David Freedman Publication Abstracts


There is a growing awareness among mental health practitioners that many mental disorders previously believed to be primarily behavioral in nature, reflecting character and environment, are actually grounded in brain mal-development or brain disorder. This growing awareness, influenced by the advent of new diagnostic procedures and measures, is also found among forensic practitioners. In this paper, we describe some of the elements involved in conducting a neurobehavioral assessment of cognitive functioning, particularly in capital cases, organizing this material in terms of the professional disciplines - social work, mitigation investigation, psychological, and medical - with which these methods are mainly identified. The paper concludes with a brief discussion of how to integrate the multiple areas of expertise to create an accurate understanding of the neurobehavioral functioning and capacity of the subject. This is the basis from which civil and criminal forensic opinions must emanate.


Low birth weight is associated with both schizophrenia and neurocognitive impairment. Yet, to our knowledge, no previous study has examined the relationship between lower birth weight and neurocognitive deficits in schizophrenia spectrum disorders (SSD). In this preliminary study, we investigated the relationship using a broad neuropsychological battery in cases with SSD and matched control subjects. The sample consisted of all subjects in the Developmental Insult and Brain Anomaly in Schizophrenia study, a nested case-control investigation developed from a large birth cohort, which followed subjects longitudinally. Case ascertainment was based on computerized record linkages between the birth cohort members and the Kaiser Permanente Medical Care Plan, and all diagnoses were confirmed by consensus diagnosis following the Diagnostic Interview for Genetic Studies. Lower birth weight was associated with impairment in executive function, working memory, generalized intellectual function, and neuromotor function in cases with SSD but not in control subjects. No deficits were observed in verbal memory for either group. These results support the hypothesis that lower birth weight plays a role in neuropsychological disruptions in SSD and that the antecedents of lower birth weight may have a greater impact on these disruptions in SSD than in controls. These data may facilitate a better understanding of the etiopathogenesis of the cognitive underpinnings of SSD.


Executive dysfunction is a core feature of schizophrenia, but our understanding of the developmental course of this neuropsychological domain in the disease remains largely unexplored. A review of the research evidence points to a number of persistent debates about the course of executive functioning and its relation to illness course. A better understanding of the neurocognitive trajectories of executive functioning in schizophrenia could help identify the
risk and modifying factors that influence the onset, severity and course of disease, and the chance to re-direct or re-shape that course and improve outcomes. To accomplish this requires assessment of the diverse and integrated nature of those abilities, and the changes over time in those abilities requires multiple instruments and techniques in order to improve the research methods and understanding of an important area of impairment in schizophrenia.


Competence to stand trial is a functional test rather than a bright line test, which therefore requires a case and fact specific assessment of a client's abilities in context. This article discusses competence in the context of capital trial cases. There are serious potential pitfalls for the client when raising incompetence and the decision to do so must be based on the specific ways in which the client's mental illness interferes with specific abilities to communicate with counsel and understand the proceedings. This article addresses counsel's duties in the context of assessing competence, but focuses on the little addressed issue of what abilities a client must have and what tasks a client must participate in so as to be engaged in a competent manner. It also discusses the types of conditions which may interfere with competence to stand trial.