

Carol Vidal, MD, MPH  
**TESTIMONY IN SUPPORT OF HB 624**  
**February 13, 2020**  
**Judiciary Committee**

Dear Chair Clippinger & Members of the Committees:

As a child and adolescent psychiatrist, I work with children and adolescents affected by behavioral and mental health disorders daily. These behavioral and mental health disorders range from disorders related to mood instability to impulsive behaviors, to other more impairing disorders, and can have serious effects in the academic, personal and family lives of these minors. Too often, the children and adolescents I see, have found themselves in difficult situations after very little planning and decision making, but instead driven by impulsive decisions.

Brain development is not complete until a person is in the middle of their 20's. Brain maturation happens last in the frontal lobes, the part of the brain most involved in planning, organization, and discrimination of information, as well as reasoning and judgement. Concomitantly, the reward-seeking part of the brain is highly active in adolescents. Because of these specific brain characteristics, adolescents and children have more difficulties reflecting and delaying action (which causes them to act before they think), and more difficulties taking all options into consideration, contemplating risks and consequences, and being empathetic. Instead, they are much more susceptible to peer pressure, have an increased need for rewards and sensation seeking, and have more reactive emotional responses. They tend to prioritize short-term rather than long term benefits and act more impulsively. With age, as the "break" in the brain further develops, impulsivity, sensation seeking and susceptibility to peer influence decline, and gratification delay and time spent problem solving increase.

The differences in brain structure and functioning between adults and children and adolescents have long been known. For this reason, the Supreme Court has made decisions that take into consideration these developmental differences. These decisions have involved death penalty, life without parole and interrogations related to juveniles. The reasons for these adaptations are that there is a known elevated risk of minors falsely confessing during interrogations because they are more prone to comply with requests from authority figures (like the police), and not fully understanding their rights and choices. There is also a concern that minors may be more easily persuaded to falsely confess expecting more leniency.

In the case of the *Miranda* warnings, we know that adolescents waive their *Miranda* rights at a rate of 90% and make false confessions at higher rates than adults. This is key because a child deciding to continue an interrogation without counsel, or to confess in order to end an interrogation can have negative consequences, such as the child's words later being used in court and leading to conviction and incarceration.

Richard Rogers of the University of North Texas and Eric Drogin of Harvard Medical School looked at the wording of 371 juvenile *Miranda* warnings from around the country and found that 52% required at least an eighth-grade reading level. This level of reading comprehension is thought to be reduced in at least a 20% when adding the stress of being arrested. Additionally, the average reading levels in juvenile offenders may be lower than their peers'. A 2006 study in Texas found an average reading level four years below expectations for their age among juveniles. Also, many juvenile offenders have IQs at or below the 25th percentile and 70% had a

diagnosable mental health disorder. Furthermore, juveniles have poorer working memory and they remember an average of just 32.3% of a simple *Miranda* warning immediately after hearing it read aloud. The police may need to use concepts that are more understandable to the minor's developmental level, grade level, and cognitive capacity, making sure that the information is recited to the minor, but ensuring that good understanding of the information is confirmed by asking the minor to convey the information in their own words.

We ask for a favorable report on HB 624.

Sincerely,

Carol Vidal, MD, MPH  
Board Certified Adult and Child and Adolescent Psychiatrist by the American Academy of Psychiatry and Neurology.

#### References

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