

Juvenile fitness and mitigation: Parental influences in development and drug use

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- A juvenile in California is immediately assumed to be fit for proceedings in Juvenile court
- The District Attorney may petition for transfer to adult court because of relevant statutes or prosecutorial discretion
- It is up to the discretion of the judge to grant the transfer
- If the minor is transferred to adult court, the youth's defense attorney may request reverse transfer

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- Clarification of Terms and Issues:
- - Disposition (commitment; placement):
Where, how long, and under what conditions
a juvenile delinquent will be placed.
- - Transfer (certification, remand, waiver):
Move from juvenile to adult court.
- - Reverse transfer: Petitioning for return to
juvenile court.

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- Areas to be evaluated and communicated
include
 - Mental Health
 - Maturity
 - Risk for violence
 - Risk for re-offending
 - Adjudicative competence
 - Treatment effectiveness

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- Brief History of Juveniles in Court
 - Late XIX, gradual shift to segregating youth from adults and from full application of the law
 - Goal of different treatment from adults was to extend period of socialization to prepare them for the work force
 - Child welfare and rehabilitation became goals in early XX, with the paternalistic approach resulting in limited due process for youths (*parens patriae*)
 - Public safety and retribution were focus in late '60s and early 70s.

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- (History Continued)
 - Supreme Court *in re Gault* (1967)
 - 1980s and 90s expanded prosecutorial discretion to file charges in criminal rather than juvenile court.
 - By 2011 an estimate of 200,000 “direct filing” in criminal court of youth offenders.
 - Because of the increase on direct filing the incidence of reverse transfer evaluations.
 - Psychology increasingly more involved in evaluations for reverse transfers.

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- Premises in Current Evaluation of Juveniles
 - Neurobehavioral development is not complete until early 20s
 - Planning, reasoning, judgment, self-control are poor during adolescence
 - Legally less culpable for developmental reasons
 - More susceptible to influences of peers, less control
 - Self-identity and personality more fluid

(see Roper v Simmons, 2005)

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- In the XXI century the scope of forensic evaluations of juveniles includes mental health, substance abuse, trauma, adversity.
- Preventive justice involves reducing/managing public safety risks. Retribution (justification for adult treatment) does not increase public safety from juveniles.
- Risk-needs assessment and application of findings to the juvenile is effective in reducing risk for re-offending

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- Psychological and neuropsychological data is needed to describe the minor in all areas of functioning.
- The information provided by the forensic psychologist can be crucial at the time of presenting argument to the judge that the minor is fit for Juvenile Court.

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- Influences on development
 - Health and nutrition of mother during gestation.
 - Weight of mother determines weight of infant at birth. Low protein diet interferes with fetal development. IURG has long term consequences in development, including neurologic, learning disabilities, Psych disorders, MR....
 - Mental health of mother during gestation (exposure to domestic violence, depression, anxiety)

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- CONSEQUENCES OF MATERNAL DEPRESSION
- Prenatal
- Inadequate prenatal care, poor nutrition, higher preterm birth, low birth weight, pre-eclampsia and spontaneous abortion
- Stress in the prenatal period affects the development of many of the brain regions that have a role in regulating the HPA axis — that is, the hippocampus, the frontal cortex and the amygdala (programming effects)
- Prenatal environmental exposures — including maternal psychological state— result in alterations in in-utero physiology, which can have sustained effects across the lifespan

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- Influences on Intrauterine Development (Continued)
 - Depressed and anxious mothers give birth to children with an increased vulnerability to develop range of psychological and developmental disturbances because of impaired ability to self-regulate
 - Drug and alcohol use of mother during gestation
 - Affect birth weight, fetal development, organ development; long term consequences in the child behaviorally and cognitively

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- Post Natal Influence of Mother on Child
- CONSEQUENCES OF MATERNAL DEPRESSION
- Infant
 - Behavioral: Anger and protective style of coping, passivity, withdrawal, self-regulatory behavior, and dysregulated attention and arousal
 - Cognitive: Lower cognitive performance
- Toddler
 - Behavioral: Passive noncompliance, less mature expression of autonomy, internalizing and externalizing problems, and lower interaction
 - Cognitive: Less creative play and lower cognitive performance

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- Post Natal influences of Mother on Child
- CONSEQUENCES OF MATERNAL DEPRESSION
- School age
 - Behavioral Impaired adaptive functioning, internalizing and externalizing problems, affective disorders, anxiety disorders and conduct disorders
 - Academic Attention deficit/hyperactivity disorder and lower IQ scores
- Adolescent
 - Behavioral Affective disorders (depression), anxiety disorders, phobias, panic disorders, conduct disorders, substance abuse and alcohol dependence
 - Academic Attention deficit/hyperactivity disorder and learning disorders

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- **General Factors Influencing Post-natal Development**
 - Poverty (nutrition, access to medical care, limited exposure to richness in environment)
 - Abuse and neglect
 - Trauma
 - Mental health of parents and caretakers
 - Substance abuse of parents and caretakers
 - Delinquent behavior in household adults
 - (Abbot & Barnett, 2015)

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- Chronic stress in the early years affects various aspects of functioning, including a child's ability to self-modulate.
- Prolonged exposure to cortisol released during the stress response can cause long-term damage to the developing brain (Through hypothalamic–pituitary–adrenal axis (HPA axis)).
- During childhood the hippocampus — which continues to develop after birth — might be the brain region that is most vulnerable to the effects of chronic stress

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- Chronic exposure to chaos or stress results in brain mechanisms wired to react quickly to threatening, stressful experiences. After the threat is removed the brain may continue to respond as if the stress is still present.
- Children raised in chaotic, stressful or violent households may have learning difficulties, delays in brain development, and later difficulties coping with life's demands.

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- The adolescent human brain might be especially sensitive to the effects of elevated levels of glucocorticoids and therefore to stress, particularly in the prefrontal cortex.
- The long- lasting effects of earlier exposures to stress become evident in adolescence. Being raised in poor economic conditions, or by a mother who was depressed in the early postnatal period results in higher baseline glucocorticoid levels.
- The cognitive and emotional processes that are regulated by the PFC might be sensitive to regulation by glucocorticoids receptors in an age-dependent manner. Various forms of psychopathology, including depression and anxiety, increase in prevalence in adolescence.

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- Repeated Drug Use and Addiction in Adolescence
- Two distinct categories of adolescent drug use: self-medication and recreational (to experiment or to get high). The latter group appears to be at a higher risk for other substance abuse problems.
- Important to note age at first use, parental drug use, prevalence of drug use in family of origin and extended family, accessibility to drugs within the house.

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- Criteria for legal judgment on disposition and reverse transfers.
 - Degree of criminal sophistication exhibited by the minor
 - Whether the minor can be rehabilitated prior to the expiration of the juvenile court's jurisdiction
 - Previous delinquency history
 - The success of previous attempts by the juvenile court to rehabilitate the minor
 - The circumstances and gravity of the offenses alleged to have been committed

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- Degree of criminal sophistication exhibited by the minor
 - Review all police records
 - Assess how much or how little the minor planned the offense
 - If crime committed in group, assess whether the minor led, participated, or followed the lead
 - Consider data from interview, testing, school, corollary interviews about leadership versus passive, a follower
 - Assess developmental stage regarding group identification

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- Whether the minor can be rehabilitated prior to the expiration of the juvenile court's jurisdiction
 - States vary. In California the court has jurisdiction over the minor until 21 years old
 - Consider age at instant offense
 - Consider behavior while incarcerated.
 - Assess whether prior attempts at remediation of behavioral or emotional problems, alcohol/drug use effected changes in the minor and/or the family

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- Previous delinquency history
 - Status offense: A behavior that is a crime only because of the minor’s age (truancy, curfew, alcohol)
 - Progressive escalation
 - Violence
 - Assess if passive “going along” versus leadership

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- The success of previous attempts by the juvenile court to rehabilitate the minor
 - Assess whether the needs of the minor were adequately identified
 - Effectiveness of the model of rehabilitation or remediation that was used dovetails closely with appropriate needs assessment (e.g., if family life is chaotic but the family is not targeted for intervention in efforts to rehabilitate the minor)

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- The circumstances and gravity of the offenses alleged to have been committed
 - Look at the actions/behaviors of the minor, during the commission of the crime, not the ultimate charge (e.g., minor involved in a robbery that resulted in harm from firearm; but minor did not contribute anything to the robbery or the gun use other than being there.)

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- In summary,
 - Approach the assessment of juveniles for the purpose of transfers and reverse transfers with consideration to all possible factors involved in development
 - Evaluate each of the criteria as it can be interpreted/understood by developmental factors