

Judicial Summit on Mental
Health 2025

Adolescent Brain Development and How it Impacts Fitness & Restoration Practices

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Objective 01

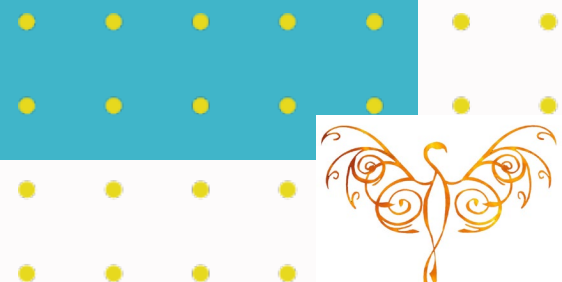
Describe the uniqueness of the youth competency to stand trial (CST)

Objective 02

Describe factors associated with youth CST

Objective 03

Identify recommendations and factors to consider with youth competency challenges



Background on Competency to Stand Trial (CST)



- **Dusky v. US, 1960**
 - Competency to Stand Trial (CST) are the most commonly conducted type of criminal forensic evaluation.
 - Historically, differences between the criminal court system and juvenile court system caused CST in juvenile courts considered to be irrelevant



What is CST?



- A defendant cannot be convicted of a crime if they are not mentally competent to stand trial
- Competency involves being able to understand the proceedings and play a role in their defense
- Competence does not prevent law enforcement from making an arrest or filing being charged against the individual
- Not a legal defense



History of Youth Competency



- The Juvenile Court System was designed to be procedurally and conceptually different from the adult criminal court system
- During the 1960's and 1970's there were significant reforms within the juvenile justice system
- A significant amount of changes were made in response to an increasing number of juveniles committing violent criminal offenses.



Youth Competency to Stand Trial



- CST has become increasingly more important in juvenile courts.
- A juveniles can be found incompetent due to a mental illness, developmental disability, or developmental immaturity
- Youth CST can be more complex than adult CST because of the rapid changes in development that happen during childhood.]
- Like adults, many youth have significant cognitive and and psychiatric deficits that make them incompetent to stand trial
- Juvenile mental health courts have been created to provide a diversionary context to evaluate factors associated with youth competency to stand trial



Factors Associated with Youth CST

Mental Illness
And
Mental Health
Disorders

Intellectual Disability
And
Cognitive Impairment

Developmental
Maturity



Psychosocial Developmental Factors & Competency



Periods of Development

- **Middle & Late Childhood:** 6 to about 10 or 11 years
 - Achievement becomes a central theme of development & self-control increases
- **Adolescence:** 12 to 25 years
 - Involves biological, cognitive, and socioemotional changes
 - Early adolescence: Corresponds roughly to the middle school or junior high school years and includes most pubertal change
 - Late adolescence: Approximately the latter half of the second decade of life; career interests, dating, and identity exploration are often more pronounced in late adolescence than early adolescence

Recommendations and Factors to Consider

How does adolescence (brain development, immaturity, acquiescence to authority figures, understanding long-term consequences, etc.) impact competency or how should we think about it in a different way given unique aspects of adolescence?



Adolescent Brain Development

INSIDE THE TEENAGE BRAIN

Adolescents are prone to high-risk behaviour

Prefrontal Cortex

Its functions include planning and reasoning; grows till 25 years

Adults Fully developed

Teens Immature, prone to high-risk behaviour

Amygdala

Emotional core for passion, impulse, fear, aggression.

Adults Rely less on this, use prefrontal cortex more

Teens More impulsive

Parietal Lobe

Responsible for touch, sight, language; grows till early 20s

Adults Fully developed

Teens Do not process information effectively

Ventral Striatum

Reward centre, not fully developed in teens

Adults Fully developed

Teens Are more excited by reward than consequence

Hippocampus

Hub of memory and learning; grows in teens

Adults Fully functional; loses neurons with age

Teens Tremendous learning curve



Interrogation Techniques and Adolescents

01

Research shows that youth are particularly vulnerable to coercive police interrogation tactics

02

Youth are more likely to comply with adult authority figures in the criminal legal context even when they don't understand

03

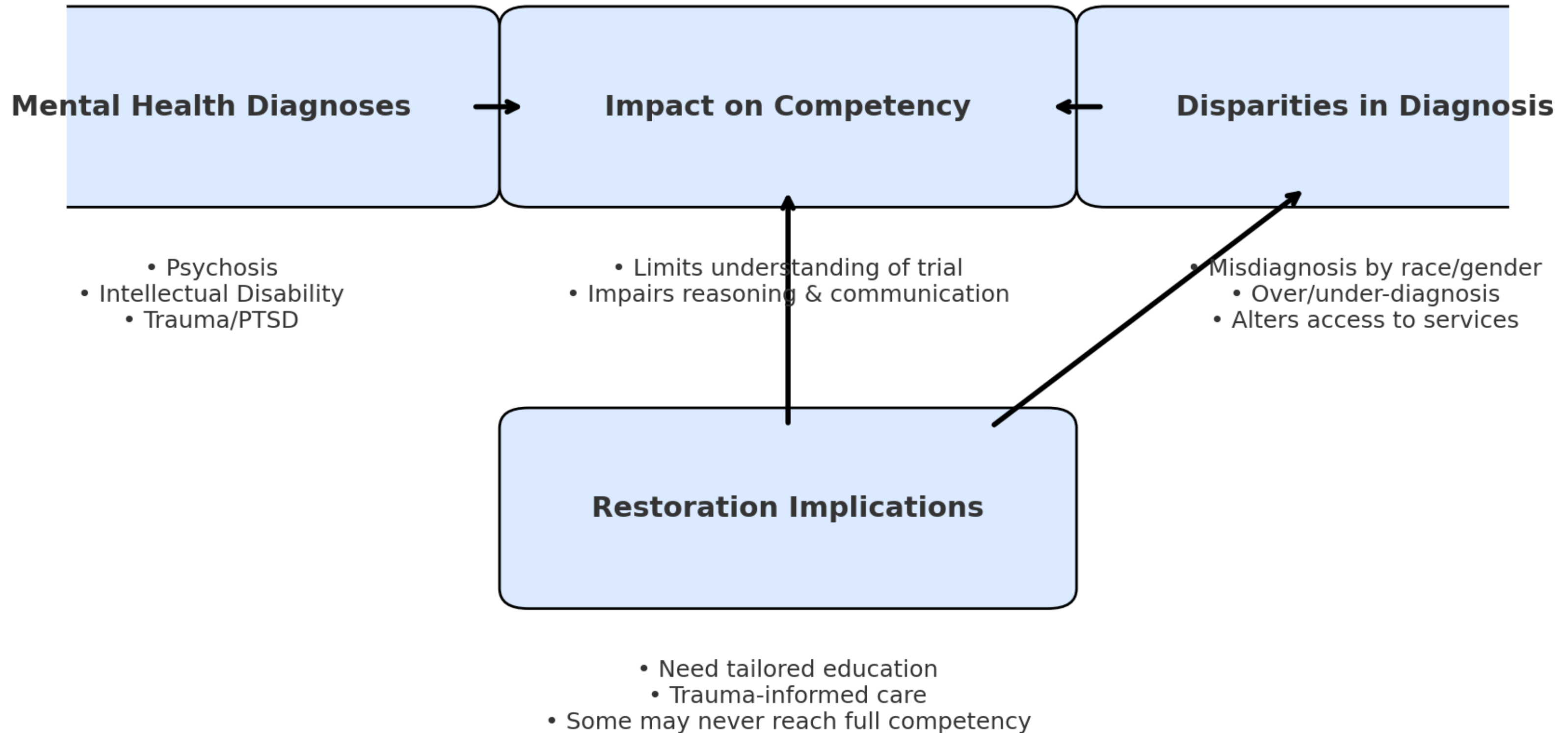
Youth are more likely to engage in involuntary and false confessions with prolonged questioning

Recommendations and Factors to Consider

How do certain mental health diagnoses or the disparities in those diagnoses impact competency?



How Mental Health Diagnoses & Disparities Impact Competency Restoration



Recommendations and Factors to Consider

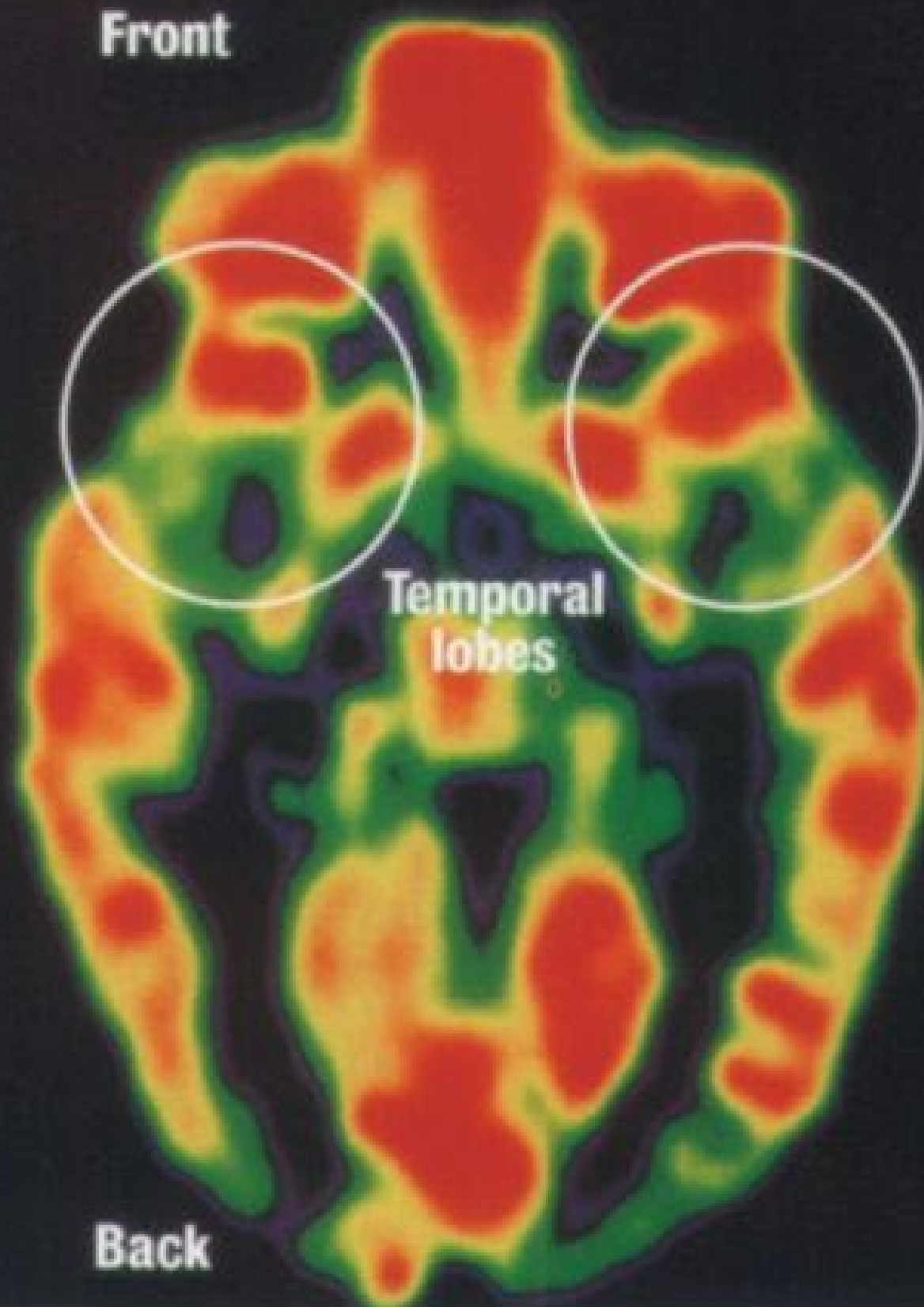
How does trauma impact competency?



Impact of ACEs on Early Brain Development

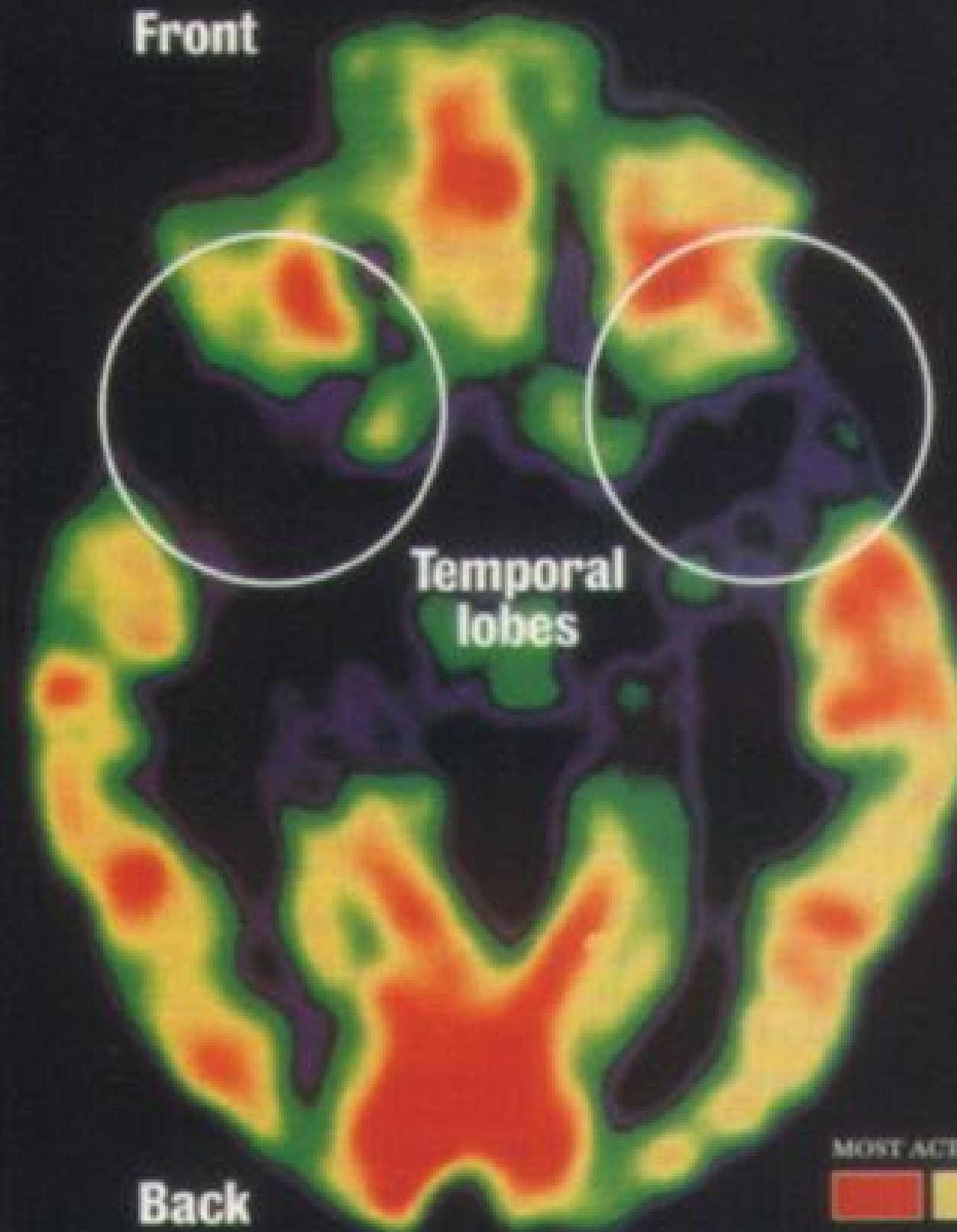
Healthy Brain

This PET scan of the brain of a normal child shows regions of high (red) and low (blue and black) activity. At birth, only primitive structures such as the brain stem (center) are fully functional; in regions like the temporal lobes (top), early childhood experiences wire the circuits.



An Abused Brain

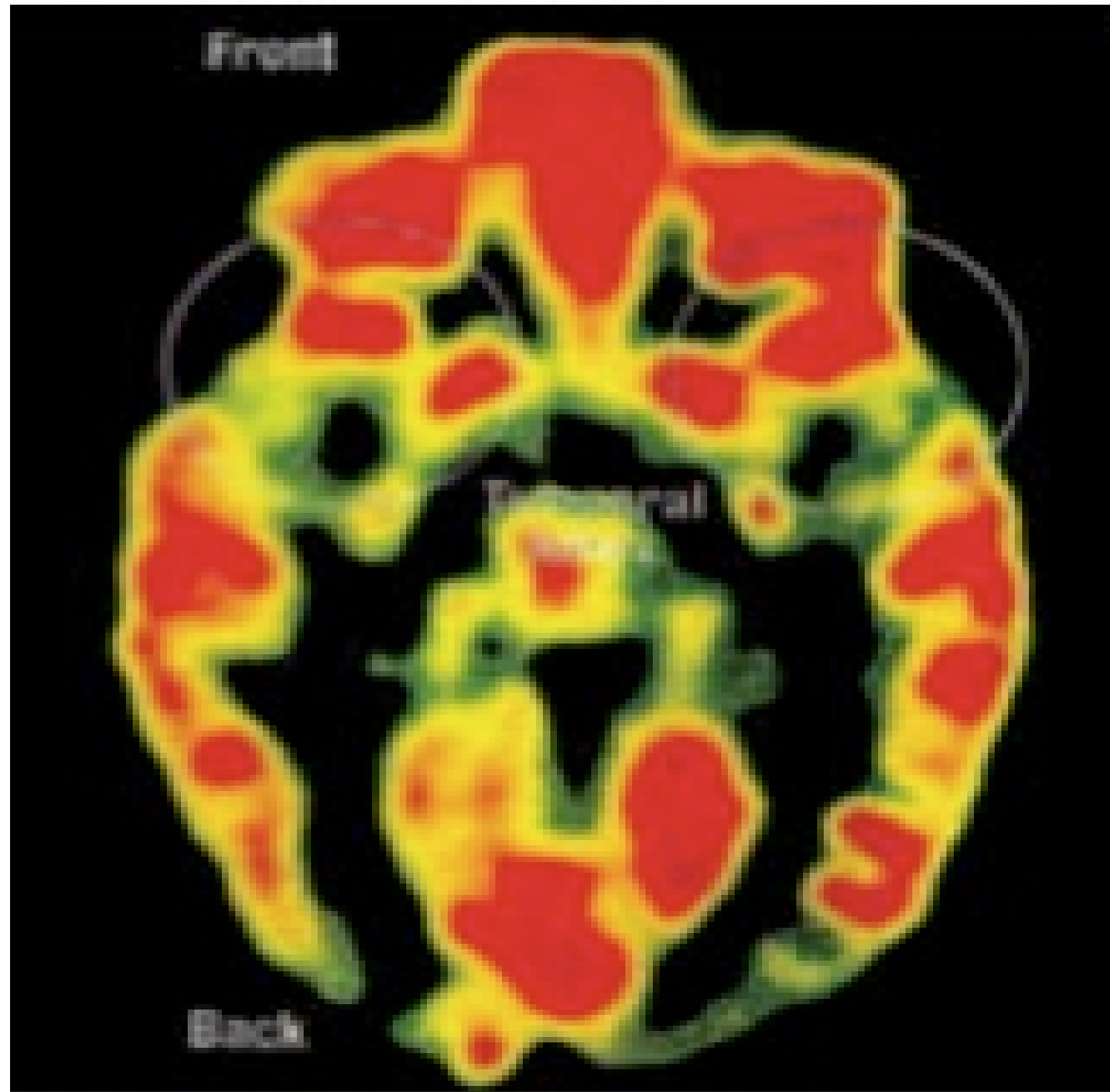
This PET scan of the brain of a Romanian orphan, who was institutionalized shortly after birth, shows the effect of extreme deprivation in infancy. The temporal lobes (top), which regulate emotions and receive input from the senses, are nearly quiescent. Such children suffer emotional and cognitive problems.



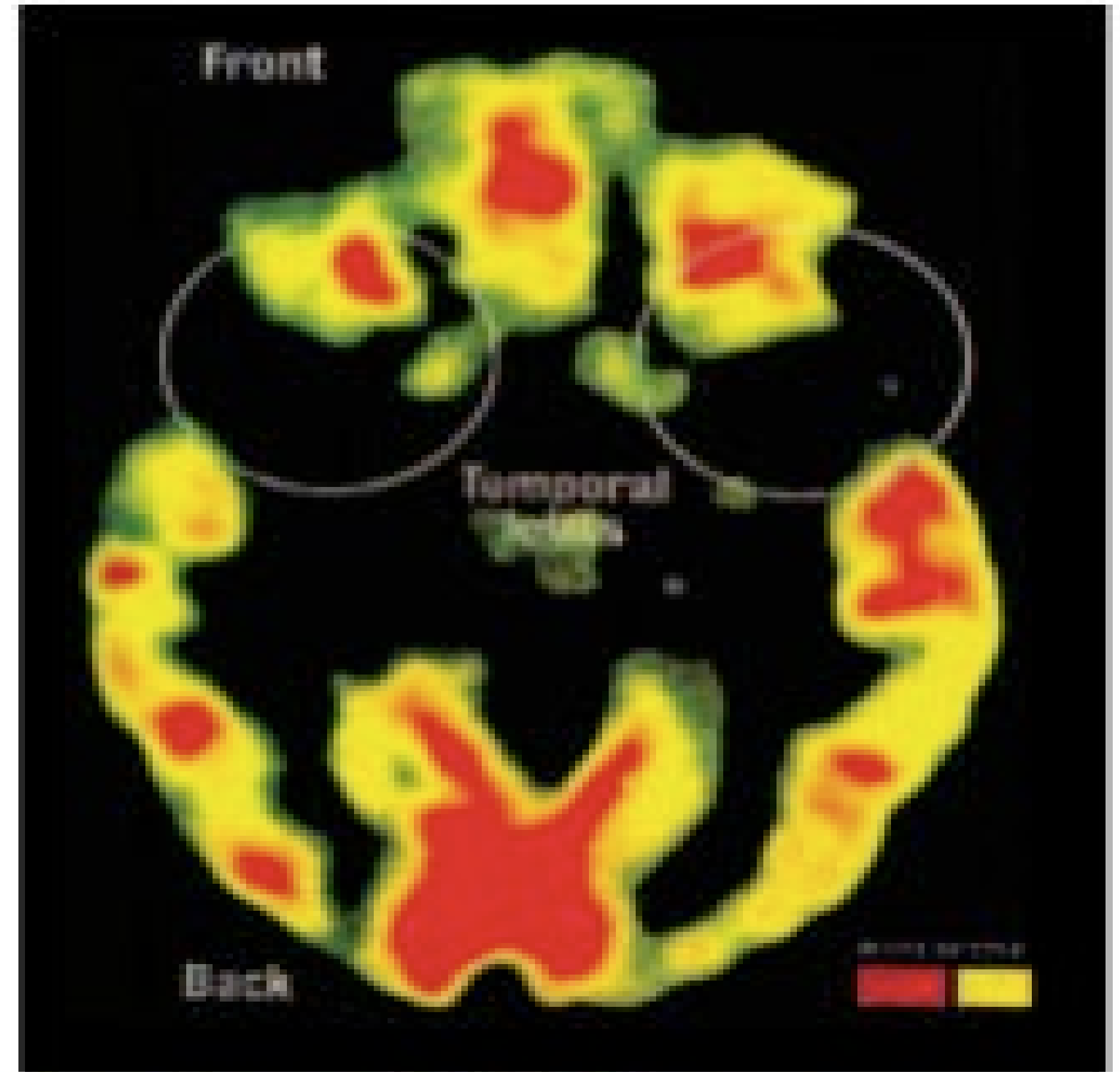
MOST ACTIVE
LEAST ACTIVE

Red	Yellow	Green	Purple	Black
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Comparison of the Developing Brain



Healthy Development



Development Affected by
Environmental Stress

Attachment and Relationships:

- Relationship problems with family members, adults, and peers
- Problems with attachment and separation from caregivers
- Problems with boundaries
- Distrust and suspiciousness
- Social isolation
- Difficulty attuning to others and relating to other people's perspectives

Thinking & Learning:

- Difficulties with executive functioning and attention
- Lack of sustained curiosity
- Problems with information processing
- Problems focusing on and completing tasks
- Difficulties with planning and problem-solving
- Learning difficulties
- Problems with language development

Physical Health: Body & Brain:

- Sensorimotor developmental problems
- Analgesia
- Problems with coordination, balance, body tone
- Somatization
- Increased medical problems across a wide span
- Developmental delays/regressive behaviors

Behavior:

- Difficulties with impulse control
- Risk-taking behaviors (self-destructive behavior, aggression toward others, etc.)
- Problems with externalizing behaviors
- Sleep disturbances
- Eating disturbances
- Substance abuse
- Oppositional behavior/difficulties complying with rules or respecting authority
- Reenactment of trauma in behavior or play (e.g., sexual, aggressive)

Emotional Responses:

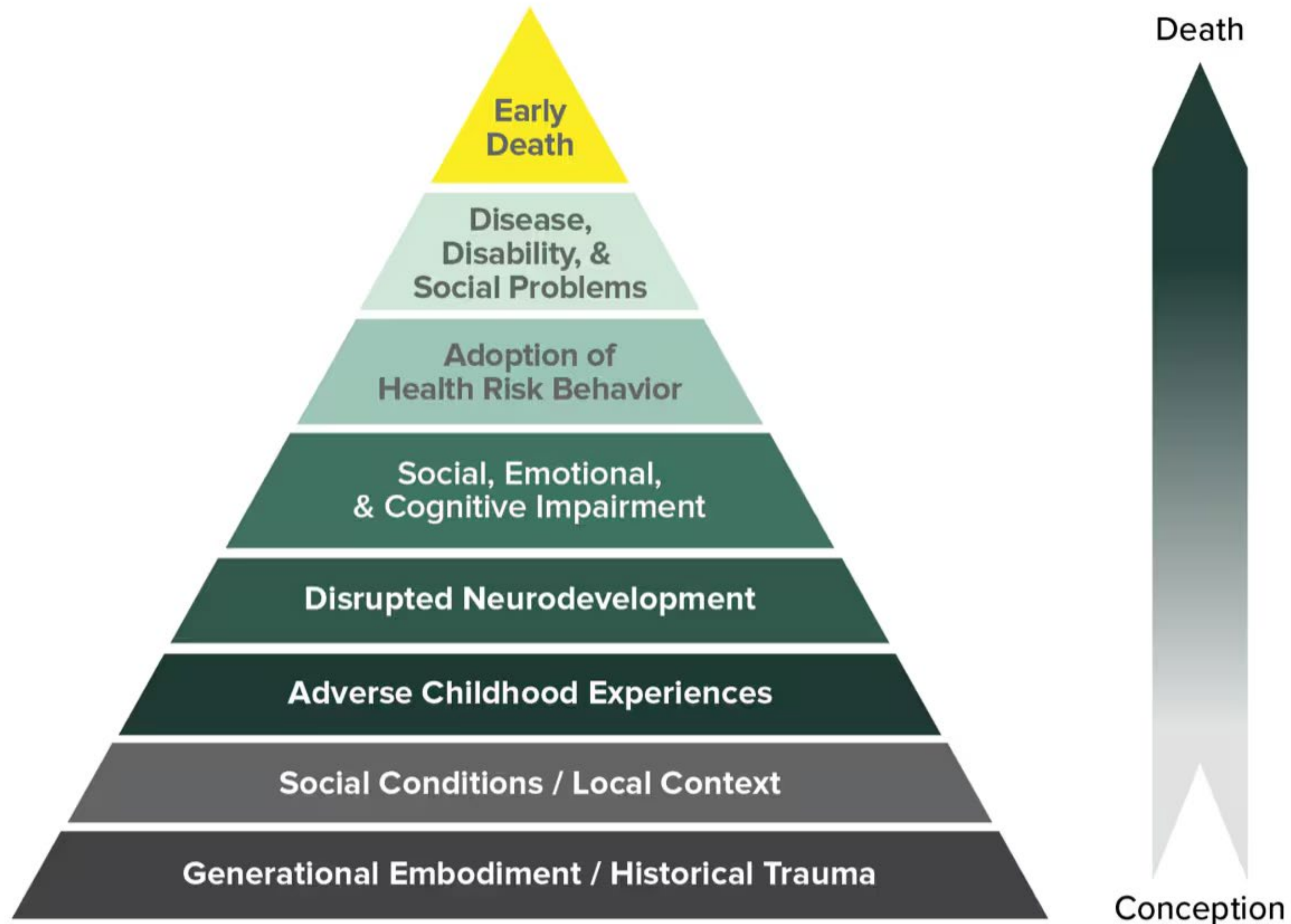
- Difficulty with emotional self-regulation
- Difficulty labeling and expressing feelings
- Problems knowing and describing internal states
- Difficulty communicating wishes and needs
- Internalizing symptoms such as anxiety, depression, etc.

Dissociation:

- Disconnection between thoughts ,emotions and/or perceptions
- Amnesia/loss of memory for traumatic experiences Memory lapses/loss of orientation to place or time
- Depersonalization (sense of being detached from or "not in" one's body) and derealization (sense of world or experiences not being real)
- Experiencing alterations or shifts in consciousness

Self-Concept & Future Orientation:

- Lack of a continuous, predictable sense of self
- Poor sense of separateness
- Disturbances of body image
- Low self-esteem
- Shame and guilt
- Negative expectations for the future or foreshortened sense of future



Mechanism by which Adverse Childhood Experiences
Influence Health and Well-being Throughout the Lifespan

Recommendations and Factors to Consider

How does brain development, the period of adolescences, mental health diagnoses, and trauma impact restoration practices?



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