the won't.

Example: Let's say Jason has a problem with raging. What the NP exam asks is: “What are the underlying root causes for Jason's raging?” We know that rages can occur as a result of many different underlying root causes.

And what if the NP exam comes back indicating that Jason suffers from Pediatric Bipolar Disorder (PBD), as well as brain-based perceptual distortion along with a subtle thought disorder? Well, these are neurophysiologic underpinnings, notorious for producing rage responses. This situation, then, is top-heavy in “can't.” As such, simply applying a behavioral program is going to get us minimal if any gains in reducing Jason's rages.

Conversely, what if Jason's NP profile reveals a total lack of the more common neurophysiologic culprits which contribute to raging? That is, there is no evidence of PBD, perceptual gunk-over, or thought disturbance. Not only that, but let's say Jason's exam picks up mass quantities of Narcissism (“The rules don't apply to me, thank you very much”) and/or Histrionics (“Melodrama ‘R Us”). In this instance, it is intuitively obvious that we are dealing with much more in the way of “won't.”

Now, I know what you're thinking. What if Jason's NP profile presents with some of both? That is, what if the young man tests out with a PBD, in addition to world-class Histrionics? Well, answering the "won't versus can't" question is a mite trickier. However, once we know what Jason's underlying root causes are for raging—in this example, some of both, it's possible to design a battle plan to address both.

Thus, for the PBD, let's say Jason's parents are comfortable with utilizing an appropriately dosed medication, linked up with neurofeedback in order to help the child decrease his own constant state of overarousal.

On the other hand, for the Histrionics, we use a behavioral response plan geared at not rewarding Jason for raging. Now, both bases are covered, and we work our battle plan to enable Jason's rages to go the way of the white buffalo—a seeming miracle for the young man's battle-scarred adoptive parents and siblings.

Remember, as with a well-timed phone call from Penny King, miracles do happen. Now if I can just work on getting out more...