

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)
 - Expressive or receptive language difficulties, including narratives
 - (b) Executive function deficits
 - Organizing, prioritizing, or sequencing
 - (c) 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
 - (d) 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 can be similar)?
 - (e) 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?