

Mental Health Issues in Justice-Involved Youth

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Focus



Common developmental and psychopathological issues in youth



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Focus



Common developmental and psychopathological issues in youth



Adjudicative capacity




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Agenda 

- Developmental Immaturity
- Psychopathology
 - Trauma and related disorders
 - Mood disorders
 - Psychosis
 - Neurodevelopmental disorders

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} Trauma

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} Development
↑ ↓
Psychopathology

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Developmental Immaturity

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What is developmental immaturity?

- As a clinical (biological/psychological) construct:
 - **Incomplete** development: Relative to adults
 - **Delayed** development: Relative to peer-aged youth
- Domain-specific
- Dimensional, not categorical

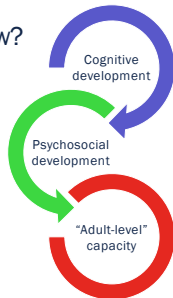
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What is developmental immaturity?

The adolescent brain is different, but how?

Relevant domains

- Cognitive development
- Psychosocial development



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Cognitive Development UNC
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Comprehension
Memory
Processing speed
Reasoning

Abstract thinking
Hypothetical thinking
Metacognition

Age 11 Age 16

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Cognitive Development UNC
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Cognitive abilities reach adult levels at 16, BUT:

- “Typical” development discerned from research w/ primarily White samples
- Kids use these abilities less consistently than adults
- Kids have difficulty applying these abilities in presence of emotion/other psychosocial factors

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Psychosocial Development UNC
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- Context for cognition; source of “bad teenage judgment”
- Occurs more slowly than cognitive development; persists into young adulthood
- Relevant domains
 - Autonomy
 - Risk/reward and self-regulation
 - Perspective-taking

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Psychosocial Development: Autonomy



- Children socialized to depend on parents/caregivers for decision-making
- Compliant/suggestible
- 13 to 15 years old: Shift to increased salience for peer influence
- 16+ years old: Development of true autonomous decision making

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Psychosocial Development: Risk/Reward



- Greatest risk for risky behavior: Ages 16-19
 - Attributable to:
 - Poor behavioral/emotional control
 - Impaired perception of risk (sometimes)
 - Underestimate negative consequences, overvalue rewards
 - Overestimate negative consequences of *not* engaging in behavior
 - Value short-term over long-term reward
- Even when not impulsive

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Psychosocial Development: Perspective-Taking



- **Interpersonal**
 - Difficulty understanding others' perspectives
- **Temporal**
 - Difficulty placing consequences of decision in context of time
 - Both neurological and environmental




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Psychopathology

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Psychopathology: The Basics UNC SCHOOL OF MEDICINE



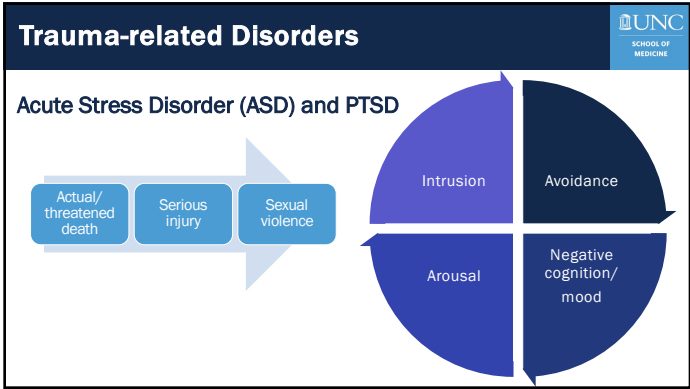
General Population Juvenile Justice Population

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Psychopathology: The Basics UNC SCHOOL OF MEDICINE

- Can look different in kids relative to adults (and different in kids of different ages)
- Development \longleftrightarrow psychopathology
- Signs/symptoms on continuum from "normal" to pathological
- Symptoms may be adaptive one context and not in another
- Lots of symptom overlap
- Comorbidity is rule rather than exception
- Trauma

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ASD/PTSD Signs

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<p>Behavioral</p> <ul style="list-style-type: none"> • Developmental regression (bedwetting, clinginess) • Aggression/impulsivity • Poor concentration/spaciness (interviews, school performance) • Avoidance (triggers, topics) • Jumpiness <p>Psychological</p> <ul style="list-style-type: none"> • Mood lability (anger ← → sadness) • Guilt/shame • Emotionally numb/detached 	<p>Physical</p> <ul style="list-style-type: none"> • Unexplained symptoms (e.g., stomach aches) • Sleep disturbance/fatigue <p>Interpersonal</p> <ul style="list-style-type: none"> • Withdrawal • Pervasive mistrust/paranoia
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Depressive Disorders

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Major Depressive Disorder: At least two weeks of depressed mood or loss of interest in activities previously enjoyed AND 5+ of following:

- Weight/appetite changes
- Sleep changes
- Fatigue
- Worthlessness/guilt
- Poor concentration
- Thoughts of death/suicide

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Depressive Disorders



Disruptive Mood Dysregulation Disorder

- Severe, recurrent **temper outbursts** inconsistent w/ developmental level/disproportionate to provocation
- Persistent **irritable/angry** mood between outbursts
- Symptom start before age 10

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Depression Signs



Behavioral

- Tearfulness
- Apathy
- Poor concentration/spaciness (interviews, school performance)
- Indecision
- *Irritability

Physical

- Unexplained symptoms
- Sleep disturbance/fatigue
- Appetite/weight changes
- Poor hygiene

Psychological

- Sadness, *anger
- Worthlessness/low self-esteem
- Hopelessness, lack of future orientation
- Memory changes

Interpersonal

- Sensitive to criticism
- Withdrawal

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Bipolar Disorders



Characterized by **mania** and (often but not always) depression

Elevated or *irritable mood for a week (4 days for hypomania) and 3+ of following:

- Inflated self-esteem/grandiosity
- Decreased need for sleep
- Pressured/rapid speech
- Racing thoughts
- Distractibility
- Increased goal-directed behavior
- Risky behavior

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Mania Signs



Behavioral

- Productive/prolific
- Risky behavior (spending, sex)
- *Irritability
- Rapid speech
- Hyperactivity

Physical

- No sleep (or very little sleep!)

Interpersonal

- Conflict, disrupted relationships

Psychological

- Grandiosity (e.g., special powers)
- Euphoria
- Mood lability
- Racing thoughts
- Distractibility

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Psychosis



What is psychosis?

- Positive symptoms: Hallucinations, delusions, disorganized speech/behavior
- Negative symptoms (Schizophrenia): Withdrawal (can look like depression!)
- Primary psychotic disorders (e.g., Schizophrenia) typically present in early adulthood
 - Signs of disorder (*prodromal psychosis*) seen in adolescence
- Children and adolescents can experience psychosis because of substance use

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Psychosis Signs



Behavioral

- Bizarre behavior
- Confusing/nonsensical speech
- Responding to things you can't hear/see
- Long response latency
- Zoning out

Psychological

- Emotional flatness
- Bizarre beliefs
- Confusion/distractability

Physical

- Poor hygiene

Interpersonal

- Social withdrawal/isolative behavior
- Impaired social/emotional reciprocity (eye contact, conversation)
- Paranoia

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Neurodevelopmental Disorders



Three Major Disorders

- **Attention Deficit/Hyperactivity Disorder (ADHD)**
- **Intellectual Disability**
- **Autism Spectrum Disorder**

- Lots of comorbidity among these disorders, and with other mental disorders

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ADHD



- A disorder of **executive dysfunction** (difficulty organizing thoughts and behavior)
- Pervasive (across contexts/environments) inattention and/or hyperactivity

- Signs/symptoms of **inattention**
 - Makes careless errors
 - Difficulty sustaining attention
 - Appears to not listen when spoken to directly
 - Disorganized
 - Loses things
 - Forgetful
- Signs/symptoms of **hyperactivity**
 - Fidgety, difficulty remaining seated
 - Restless
 - Loud, excessively talkative
 - Difficulty taking turns, waiting to speak
 - Runs/climbs inappropriately
 - Appears "driven by a motor"

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Intellectual Disability



- Significant **intellectual impairment**
 - **IQ < 70**
 - Borderline intellectual functioning still important consideration!
- Significant **adaptive functioning impairment**
 - Cannot function as expected given age/developmental stage
 - Assessed using structured tools
- Onset during **"developmental period"**
- Severity based on degree of adaptive functioning impairment
 - Mild most common, also most likely to be missed
 - Diagnosis does not come until demands of school/life exceed abilities
 - Symptom overshadowing
- **Signs:** Acquiescence, heightened need for social acceptance, compliance

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Autism Spectrum Disorder



- **Persistent, pervasive deficits in social-emotional reciprocity**
 - Impaired back-and-forth conversation
 - Poor eye contact, abnormal body language
 - Reduced sharing of emotion/"flat" appearance
 - Difficulty understanding, establishing, maintaining relationships
- **Restricted, repetitive behavior, activities, interests**
 - Repetitive movements, sounds
 - Rigid routine
 - Restricted interests/tastes
 - Hyper/hyposensitive to sensory input (often sounds, textures)
- **Symptoms present in early developmental period**
 - But, like ID, diagnosis may not happen until life demands exceed abilities; masking common in mild cases

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Wrap-Up



- **"Normal" cognitive and psychosocial development** = impairment in understanding, reasoning, assisting counsel, decision-making for some kids (especially kids in early adolescence)
- Even youth who have the cognitive capacity to understand the legal system and their case and communicate clearly with counsel may have impaired decision-making due to psychosocial immaturity.
- Psychopathology = exacerbation of developmental immaturity in cognitive and social domains
- Many symptoms are non-specific
 - Trauma
 - Anger, irritability, impulsivity, authority problems not necessarily sign of oppositionality/antisociality
 - Somatic symptoms important to consider
 - Comorbidity

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Thank you!

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