Here’s my summary: The story is about the push by some psychologists to identify “fledgling psychopaths”: children as young as five who have psychopathic tendencies. This is based on mounting evidence that psychopathy, like autism, is a distinct neurological condition – and one that might respond to treatment. Ideally, the hope would be to intervene early, with therapies that could prevent a pre-psychopathic kid from becoming a jailed adolescent, and a criminal adult. The problem, of course, is the stigma of branding a young kid a psychopath. As one researcher put it, "Autism you get sympathy for. But no one will be sympathetic to a cold-blooded 10-year-old."

Still, it’s possible that denying the condition may be worse. Mark Dadds, a psychologist at the University of New South Wales who studies antisocial behavior in children, believes that unlike adult psychopaths, who are famously untreatable, "pre-psychopathic" children might be able to improve with therapies that target their neurological deficits – including the most damaging, the absence of empathy.

Still, even the most ardent advocates admit that the prospect for improvement is slim. It’s also the fragile straw that separates diagnosis from determinism: a reason to treat psychopathic children rather than jail them. “As the nuns used to say, ‘Get them young enough and they can change,’” Dadds says. “You have to hope that’s true. Otherwise, what are we stuck with? These monsters.”

Story-wise, my plan is to tell this story by focusing on one kid in particular. For the past two years, I’ve been in touch with Dr. Daniel Waschbusch at Florida International University, who is one of the few psychologists attempting to conduct intervention studies on pre-psychopathic kids. Waschbusch’s current study includes a nine-year-old boy, “Michael”, who has tested high for “callous-unemotional” traits: the extreme manipulativeness, cold anger, and lack of remorse that are hallmarks of psychopathic teens. Michael is extremely bright but vicious, with what appear to be uncannily calculated moments of sweetness. As his mother, Anne, put it: “Michael will either grow up to be a serial killer, or a Nobel Prize winner. He has the capacity to be either.”

I’ve spoken with Anne, and she’s willing to let me spend time with Michael, both during and outside the study. Narratively, the heart of the piece would be Michael: beginning with his descent, at age 3, into disturbingly alien behaviors, and from there to his mother’s elaborate attempts to rescue him. Conceptually, the main thread in the piece would be the controversial prospect of labeling a 9-year-old a psychopath, but the story would also explore the deep complexity of child mental health diagnoses. At various times in his short life, Michael has been diagnosed with Oppositional-Defiant Disorder, ADHD, OCD, sensory integration disorder, and something called "first child syndrome" – evidence of just how widely kids’ behaviors can be made correspond to adult psychiatric disorders. One risk of this inexactitude is overdiagnosis – normally petulant 5-year-olds getting branded as oppositional – but for parents of truly disturbed children, the lack of reliable diagnosis and treatment is nightmarish. (And can play out like the mental health version of a rare immune disorder: desperate for a cure, you take your kid
to a dozen doctors, but they all have different theories – most of which turn out to be wrong, or at best only part of the puzzle.)

Because Waschbusch’s study ends in mid-August, we’d want to move quickly on reporting this. I could make a 3-day trip to Florida the week of July 25th or Aug 2, if Waschbusch and the family agree. If that sounds good, let me know and I’ll get to work on making the arrangements.