A DEVELOPMENTAL FRAMEWORK FOR JUVENILE CASES

ROPER/GRAHAM/MILLER

- Behavioral immaturity mirrors brain anatomical immaturity
- Frontal lobe–responsible for impulse control, judgment, decision-making–develops slowly until early 20's
- Rely on amygdala, primitive emotion center of brain when adults process similar information through frontal cortex

- Prone to risk-taking; it is statistically aberrant to refrain from risk-taking in adolescence

- More susceptible to stress, which further distorts already poor cost-benefit analysis
- Youth crime participation may be necessary to avoid threat

- Most adolescent delinquent behavior occurs on a social stage where immediate pressure of peers is the real motive
- More vulnerable to peer pressure. Importance of approval makes already risk-prone impulsive teen even more so

- Character is not fully formed, and adolescents' signature qualities (peer influence & self-regulation) reflect their incomplete identity

- Trauma makes youth hypervigilant in response to threat

- Normal adolescents cannot be expected to operate w/ maturity, judgment, risk aversion or impulse control of an adult; teen who has suffered brain trauma, dysfunctional family, abuse or violence cannot operate at standard levels for adolescents

- The vast majority of adolescents who engage in delinquent behavior desist from crime as they mature
- Even the highest risk youths can be rehabilitated effectively

- Adolescents are far less able than adults to assist their counsel or make important legal decisions

DEVELOPMENT	OFFENSE	MEANINGFULLY ASSIST IN DEFENSE
IMMATURITY		
• ***Immature thinking***		No future time perspective to consider years of probation, incarceration, program
-Unable to anticipate	Did not plan: "it happened." Impulsive	Sees offense as unintended, accidental–maintains unrealistic insistence on innocence
-Unable to see choices	Had weapon with no plan to use	Doesn't see future risk: "I'm sure I'll never get arrested/be detained again"
-Minimizes risk	No danger in street activities, getting high	Sees one thing: justs wants to go home; or says, "I'll just do the time & get it over with"
	It's just talk.Sexting/social media=harmless	Frightened: all the options so scary, shuts down so doesn't have to think about them
• ***Immature identity***		Feels dumb; covers up ignorance; doesn't ask for clarification–exposes stupidity
-Not successful	Sensitive to being picked on. Bullied	Dependent–wants parent/defender to tell what to do
-Unstable self-definition	Does not ask for adult help	Wants to be liked; wants to give "right" answer even if not true or thought out
-Wants acceptance	Wants to belong even with negative peers	Embarrassed can't explain why so peer-influenced during offense
-Can't function independently	Needs supervision.Influenced by older co-de	Big identity issue: can't face being type of person who did offense, espec if press
		Insulted by how little time the defender has; lonely; hard not to be able to talk to anyone
• ***Moral development***	May have been righting a wrong	Preoccupied by what friends/family think;distracted by issues w/ family/friends
-Fairness fanatic	Did not realize there would be a victim	Stuck & only talks about police/detention unfairness; can't focus on legal issues
-Empathy	Under stress,can't use usual moral beliefs	Shocked by what happened & consequences; hard to see victim as "my victim"
-Fragile moral reasoning	Can't walk away, especially when high, even though knows right from wrong	May not reveal heart-broken by betrayal by friend;can't snitch;may never tell everything
		Protests "it shouldn't be like that;" feels court process unfair, has less faith in defender
DISABILITIES		
• ***Processing problems*** (digesting information)	Can't comprehend others' intentions	Can't comprehend even simply presented information
	"Things happened too fast"	Can't consider two things at once, so can't compare options
• ***Expressive/receptive language***	Poor communication. Stories out of order.	Can't do strategic decision-making, partly due to either/or thinking & unfairness focus
• ***Limited executive functions***	Poor planner; organizing difficulties	Doesn't retain previous discussions; poor logical connections between discussions
• ***Impaired sequencing***	Couldn't envision what would happen next	Can't tell what happened in normal sequence; leaves out/adds details in each rendition
• ***Difficulty concentrating***	Became agitated under stress	Easily distracted; can't concentrate as long as it takes to explain most things
TRAUMA (causes delayed development)		
• ***Over-reacts to threat***	If victim aggressive, responds as if a repeat of past maltreatment (reflex reaction)	Trouble trusting anyone
		Feels helpless–gives up; not fighting for self
• ***High anxiety***	Controlling.Resists change.Can't soothe self.	Feels all options are so depressing, can't think about any of them; strong denial
• ***Depressed***	Feels worthless; self-destructive	Can't tolerate not being in control; uncertainty causes anxiety impairing rational talk
• ***Numbs feelings with substances***	Lowered inhibitions, poor judgment if high during offense	Anxiety & depression worsen concentration; sinking into hopelessess interferes
		Embarrassed can't explain thinking because was so drunk or high

QUESTIONS TO ASK THE EXPERT TO ADDRESS

Traditional mental health evaluations are unlikely to provide an assessment of the complex combination of disabilities, trauma and immature thinking that contributed to a juvenile's behavior at the time of the offense or during police questioning, or his/ her ability to participate in decision-making about his/her case. Traditional diagnosis-driven evaluations also tend not provide adequate guidance for designing services to enhance the future success of and reduce the likelihood of reoffending by this young person.

When a developmental assessment is requested early, findings about disabilities, trauma and immature thinking can be utilized throughout a case (Miranda, trial/plea, disposition).

To obtain a thorough developmental assessment, request that the evaluator address the following questions regarding disabilities, trauma and immaturity:

1. What effects remain from trauma exposure in this youth's life?
    - Chronology of physical abuse, sexual abuse, exposure to violence, removal from home and other disrupted caregiving, loss of important individuals, bullying, psychological maltreatment, and other life events
    - Slowed development (specifically what areas?)
    - Fearfulness (being on constant alert)
    - Nightmares and/or intrusive bad memories
    - Numbs feelings and memories with substances
    - Trouble concentrating
    - Being controlling, especially when anxious
    - Unusual irritability
    - Depression/suicidal thinking
    - Self-protective when threatened (reactive alarm response)
    - Belligerent outspokenness
    - Difficulty self-calming
    - Oversensitive; unusual perception of others as hostile, mean, and/or unfair
    - When feelings are hurt, flooded with anger from the past out of proportion to the present provocation
    - Mistrusting of others
    - Dissociation (unable to remember emotionally charged situations)

2. Does this young person have learning problems?
    (a) Problems processing information
        - Digesting what is said or written (including difficulty comprehending and following instructions)
    (b) Expressive or receptive language difficulties, including narratives
    (c) Executive function deficits (organizing, planning, prioritizing, sequencing)
    (d) Reading, writing, spelling or doing calculations
    (e) Characteristics of fetal substance exposure?
        - Getting easily overstimulated
        - Oblivious to simple rules that other children routinely obey
        - Does not learn from experience, repeating the same mistakes
        - Seems younger than his/her chronological age
    (f) Does a diagnosis of ADD/ADHD adequately account for this young person's behavior?
        - Documentation of
            -- attention/concentration difficulties/distractibility for child's age
            -- high activity level for child's age and/or excessive daydreaming for child's age
        - What are the details of his/her poor social skills/problems with peers?
        - Has he/she had a diagnosis of ADD and ADHD? If medication did not produce improvement, was an alternative diagnosis given to account for attention difficulties and getting quickly frustrated (for example, the effects of trauma or the symptoms of mild autism that can be similar)?
    (g) Could Traumatic Brain Injury (from an accident or being abused) account for learning and interpersonal problems?
    (h) What accounts for discrepancies between reading/math skills and IQ subtest scores?

3. How specifically does this young person's behavior reflect his/her immature thinking?
    - Difficulty anticipating consequences/planning
    - Childish decision-making when scared and/or stressed (including seeing only one option)
    - Minimizes danger /not recognizing worst possible outcomes/poor assessment of risks
    - What are this young person's peer relationships and how does he/she respond to peer pressure?
    - Does this young person have an immature identity?
    - Does this young person have immature moral reasoning? For whom does he/she show empathy?