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Research Article

Medicine, Law and Collective Mental Health: New Therapeutic Targets for Pre-Parental Alienation and Pre-Addiction

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1. Introduction

The perspective of this study is to stimulate reflection on professional responsibilities in relation to the well-being and collective child mental health, since there are currently numerous harmful and pathological influences impairing children's neuropsychic development, often producing perennial basal neurocognitive and behavioral functioning (NCC), which cause suffering, uncaused anguish, as well as organic impairments in adulthood[1-3].

Childhood psychological trauma, in addition to being a subjective psychological problem, even if it is mild or severe, or in a repetitive way, generates perennial neurological lesions, tonsillar neuroadaptation (NAA), neuroinflammatory, hormonal, epigenetic dysfunctions, and we do not have interventions with this view[3-5].

The current *Guidelines on Adolescent Mental Health Promotion and Prevention Interventions: Helping Adolescents to Thrive* (HAT) excellently addresses the psychosocial issues of adolescents aged 10 to 19-years, and the common and familial biological factor was not used[4-7].

Affective insufficiency and family synchrony bio behavior are currently little studied, but after the COVID-19 epidemic, new clinical findings of neurobiology in relation to oxytocin, melatonin and cortisol and attachment, and that it presents increasing genetic transmission, which will certainly be harmful to the next human generations[7-9].

Many researchers have concomitantly detected a "plague epidemic" in mental health, which is related to stress and fear, as evidenced by the study of the international project *Collaborative Outcomes Study on Health and Functioning during Infection Times* (COH-FIT), in its pre liminal results, increased stress and loneliness, in which 75% of people in their households responded that they increased the amount of hours spent on the internet for symptom relief[9-11].

However, evidence-based medicine must raise the view above the current customary rigidity, that the analogy to a

scientific fanaticism is rational by the accumulation of studies without clinical intellection, and the absence of clinical insights, and the evidence of the predominance of dense intelligence (knowledge, experience and absence of simultaneous gaze) [11-14].

The dependence of biostatistics associated with the need for confirmation of new large, multicenter studies, and are dissociating from the clinical reality of mental health, and are not intertwined with the major clinical conceptions, and clinically the scientific control by methodology delays the development of humanity[12-14].

A classic example is the non-recognition of important studies that have a great impact, which allow the possibility of new strategies, such as the studies of the group by Blum, et al. which has been working on reward dysfunction syndrome (RDS) since 1996, are not recognized by the current scientific communities, and therefore are not used in clinical diagnostic practice, limiting the targets for collective interventions[3].

Currently, there is a clear systemic absence of the identification of human behaviors that depend on biology, as they suffer the stigmatization of a mechanistic object, but in parallel there is insufficient interaction between the responsible medical areas, with the absence of the objective of "stitching" the real clinical identification of the biological causal link and psychological theories[14-16].

The non-identification of states of neurological predominance, or "dependent on neurobiology" evidences the hypo of professional diligence, as well as the disorganization of the structure of psychopathology, which is directly linked to the organic system by the peripheral neurological systems, and thus silently dilutes professional responsibility, while pseudoscience invades the mental health market, with multiple theories of self-help, and cause harmful influences and neuropsychiatric decompensations in a reckless manner, and without professional responsibility[16-20].

Mechanical, automatic, pathological behaviors, in which there is a predominance of the neurological or objective factor, in relation to the subjective, are usually pathological or harmful, especially in the family environment, where individual personality is formed, and bring opportunities for collective interventions in mental health[19-21].

Using the same technical-clinical perspective in the fields of Medicine and Family Law, we have a set of eight (eighth) common neurodysfunctions (ONC), biological, which express dysfunctional NCC conditions common to all human brains, which unfolds a new reductionist neurobehavioral instrument, in the area of mental health, which provides an opportunity for objective prevention measures, Family Alienation (PA), Parental Neglect (PN), Dysfunctional Parenting, in addition to objectively assisting in the understanding of the affective reality, and the coexistence between family members and the child[20-25].

Prevention focused on the biological etiology, using collective psychoeducation to identify neuroadaptive behaviors, should be elementary instruction in health networks and schools, associated with interventions with training of effective family skills, which stimulate the neuromaturation of oxytonynergic neurons, peripheral dopaminergic disorders in the newborn (NB), producing neuroprotection against maladaptive behaviors that are harmful to the child's neuropsychological development[21-24].

The development of affective intelligence, emotional intelligence, acquisition of fluid intelligence, These internal awareness, stimulate healthy habits that generate dopamine, which stimulate the growth of dopaminergic neurons, such as stimulating imagination, creativity, arts, paintings, exercises that increase parental sensitivity, playful exercises, musicality, self-knowledge exercises, avoid physical, psychological aggressions, limiting beliefs, which have the functional objective of psychologically controlling the child, are coherent and scientific public measures , with direct prevention in the real cause of biological etiology[26-29].

Children's stimulation of observing with identification of three to four objects in the same second, in addition to stimulating greater dexterity and mindfulness of a simple object, such as color, shape, size and function, for example[29].

The impact of evolution on the genetic make-up associated with neuro-cognitive and behavioural dysfunctions, communed to *Homo sapiens*, which in terms of the survival of the species, and fundamental human rights, must be considered, as the psycho Education with neurological truth common to every brain regardless of ethnicity, is not a reason to justify the predominance of cultures, theories, beliefs, family traditions, and other subjectivities, especially in the reflection of professional responsibility, positions of academic leadership, scientific communities, public health policies, and own family[29-31].

2. Neurobiology of the Neuro dysfunctional Octave

The physiology of the bio behavior of family synchrony is developed through the neurostimulation of peripheral oxytonynergic neurons of the newborn through maternal touch, together with the other physical senses, which must interact with the newborn's reaction. Neuromaturation occurs during the window of early childhood, and its absence causes Neurological Deficit with Familial Asynchrony (NFD)[28-32].

Neuropsychological synchrony is not exclusively about the presence and verbalizations of affection and time, but rather about the quality, intensity, attention and bond, with the presence of depth in the relationship derived from effective attention, or affective diligence, actually feeling compassion and empathy for the patient. familiar[32].

Momentary attention may be superficial, and then it is unconsciously produced (absence of self-identification) behaviors of desire of parents towards their children, or what they do not want, for fear of repetition of the situation experienced trauma. In the moment of inattention, there is no adequate identification of the filial subjectivity, due to the influence of the amygdalian system that invades situations of potential dangers in the perception of the real pain that the child feels, which can be the same repressed[32-37].

In the neurological view of family psychodynamics, the functional system, using a reductionist view by the activity of mirror neurons, all male brains repress the pain suffered by the mother, in relation to effective affect, and the female brain represses the pain suffered by the mother. the pains received by the father. When the pain is intense, as in cases of rape, severe psychological violence, there may be a reversal of the amygdala repression, with memories to avoid the intense traumatizing pain again[32-38].

The DNAF triggers a series (ONC) of dysfunctions of human neurodevelopment, associated with hormonal, genetic, and simultaneous disorders in early childhood, and may worsen with the sum of aggravating events, of the same pathophysiology as Adverse Childhood Emotions (CAE) and Post-Traumatic Stress (PTSD))[32-39]:

1. NFDNA due to the absence of neuromaturation, caused by the absence of stimulation from the biological parents.
2. NAA behaviors, which participates in the biological regulation of fear through the tonsil and limbic neurological systems (clinically observed by YOUNG's Family Schemas).
3. Pituitary axis dysfunction with disorders of Cortisol, Vasopressin, and Melatonin, which are responsible for the clinical changes in stress.
4. Dysfunction of family roles related to psychodynamics, with inversion, excess or absence of function of roles in the family system, which simultaneously reproduce the reality of family asynchrony inherited from parents, through mirror neurons and schema activation.
5. Dysfunctions of dopaminergic receptors specific to Reward System Dysfunction Syndrome (RDS) and their influencing genes described by Blum et al.
6. Hypodopaminergic status oscillatory, chronic due to dysfunction of the primitive neurodopaminergic system SEEKING, which presents momentary symptoms, triggered by causal and aggravating factors such as loss, grief, EAI, PTSD and stress situations (Covid-19 for example)
7. Simultanagnosia secondary to hostile caregiver behaviors, caused by neuronal commissurotomy in the spinal cord.
8. States of Emotional Reactivity such as Alexithymia and Anosognosia secondary to pathological activated neurobehaviors, such as family schemas, automatisms, fear and stress.

The clinical effect generated by DNAF is subtle, but clinically observed by the dialectic of self-identification (conscious and unconscious) of the family relationship, identifying whether there is Subtle or unconscious PN (absence of self-identification), semi-conscious or subtle (partial identification, but no action for change), presenting secondary gain of escape, avoidance , avoidance, justified or rationalized by behaviors, speeches, which produce the effect of family asynchrony with chronic neglect, and affective insufficiency[38-40].

Ocitocin (OT) and vasopressin (AVP) are responsible for the mechanisms of family synchrony and social recognition, since their cellular signaling alters the properties of rewards to patients. social stimuli, in addition to influencing marital relationships, helping to improve the preference of functionally similar individuals in relation to the affectivity of their relatives[38-41].

Attachment-related behaviors are primarily underpinned by OT and AVP, in the brain areas responsible for controlling emotions and motivation (anterior cingulate gyrus, amygdala, and the orbitofrontal cortex)[41-43].

They present central release and act on the cortico-limbic systems, and are involved in attachment behaviors, stress regulation, social communication and emotional reactivity, decreasing the perception of intimate states and emotional states of other individuals. OT acts on the behaviors of overaction, avoidance of social proximity and inhibition of defensive behavior, while AVP modulates typical male behaviors, aggression and bonding[37-41].

Gene expression studies showed a decrease in the molecular expression of OT production in the basal ganglia and amygdala regions. In the hypothalamus, there is an increase in the gene expression of molecules that modify OT activity receptors, and several polymorphisms were associated with a reduction in plasma OT levels, which were positively correlated with absent parental contact[41-47].

Empathy reacting to pain from similar or mirror trauma is evidenced in functional neuroimaging studies, with increased brain activity in the cingulate cortex and orbitofrontal regions. The action on the oxytocin mechanism in the region of the nucleus accumbens is altered and modulated by the acquisition of the experience of social and affective interaction, according to the relationship with the partner, gains security through the knowledge of coexistence[41-47].

The caregiver's response to the NB's signs of distress, or of a child who activates the NAA neuro in a subtle way, brings suffering and irritation to parents who cannot identify the NB's problem, being subtle (felt) by third parties, and subtle for those who are neuro activated, due to the momentary alexithymia and anosognosia that a state of automatism produces, and so there is no modulation and reduction of cortisol levels[37-41].

Cortisol levels increase in children when they are ploughed early by parents (stressed child), while endogenous and dopaminergic opioids are responsible for the development of emotional regulation capacity[37-41].

Conceptually, attachment can be defined as the process of maintaining intimate security, which begins in the newborn, observed by the biological, neuroadaptive and innate need to remain close to the parents, and which reflects at the non-self-identifying (unconscious) neuronal level in marital relationships[41-47].

3. Common Dysfunctional Eighth Clinic

The unfortunate condition that *Homo sapiens* is driven to seek pleasure in all its forms, may be conscious or unconscious in the function of alleviating the subtle un pleasure caused by momentary low dopaminergic activity (hypo dopaminergic state). They are identified clinically in RDS individuals, and when there is cessation of an automatism habit[40-42].

In an individual in a state of NAA or automatism in the family environment, it is a behavior motivated by the reaction, in which the objective component (neurological) prevails in relation to the subjectivity (essential), and when important and intense, there is a response of similar proportion, such as relieving behaviors[32-46].

The neurological states of ONC are subtle, and when very intense it is subtle, observed in the set of clinical evidence of reaction speed, absence of cognitive and behavioral self-control, are justified by the chronic and silent emotional reactivity of the association of states of alexithymia (inability to effectively self-identify) and anosognosia (inability to observe others effectively)[32-37].

The identification of adaptive behaviors associated with Alexithymia, Anosognosia is deduced by clinical reasoning that the individual presents a certain degree of affective insufficiency as a final effect of the etiology of the DNAF, and therefore the same clinical assumption is carried out to simultanagnosia (inability to observe more than four objects in the same second)[32-37].

The greater the chronicity of silent and subtle activations, the greater the absence of the sense of effective self-observation, and there is no empathic consideration, because it does not matter the cost to oneself, to others, to the environment, and especially to one's family members and children. ONC and SPN

are etiological lights for cases of psychopathies, sociopathies, deviant behaviors and antisocial personality disorders[32-37].

Simultanagnosia is therefore secondary (SS), as it is caused by neuronal disconnection of the fascicle or neuronal commissurotomy, caused by hostile behaviors, screams and maternal and paternal speeches that are relieving and maladaptive of family members and caregivers during childhood, limiting the child's consciousness with neurological evidence[32].

The hypothesis of SS in the professional environment as a justification for the lack of extraction of the pathological and human family component from the environment component, in addition to the lack of recognition of neurobiology-dependent behaviors, such as the various behaviors of defense and Behaviors influence significant epigenetic products, and other neurotransmitter-dependent[32-37].

In the face of dysfunctional families, it is only necessary to guide and request the avoidance of family quarrels, without carrying out the psycho-education of the ONC that causes SPL with the purpose of resignification, and concomitantly the training of skills It is essential to stimulate habit, and subsequent gain of ability with neuronal growth. However, in the absence of training, guidance can be ineffective and harmful, because family members do not have specific neurobiology, and will not succeed due to neurological affective insufficiency, and are still at risk of new frustrations and disaffection[33].

SS is responsible for the limitation of awareness of neurological etiology in human beings during childhood, in addition to the subtle war against family schemas and moments of hypodopaminegia[34].

4. Tonsillar Neuroadaptation State

In a report by the United Nations Office on Drugs and Crime (UNODC), it was shown that the improvement of the family relationship system brings great benefit in the treatment of substance use disorder (SUD). In the scope of treatment, the adequacy of the family environment, internal family problems, alter the pattern of interaction of relationships, and produced good results, with successful results of abstinence in 46% of patients[32-37].

The Substance Abuse and Mental Health Services Administration (SAMHSA) in 2017 estimated that only 11% of SUD patients who required treatment received it. In addition, almost 30% of the individuals reported receiving "minimally adequate" treatment in scope and breadth[32-37].

The prevalence of PN and the current Subclinical Parental Neglect (SPN) is a fundamental finding for new studies of prevalence, and studies of association with PA, because there are few scientific studies that evaluate the family factor, with the justification of subjectivity. But many nefarious problems in the social, medical, legal and family spheres, and rationally, ONC is the construction of clinical foundations with a focus on the perceptible and organic etiology[42-50].

P seeking to bring a new comprehensive and systemic diagnostic construct that enables objective, neurological, and especially clinical transversality, making possible an analysis of behavior at an institutional level, based on the assumption that behaviors are culturally determined, and historically constructed with biomedical versus psychological rivalry[42-50].

In addition to the evaluation of the clinical association of the ONC, NPS to cases of SUD, such as the update of Pre-Addiction, the same reassessment of NPS and Pre-Alienation should be observed in cases of PN and PA[42-50].

There is dopaminergic expenditure during the states of automatisms and activities of the amygdalian survival system, whose clinical and objective function is survival, biological origin of selfishness, biological need for control, and concomitant maintenance of survival the initial pain of the DNAF, of the fear of insecurity, identified in the cognitive examination by the production of denial, resistance to acceptance, aversion and avoidance behaviors, especially when effective self-observation is encouraged[42-553].

Effective self-observation is the neurocognitive, technical and clinical movement, which begins with the mindfulness of one's emotions (without rationalization or judgment), which according to functional neuroimaging studies, there is activation of the occipital lobe, and automatically, there is deactivation of all tonsillar systems and other reentry regions that help in automatisms[43-52].

Following the path of individualization of the internal and external consciousness, of the individuation of the self or essence, of the dissection of the cognitive intelligences of neurobiological predominance in relation to the psychological and intuitive, to be successful in the self-identification of an NAA, to obtain self-control and to make free choice, is a more subtle and profound intimate process, in relation to more pathological habits such as addictions[43-52].

The longer the time of effective self-observation (AOE) and its dexterity, the identification that most cases of empathy are pains reacted to the problem of the mirror of others, and without perception the real empathy of mirror empathy is the state of amygdalian neuromaladaptation[31-41].

The intimate dissection of empathy "mirror" of true empathy is to correctly identify what the other feels, individualizing whether the pain felt is not the pain itself that is reactive to similar pain (mirror), which is differentiated by the exclusion of the hypothesis of mirror empathy, and then compassion with the definition of feeling in the place of the other, is felt with greater intensity, being free of attachment, they are states of neuro maladaptation of anosognosia[21-32].

The intimate identification of the automatic functioning of the received family role, and reproduction of affective intelligence, similar to all individuals, with father mode and mother mode, activated in a family and conjugal relationship. The self-identification of family schemas, the intimate dissection of attachment and true love, the sublimation of real charity (which feels a feeling of pleasure and love simultaneously) is an affection close to fraternal real love[20-32].

The neuronal reconnection that evidences the resolution of SS is the product and achievement of continuous OA training, a skill conquered, together with the fluid intelligence of simultaneous observation, such as the identification of a desire, which may be of cerebral and/or epigenetic origin, or psychological origin such as beliefs or escapes, in several cases of substance use disorders (SUD)[20-32].

The continuous exercise of AOE produces well-being, because there is dopamine production during the exercise, and after acquiring the habit, there is neuronal reconnection in the uncinate fascicle, with reactivation of the right hemisphere, consequently a gain in fluid intelligence, observed by the cognitive ability of simultaneous identification (of four or more

objects in the same second), and then the possibility of new insights occurs. better fear control and resilience[20-32].

5. Professional Responsibilities and Duties

5.1 Family law

Negligence comes from the Latin negligere, it is synonymous with despising, disregarding, carelessness, inattention, lack of precaution necessary to perform acts without the diligence necessary for their execution. Negligence implies the omission or non-observance of duty, or the performance of a certain procedure, without respecting the necessary precautions. Negligence evidences the agent's guilt, and when proven, it is characterized as medical error[6-9].

Recklessness is a total absence of attention, which should have been foreseen or prevented and has not been foreseen. Malpractice is the act of conduct, without technical or art knowledge[6].

Intentional misconduct is the act of bad faith, it is the will of the agent to practice the unlawful act, out of malice or mental alteration. The agent is aware of the risk, and has willed the result: deceit can be committed by action or omission[6].

According to the Brazilian specialist in Civil Procedural Law, Luzia Chaves Vieira[6]:

Human existence, considered individually, as the coexistence of men in society, has constituted the center of radiation par excellence of all legally protected goods or interests. Life, bodily integrity, honor and liberty are supreme goods of the human person, whose efficient protection becomes the primary duty of the State, in its action to preserve the basic conditions for the perpetuation of the species and to maintain order and tranquility, indispensable to the survival of humanity. The rapid growth of science and technology has not been accompanied by a parallel development in the field of morals, ethics and respect for life. The lack of harmony between the two orders continues to exist, demonstrating the inconsistencies, the contradictions inherent in the human condition[6].

In the sense of protecting collective health, a direct situation related to issues of child and family health, an act of omission and submission can never go against those who are objects and objectives of their work, because there is professional responsibility towards society, the family and patients[6].

In the legal environment, affective abandonment is an unlawful act and can be characterized in several ways, identified by the absence of affection for children associated with omission, oppression, discrimination, lack of emotional, psychological, and social support, and which present a risk of interfering with the psychological formation of the child[6-8].

5.2 Parental alienation and family neglect

According to the Brazilian Society of Pediatrics, the higher the intensity of PN and Ps A, the greater the consequences for children, and the neuromodulation of fear and insecurity are more affected the younger the child ages[31-42].

According to Ferreira and Fonseca, PN is the situation in which the family, having resources, does not use them adequately in the care of children, adolescents and even the elderly, under their responsibility. The absence of organization of different definitions and concepts for the same object causes difficulty in understanding a patient, family members and health professionals, as in the case of mental health where there is no synchrony in the joint work, causing low effectiveness or hyposufficiency[31].

PN is also defined as the omission of care when there are protective resources and that has repercussions on one or more areas of development, such as: physical and emotional development, education, nutrition, security, shelter, shelter and affection the fundamental mediator for the characterization of a situation of negligence: The availability of care resources[31-42].

The care of children and adolescents is culturally and legally the initial responsibility of families. It is considered that these are the potentially most protective and appropriate space for development, but without technical intervention, there will never be resolution of pathological behaviors, and collective psychoeducation is a way to minimize the understanding of the absence of guilt, because the origin is neuroadaptive[31-42].

Violations of the right of psychologically defenseless children are diverse, such as physical, psychological, sexual violence, abandonment, neglect and maltreatment. Neglect is the most reported form of violence and the main cause of separation of children and adolescents from their family contexts[31-42].

A child or adult with the presence of a chronic oscillatory hypodopaminergic neurological state is clinically compatible with the absence of family awareness and affective intelligence, in which the technical identification of PA during a divorce, in fact clinical, is occurring in a subtle way with SPN, and what we should prevent is in reality the exacerbation of chronic SPL, often identified by the incongruence of the discourse in relation to the behavior and the affective reality produced[31-42].

The confusion of concepts between negligence and poverty is still common. The care, organization and effects on the development of clinical contexts of PN with new knowledge. The characterization and distinction of PN and situations in which there is no availability of monetary resources for care, such as monetary hypo sufficient care, brings less confusion[31-45].

5.3 Pre-parental alienation (subclinical parental neglect)

The issue that is difficult for medicine and psychology to solve is the serious problem of PA. A maternal or paternal verbal statement is different in the child's perception and brain processing than when it is made by a non-family adult. The brain's intellection is differentiated in relation to the tone, quality, and content of the word[45-47].

Parenting practices are not just about maintaining family routines, providing basic resources for education, food, and other survival items. The development of affective and emotional intelligence is fundamental, if not the most important, because its absence has deleterious multidimensional consequences[31-42].

Family routines refer to stability in day-to-day activities, such as regular meals, bedtime, shared family activities, regular individual activities, such as homework time, and extracurricular activities. Family routines provide a sense of belonging, emotional stability, and organize structure and inner security in the child's life[47-49].

Routines and disciplines are adjuncts to healthy neurodevelopment, and are associated with fewer symptoms of anxiety and depression. Therefore, they may be causing silent suffering with fear, concern, where the child and the adult do not present this identification, or they devalue with rationalization of belief, such as cases of authoritarianism and rigidity[47-49].

Mild maltreatment, such as harsh parenting, harsh discipline, which includes the use of harsh verbal discipline or mild physical punishment, is common and occurs more prevalently among low-educated parents, and has deleterious behavioral and biological effects on children. Maltreatment is highly prevalent in high-income countries, with a prevalence of around 16% of children per year who experience severe parental violence[47-49].

Current studies of AEI characterize subtle emotional neglect, while the most intense traumas are characterized in PTSD, and some authors already classify the number of events of AEI, and PTSD as a form of severity in the neurological sequelae that delimits the child's personality in an important way, towards a direction of emotional dependence and the presence of anguish[47].

Without explanation that they are often states of hypodopaminergia. Empathic deficit is a central symptom of psychopathy and autism spectrum disorder (ASD), with the presence of important clinical signs of emotional anosognosia (emotional empathic deficit). In common with NAA, there is the presence of irritability, restlessness, aversion, and maladaptive behaviors, caused by simultaneous neurobiological dysfunctions of enzymatic deficits of inhibitory control, social and affective skills, and inter relational behaviors secondary to NAA[47-49].

The antisocial behavior that may accompany both disorders may be due to the type of empathic deficit. In psychopathy, antisocial behavior often involves callous manipulation and exploitation of another person. In autism spectrum disorders, there is sometimes antisocial behavior that can be caused in part by incorrect assessment of social situations. In both psychopathy and autism spectrum disorders, dysfunction of the orbitophthal cortex and amygdala is often mentioned as a possible cause of empathic deficit[47-49].

The identification of the neurobehavioral clinic in childhood, the infantile NAA, or the eighth neuro dysfunction bilaterally can clinically denounce the presence of *Pre-Parental Alienation* or Subclinical PN, and thus avoid future cases of PTSD, PAS, in addition to assisting the true Parental Alienator, in "acute" cases of PA in divorces[47-49].

The identification of ONC clinically denounces that the child has suffered and/or is suffering PN, because the child clinically presents neurobehavioral functioning modulated by the absence of affection in an effective way or SPL[47-49].

Most studies have shown that children with difficult temperaments are associated with receiving negative parenting practices. Important or fluid cognitive intelligence is associated with "openness to experience" and stimulating facets such as freedom to active imagination, adventure, creativity, fantasy, independence, and intellectual curiosity[47-52].

6. Purpose

The objective of this mini-review is to present new clinical, mechanistic approaches to human neurobehavior, which updates the current RDS, expanding the promising diagnostic construction of NPS and ONC, common in many cases of multiple addictions, Domestic Violence and PA, which updates *Pre-Addiction,* and unfolds "*Pre-Parental Alienation"'*. They present real opportunities for prevention, short-term global psychosocial interventions in mental health, assisting as tools for the HAT[6].

7. Methodology

The literature review was selected for convenience several articles in the digital libraries PubMed, way OS Science, Scielo, where we captured 4311 scientific articles, and 4299 articles were excluded, due to the lack of clinical data on neurobehavior and neurogenetics, studied by functional neuroimaging exams, totaling 112 articles, from February 20, 2018 to February 23, 2023.

We used the terms attachment, parental neglect, PTSD, dopamine, neurobiology, AP, EAI, and for convenience the studies by Blum, et al., on RDS.

We describe strategies based on etiopathogenesis and clinical reasoning, to assist in new clinical perspectives, new approaches and insights from scientific studies, family and individual interventions, in order to help ensure the best possible mental health for children and adolescents.

We performed the descriptive narration by the clinical medical finding experienced by chance, obtaining ethnographic methodology in clinical practice, after clinical description of pathological neurobehaviors, performing the biological causal link to the psychological theory extracted from studies of functional neuroimaging and neurophysiology of the NAA, pathological of genetic background.

8. Discussion

Evidence-based medicine is a systematized evaluation, with an evaluation of the methodological rigor in the process of planning, conducting and analyzing the results, the systematized and transparent reporting of the findings, is fundamental for good practices in research in the health area. An adequate, honest report, faithful to what was planned, increases confidence in the results and allows the applicability of the study to be assessed[49].

To assess the quality of the evidence, with respect to study design, risk of bias, inconsistency, indirect evidence, imprecision, and risk of reporting bias[47-49].

Selective outcome reporting bias occurs when the reported outcome is selected on the magnitude of the effect, among the multiple intervention effect estimates that were calculated in the study. Changes in outcomes with omission, addition, and changes in measurement and analysis are favorable overall. Outcomes with erroneous conclusions[47-49].

The presence of selective reporting bias of outcomes can lead to erroneous conclusions about the safety and efficacy of the treatment being evaluated. Selective reporting bias occurs when there are new outcomes with no statistical significance of their results, and publication of only a subset of the analyzed results, and changes the outcomes of interest that do not lead to significant results, or lead to discrepant results[47-53].

Our study was carried out based on the medical finding, which we were able to describe using good medical practices, although this was not the objective of our work, here I declare that we have no intention of performing selective case report bias, or publishing subsets of data obtained, or presenting a pedantic profile with conspiracy theories[47-57].

This study started four years ago, after the clinical medical finding and there was no design, misuse of medical data, dueto several neuro clinical insights, which have several interfaces, there is no magnitude and altered effect, this study was honest and faithful in its description, using the old practice of clinical medicine[47-56].

Working only with the Clinic of Medicine, I hope that this knowledge will be tested, and recognized, because it was carried out in an honest way, a lot of effort, and we do not have the capacity to carry out large studies without structure, but we use the Real Clinical Medicine, and due to the predominance of scientific recognition through methodologies of adequate scientific rigor, this humble work, It should not be evaluated by the same design criteria, outcomes and conclusions, because it was carried out without strategic planning, and it is an unprecedented finding, which causes acceleration in the development of new strategies, and that arouse interest in understanding this new clinical approach, and take rapid measures, to initiate prevention and collective intervention, for the progress of humanity, of our children and of all children globally[47-48].

Clinical management interventions focused on the psychoeducation of neurological dysfunctions that significantly affect human behavior and are communed in the family environment, is to use biological reductionism as a partial and even almost total cause in more severe people, they do not invade subjectivity, becoming universal[47-49]. The biological behavioral mechanism is an excellent strategy, as it rationally explains identifiable clinical effects, through the evaluation of the history, from the prenatal period to the beginning of adolescence. It is a part of the reason for the understanding of many toxic relationships, and can be an important accessory allied to current psychosocial interventions, in a strategically applied way[47-49].
It opens a window for new strategies, in addition to the attempt to bring family members closer together, with a real chance of increasing the sensitivity of emotional and affective perception between parents and the newborn, as is done in Denmark[31].

The chance of benefit in helping a child versus the risk of obtaining studies without results of statistical significance remains in the same ratio as in the current Recommendations of the HAT Guidelines, with low certainty for low evidence for all Recommendations, but all the disorders studied in the HAT Guideline are disorders of the same pathophysiology as familial ONC[47-49].

There are numerous objective benefits that could be avoided in our children, in addition to stimulating the improvement of family relationships, while thousands of children are developing in the presence of tonsillar neuroadaptation, with affective intelligence deficit[47].

A universal psychosocial intervention should be offered to all adolescents. These interventions promote positive mental health, prevent and reduce suicidal behaviors, depression and anxiety, aggressive, disruptive, oppositional behaviors and SUD, where all these disorders are related to the causal link to the pathophysiology and clinical pathophysiology of SPN[47].

Recommendation D of the HAT Guideline, in the certainty of very low evidence, is indicated as the studies of effective psychosocial interventions for adolescents diagnosed with conduct disorder, with parental training, and training in social skills, social learning, and in which we suggest training in affective family skills, psychoeducation, and management of groups or cases with support staff[6].

The Guidelines on Mental Health Promotion and Prevention Interventions for Adolescents to Thrive (HAT Guidelines) contain evidence-informed recommendations on psychosocial interventions to promote positive mental health and prevent mental disorders[6].

The guidelines are based on universal interventions in unselected adolescents and indicated interventions applied to adolescents with symptoms of emotional problems, without formal diagnosis, which are exactly what we propose, since patients suffering from ONC and SPN do not yet have the current knowledge[12-17].

The outcomes observed were improvement in school performance, reduction of risk behaviors, improvement of well-being and reduction of symptoms of self-injury, the last three being the same objective of outcomes for the next studies, in addition to working on affective intelligence and ONC[12-17].

9. Conclusion

Several scientific, medical-clinical data are accumulated, and without clinical use, due to the preconception of the scientific illusion caused by the dependence on the real clinical environment, such as the evidence of the absence of insights in Medicine, and collective public health interventions, aiming at neuroprotection in child development[57-61].

The reflection of advancement and real windows of development and updating of Pre-Addiction, innovation of Pre-Parental Alienation or NPS, diagnostic reflection of secondary simultanagnosia, and new pharmacological targets of specific dopaminergic receptors, in specific populations, psychoeducation and reductionisttherapies[61].

They are medical innovations to be recognized and better studied, with rapid multidisciplinary readaptations, because evidence of violation of fundamental human rights is being neglected in children and families, and their collective effects are perceptible through the superficiality of human relations today, such as the parallel epidemic, and the increasing transmissibility of mutant genes of somatic cause[60].

May this study bring better understanding, stimulate new research and have a lot of technical utility in Medicine, and help as many children, adults, the elderly and future children as possible, who grow up without NAA and with fluid intelligence and affective intelligence, as well as helping many people voluntarily[59].

10. Conflict of Interest

I declare that I have no political, economic and personal, family and professional conflicts of interest. I have no connection with pharmaceutical companies.

11. Dedication

I dedicate this study and the work of many years of intensive voluntary study and research to my sons Rafael de Souza Furlanetto and Lucas de Souza Furlanetto, who were not for them I would not have continued.

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