

UNITED STATES DISTRICT COURT
DISTRICT OF _____

UNITED STATES OF AMERICA) Case No.: _____
PLAINTIFF)
v.)
)
_____)
DEFENDANT)
_____)

EXPERT AFFIDAVIT REGARDING NEUROSCIENCE AND DEVELOPMENTAL SCIENCE IN SENTENCING MID-LATE ADOLESCENTS (AGES 16 – 21)

I submit this Affidavit at the request of counsel for the above-named defendant under the pains and penalties of perjury:

1. I am Robert Kinscherff, PhD, JD. I am currently an Associate Vice President at William James College in Newton, Massachusetts. I am also a Professor in the Doctoral Clinical Psychology Program where I teach courses in forensic psychology, law and mental health, as well as child behavioral health and public policy. I hold a doctoral degree (PhD, 1988) in clinical psychology from the City University of New York and a law degree (JD, *magna cum laude*, 1992) from Harvard Law School. I have practiced clinical and forensic psychology since 1988 (currently licensed in Massachusetts, New Hampshire, and Texas) and I am admitted to the Bar in Massachusetts.
2. I also currently serve as Associate Program Manager at the Center for Law, Brain and Behavior (CLBB) at Massachusetts General Hospital where I am lead faculty for the Juvenile and Emerging Adult Justice Project. Between 2015-2017, I was Senior Fellow in Law and Applied Neuroscience at Harvard Law School (HLS) for a joint Fellowship of CLBB and the Petrie Flom Center of HLS. During this Fellowship, I participated in instruction of the HLS course in Law and Neuroscience, and focused upon implications of developmental neuroscience and behavioral science for juvenile/criminal justice and public policy.
3. In recent years, I have been involved in: (a) individual case consultations/evaluations in post-*Miller* case resentencing and parole proceedings in Massachusetts, Louisiana, Florida, Iowa, and elsewhere; (b) public events involving law and developmental neuroscience (including programs on young adult sentencing and juvenile “conditions of confinement”); (c) a “neuroscience summit” through the CLBB (Fall 2020) convening national experts in developmental neuroscience and juvenile and criminal justice law to develop a “scientific consensus” statement on the state of neuroscience

- and its implications for juvenile justice; and (d) a June 2016 White House Summit on youth and community violence.
4. In the last five years, I have also led the “Science in the Courtroom” training collaboration between the Federal Judicial Center (FJC), CLBB, and HLS. This series provides training on the real-world application of developmental neuroscience, addiction, trauma, and other scientific domains to federal district court teams from across the states and territories. The series focuses on the relevance of these scientific disciplines to decision-making at pre-trial, sentencing, and post-conviction supervision phases of federal criminal cases.
 5. I have served for the past two years as a clinical/forensic consultant and member of the Deferred Sentencing Program of the Federal District Court for the District of Rhode Island.
 6. From 2008 to 2021, I served as Senior Associate and then Senior Consultant for the National Center for Youth Opportunity and Justice (previously the National Center Mental Health and Juvenile Justice (NCMHJJ)). In this capacity, I engaged in juvenile justice projects with the following organizations: the MacArthur Foundation; Justice Project of the Council of State Governments; National Council of Juvenile and Family Court Judges; federal agencies including the Office of Juvenile Justice and Delinquency Prevention (OJJDP); Substance Abuse and Mental Health Administration (SAMHSA); and, multiple state, county and local juvenile justice authorities across the country.
 7. I have been an invited presenter on the legal and policy implications of adolescent and young adult social and brain development by: the Federal Judicial Center; the Massachusetts Supreme Judicial Court and Appellate Judiciary; judicial education programs of the state Supreme Courts in Ohio and Vermont; Circuit and Superior Courts in New Hampshire; the Parole Boards in Connecticut and Massachusetts; National Council of Juvenile and Family Court Judges; and judicial and legal education conferences in Massachusetts, New York, Illinois, and elsewhere.
 8. I have previously served as the Director of Forensic Training at the Law and Psychiatry Service of Massachusetts Hospital, Director of Juvenile Court Clinic Services for the Administrative Office of the Juvenile Court (Massachusetts Trial Court), Assistant Commissioner for Forensic Services for the MA Department of Mental Health, and Forensic Examiner for the MA Parole Board.
 9. I have been offered and accepted the position of Executive Director of the Center for Law, Brain and Behavior at Massachusetts General Hospital with commensurate academic appointment and rank (effective July 2021). I have previously held academic appointments through Harvard Medical School (Massachusetts General Hospital) and Boston University School of Law, and William James College. I have over 65 professional publications in law, ethics, and professional practice in clinical and forensic psychology. I teach and consult on these matters nationally and

internationally to multidisciplinary individuals and groups, including judicial education.

Peer-Reviewed, Well-Established Neuroscience Confirms that Adolescents Differ Developmentally From Adults—These Developmental Differences are Relied Upon by the United States Supreme Court in Recognizing Adolescents’ Diminished Culpability and Greater Prospects for Rehabilitation

10. Over the past three decades, the U.S. Supreme Court has issued six decisions¹ which significantly altered the sentencing of persons who committed capital and other serious crimes prior to age 18. Each of these held that imposing harsh sentences upon minors as if they were fully adult violated the Eighth Amendment’s bar on cruel and unusual punishment.
11. The U.S. Supreme Court in *Roper v. Simmons* (2005) and *Graham v. Florida* (2010) recognized “marked and well-understood” developmental differences between juveniles and adults—which diminish the culpability of juveniles for their criminal misconduct, while simultaneously suggesting a greater likelihood for rehabilitation as they mature. *Roper*, 543 U.S. at 569. These developmental differences account for the immaturity of juveniles, manifesting in “an underdeveloped sense of responsibility” and a heightened propensity² for “impetuous and ill-considered actions and decisions.” *Roper*, 543 U.S. at 569.
12. The Court held that this developmental immaturity and impulsivity mean that a juvenile’s “irresponsible conduct is not as morally reprehensible as that of an adult.” *Roper*, citing *Thomson* at 835. As a result, “the case for retribution is not as strong with a minor as with an adult” (*Roper* at 571). Notably, adolescents are especially vulnerable to peer influence, sensation-seeking, and the family or social circumstances in which they find themselves.

¹ These cases were: *Thompson v. Oklahoma* (1988) barring execution of offenders for capital crimes committed ages 15 and younger; *Roper v. Simmons* (2005) barring execution for capital crimes committed ages 17 and younger; *Graham v. Florida* (2010) barring mandatory life without parole (LWOP) for all offenses except for murder committed ages 17 years and under; *Miller v. Alabama* and *Jackson v. Hobbs* (2012) barring mandatory LWOP for all offenses—including murder—committed ages 17 and younger; and, *Montgomery v. Louisiana* (2016) ruling that the holdings of *Miller* and *Jackson* apply retroactively to previously sentenced juvenile LWOP cases.

² The propensity of adolescents for rash, impulsive and poorly considered actions and decisions does not mean that youth are incapable of reasoned and deliberate actions or decisions. However, youth are more vulnerable than adults to impulsive, rash behaviors at times when in emotionally-charged situations where the time for deliberation is limited, and they lack access to an adult or other person who can help them consider options and consequences—often when with peers. These conditions are known in cognitive psychology as “hot” cognition contexts. Adolescents can make very good decisions (often as good as adults by mid-adolescence) when in circumstances that are not emotionally-charged, where there is a person who can support them in thinking through options and consequences, they do not feel the press for an immediate decision, and they are not being persistently and/or imminently influenced by peers. These latter decision-making conditions are known as “cold” cognition contexts.

13. Further, their propensity for impetuous and ill-considered actions also “make them less likely to take a possible punishment into consideration when making decisions,” thus limiting the deterrent value of possible punishments,³ “particularly when that punishment is rarely imposed.” *Graham* at 2029.
14. For example, one might think that the harrowing possibility of being tried as an adult might deter juveniles from committing serious criminal acts. However, there is much reason to be skeptical of this logic. Redding (2008) found in his review of research that “the bulk of the evidence suggests that transfer laws, at least as currently implemented and publicized, have little or no deterrent effect on serious juvenile crime.”⁴ The Task Force on Community Preventive Services of the Centers for Disease Control also encountered inconsistencies on the general deterrence impact of transfer policies but recommended against them because, “[t]o the extent that transfer policies are implemented to reduce violent or other criminal behavior, available evidence indicates that they do more harm than good.”⁵
15. Adolescents as compared to adults have difficulty envisioning the long-term consequences of decisions and actions, and are more prone to impulsive, reckless behavior.⁶ This is due to their neurodevelopmentally-explained predispositions across multiple contexts to be present-focused and to (a) fail to identify, and/or (b) to “discount” (weigh as less likely or possible as compared to adults) both future rewards and adverse consequences of their decisions.⁷

³ The deterrent effect of the death penalty upon juvenile decision-making has been rejected by the Supreme Court and so using a deterrence rationale to justify very lengthy sentences is deeply suspect. The *Roper* Court observed at 571-572: “As for deterrence, it is unclear whether the death penalty has a significant or even measurable effect on juveniles...[While generally leaving criminal penalty schemes to legislatures], “[h]ere, however, the absence of evidence of deterrent effect is of special concern because the same characteristics that render juveniles less culpable than adults suggest as well that juvenile will be less susceptible to deterrence. In particular, as the plurality observed in *Thomson*, “[t]he likelihood that the teenage offender has made the kind of cost benefit analysis that attaches any weight to execution is so remote as to be virtually non-existent.”

⁴ Redding, R. E. (August 2008). Juvenile transfer laws: An effective deterrent to delinquency?. Office of Juvenile Justice and Delinquency Prevention (OJJDP), *Juvenile Justice Bulletin*; Redding, R. E. (2016). One size does not fit all: The deterrent effect of transferring juveniles to criminal court. *Criminology & Pub. Pol'y*, 15, 939.

⁵ Hahn, R., McGowan, A., Liberman, A., Crosby, A., Fullilove, M., Johnson, R., & Stone, G. (2007). Effects on violence of laws and policies facilitating the transfer of youth from the juvenile to the adult justice system. *Morbidity and Mortality Weekly Report*, 56, 1-11.

⁶ B. J. Casey, *Beyond simple models of self-control to circuit-based accounts of adolescent behavior*, 66 *Ann. Rev. Psych.* 295 (2015); Duell, N., & Steinberg, L. (2019). Positive risk taking in adolescence. *Child development perspectives*, 13(1), 48-52; Laurence Steinberg, *A social neuroscience perspective on adolescent risk-taking*, 28 *Developmental Rev.* 78 (2008); M. Dreyfuss, K. Caudle, A. T. Drysdale, N. E. Johnston, A. O. Cohen, L. H. Somerville & B. J. Casey, *Teens impulsively react rather than retreat from threat*, 36 *Developmental Neuroscience* 220 (2014); Positive impulsivity: Duell, N., & Steinberg, L. (2019). Positive risk taking in adolescence. *Child development perspectives*, 13(1), 48-52.

⁷ See, for example: A. Christakou, M. Brammer & K. Rubia, Maturation of limbic corticostriatal activation and connectivity associated with developmental changes in temporal discounting, 54 *Neuroimage* 1344 (2011); M. Achterberg, J. S. Peper, A. C. van Duijvenvoorde, R. C. Mandl & E. A. Crone, Frontostriatal white matter integrity predicts development of delay of gratification: a longitudinal study, 36 *J. of Neuroscience* 1954 (2016); F. D. Buono, S. W. Whiting & M. E. Sprong, Comparison of temporal discounting among obese college students and obese adults, 15 *Behav. Analysis: RSCH. & Prac.* 139 (2015); W. Van Den Bos, C. A. Rodriguez, J. B. Schweitzer

Adolescents are also more vulnerable to contextual factors—stressful environments, peer pressure—which generate a greater likelihood of ill-considered decisions and rash actions.

16. Peer pressure is an important contributor to the relative difficulties adolescents have in identifying the long-term adverse outcomes of decisions. Their proclivity for risk-taking is heightened when they are with peers as reflected in the increased activation of brain regions associated with assessing potential rewards.⁸ This differential weighing of potential rewards in the presence of peers occurs even when adolescents are aware of negative outcomes.⁹ This process is further amplified when “social norms” favor risk-taking.
17. Second, adolescents are more likely than adults to take risks, respond reactively, or experience reduced self-control in situations in which they are emotionally aroused (“hot” cognition).¹⁰ They are prone to diminished self-control and impulsive responses when they perceive both positive social signals¹¹ and threats.¹²
18. This research underscores the importance of considering the specific developmental trajectory and context of an adolescent’s misconduct when assessing culpability decisions and behaviors. The neurobiological, psychological, and social immaturity that characterizes adolescence is reflected in heightened proclivities for impulsivity, ill-considered decisions

& S. M. McClure, Adolescent impatience decreases with increased frontostriatal connectivity, 112 *Proc. Nat'l Acad. Sci.* E3765 (2015); L. Steinberg, S. Graham, L. O'Brien, J. Woolard, E. Cauffman & M. Banich, Age differences in future orientation and delay discounting, 80 *Child Dev.* 28 (2009); D. Read & N. L. Read Time discounting over the lifespan, 94 *Org. Behav. & Human Decision Proc.* 22 (2004); Scott E.S. & Steinberg L. (2008) Adolescent Development and the Regulation of Youth Crime, 15, 20; Seaman, K. L., Abiodun, S. J., Fenn, Z., Samanez-Larkin, G. R., & Mata, R. (2022). Temporal discounting across adulthood: A systematic review and meta-analysis. *Psychology and Aging*, 37(1), 111.

⁸ Risk-taking by adolescents in the presence of peers is correlated with “increased activation of brain region specifically associated with prediction and valuation of rewards, including the ventral striatum and orbitofrontal cortex. Steinberg L., et al (2014) Peers increase adolescent risk-taking even when the probabilities of negative outcomes are known. 50 *Developmental Psychology* 1, 2; Del Giacco, A. C., Jones, S. A., Morales, A. M., Kliamovich, D., & Nagel, B. J. (2022). Adolescent novelty seeking is associated with greater ventral striatal and prefrontal brain response during evaluation of risk and reward. *Cognitive, Affective, & Behavioral Neuroscience*, 22(1), 123-133.

⁹ Id.

¹⁰ Cohen, A. (2016) When is an adolescent an adult? Assessing cognitive control in emotional and non-emotional contexts. 27 *Psychological Science* 549; Schweizer, S., Gotlib, I. H., & Blakemore, S. J. (2020). The role of affective control in emotion regulation during adolescence. *Emotion*, 20(1), 80.

¹¹ Somerville, L. et al (2011) Frontostriatal maturation predicts cognitive control failure to appetitive cues in adolescents. 23 *Journal of Cognitive Neuroscience*, 2123, 2129. Somerville, L. (2013) The teenage brain: Sensitivity to social evaluation. 22 *Current Directions in Psychological Science*, 121, 124; Icenogle, G., & Cauffman, E. (2021). Adolescent decision making: A decade in review. *Journal of research on adolescence*, 31(4), 1006-1022.

¹² Dreyfuss, M. et al (2014). Teens impulsively react rather than retreat from threat. *Developmental Neuroscience* 1, 7.

that underestimate risks or likely negative outcomes, overvaluation of potential rewards, and rash actions.

19. These proclivities and vulnerabilities are particularly visible in situations that are emotionally charged, when peers are present, and the adolescent perceives a threat or the prospect of immediate reward – all factors that are likely to be also present in circumstances that see the application of the felony murder rule to a juvenile.
20. The same characteristics that undermine the application of “transferred intent” implied in felony murder rules also undermine application of a general deterrence rationale to juveniles. General deterrence holds that punishment of offenders serves to deter others from engaging in similar criminal behavior. However, there is little to suggest that juveniles—especially those who act in “hot” cognition contexts—actually contemplate the risks of apprehension and punishment before acting.
21. Lack of life experience is also reflected in adolescents’ relative lack of future orientation. Adolescents are less likely to consider long-term consequences, less likely to assign proper weight to them—especially in situations where they perceive potential short-term rewards—and generally have difficulty thinking realistically about future outcomes.¹³ Similarly, the U.S. Supreme Court has observed that adolescents “lack the experience, perspective, and judgment to recognize and avoid choices that could be detrimental to them.”¹⁴
22. In *Miller v. Alabama* (2012) the United States Supreme Court reiterated the reasoning of *Roper* and *Graham*. In doing so, the *Miller* decision again relied upon the *Roper* majority opinion when relying upon “three general differences between juvenile under 18 and adults:” (1) that juveniles demonstrate a “lack of maturity and an underdeveloped sense of responsibility,” which often results in “impetuous and ill-considered actions and decisions;” (2) that juveniles are “more vulnerable or susceptible to negative influences and outside pressures, including peer pressure” or family pressures; and, (3) that the “character of a juvenile is not as well formed as that of an adult.” *Roper*, 543; see also *Graham*, 560 U.S. at 68 and *Miller*, 567 U.S. at 471-72.
23. The *Miller* (2012) decision struck down mandatory sentences of Life Without Possibility of Parole for capital offenses committed under age 18. The *Miller* decision requires an individualized sentencing hearing where the court considers the unique characteristics of youth. Specifically, a sentencing court must consider: (1)

¹³ Scott, E.S. & Steinberg, L. (2008) Adolescent Development and the Regulation of Youth Crime, 18 *The future of children* 15, 20 (2008); Motz, R. T., Barnes, J. C., Caspi, A., Arseneault, L., Cullen, F. T., Houts, R., ... & Moffitt, T. E. (2020). Does contact with the justice system deter or promote future delinquency? Results from a longitudinal study of British adolescent twins. *Criminology*, 58(2), 307-335.

¹⁴ *J.D.B. v. North Carolina*, 131 S. Ct. at 2403 (quoting *Bellotti v. Baird*, 443 U.S. 622, 635 (1979) (plurality opinion)).

chronological age and immaturity, impetuosity, and the failure to appreciate risks and consequences; (2) the offender's family and home environment; (3) circumstances of the offense, including extent of participation in the criminal conduct; (4) impact of familial and peer pressures; (5) effect of offender's youth on the criminal justice process, such as inability to comprehend a plea bargain; and (6) the possibility of rehabilitation. *Miller*, 132 SCt at 2468.

24. *Miller* makes it clear that a life without the possibility of parole sentence is reserved for the "rare juvenile offender whose crime reflects irreparable corruption." *Miller*, 32 S Ct at 2469. Yet, the Court in *Roper*, *Graham* and *Miller* also recognized the malleability of juveniles and their greater potential for rehabilitation as they mature into adulthood:

"Everything we said in *Roper* and *Graham* about that stage of life also appears in these decisions. As we observed, 'youth is more than a chronological fact' [citation omitted]. It is a time of immaturity, irresponsibility, impetuosity and recklessness [citation omitted]. It is a moment and a 'condition of life when a person may be most susceptible to influence and to psychological damage' [citation omitted]. And its signature qualities are all 'transient' [citation omitted]." *Miller* at 2467.

"It is precisely this transience and the propensity for even chronic or violent delinquents to desist from misconduct as they mature (often referred to as the age-crime curve) which make it "difficult even for expert psychologists to differentiate between the juvenile whose crime reflects unfortunate yet transient immaturity, and the rare juvenile whose crime reflects irreparable corruption." *Roper* at 573.

25. The findings of developmental behavioral science and neuroscience buttress and give weight to the shifts in constitutional jurisprudence regarding adolescents since the *Roper* decision.
26. Retribution is eminently less justifiable and the actions of a juvenile less morally reprehensible than those of an adult due to a juvenile's diminished culpability rooted in their relative immaturity. The *Graham* majority explained that because "[t]he heart of the retribution rationale" relates to an offender's blameworthiness, "the case for retribution is not as strong with a minor as with an adult." *Graham*, 130 S.Ct., at 2028 [citations to quoted cases omitted].
27. From the perspective of developmental psychology, a rationale of retribution is weakened for a youthful offender, since with maturity come significant changes in self-identity, perspective, relational reciprocity, and core values¹⁵—to the point where a sentence is served by an adult self who may have very little in common with the

¹⁵ Crocetti, E. (2018). Identity dynamics in adolescence: Processes, antecedents, and consequences. *European journal of developmental psychology*, 15(1), 11-23.

youthful self who committed the crimes. This is one of the key rationales for rehabilitation, especially for youthful offenders.

28. Incapacitation warranting a true Life sentence or a lengthy term of decades is more difficult to justify, because the personality traits of youthful offenders are less fixed. As noted above, research indicates that, even most violently and chronically offending adolescents will self-desist as they mature through their 20's¹⁶, and it is difficult—if not impossible—for even experts to “differentiate the juvenile offender whose crime reflects unfortunate yet transient immaturity, and the rare juvenile offender whose crime reflects irreparable corruption.” *Id.* at 72-73 (quoting *Roper* 543 U.S. at 572).
29. Finally, rehabilitation is insufficient as a rationale for a sentence of Life Without Possibility of Parole because that “penalty altogether forswears the rehabilitative ideal.” *Graham*, at 74. Arguably, in cases of juvenile and young adult offenders, imposition of a term of years so long that an inmate is significantly advanced in years before becoming eligible for release (e.g. multiple decades) cuts against the spirit of the *Miller* requirement of a “meaningful opportunity to obtain release based on demonstrated maturity and rehabilitation.”

Developmental Behavioral Science and Neuroscience Findings Since the *Miller* and *Jackson* Decisions (2012) Reinforce The *Roper-Graham-Miller-Montgomery* Jurisprudence. However, This Science Also Reveals That Drawing a “Bright Line” at Age 18 is Unsupported by the Science as Many Relevant Features of Mid-Adolescence (15 – 17) Persist Into Late Adolescence (18 – 21) and Early Young Adulthood (22 – 24).

30. Neurodevelopmental research since *Roper* (2005) has broadened the base of the science relied upon in that initial landmark case and has shaped the subsequent line of related cases through *Montgomery v. Louisiana* (2016).
31. Indeed, the *Miller* Court also benefited from social and psychological developmental research available after *Roper*. For example, research available after *Roper* demonstrated that personality traits can change significantly in the transition between adolescents and adulthood.¹⁷ The course of desistance from crime with maturation into early young adulthood is the norm rather than the exception, even for chronic and serious delinquents.¹⁸ Antisocial and even early “psychopathic” traits are unstable

¹⁶ Lussier, P., McCuish, E., & Corrado, R. R. (2015). The adolescence–adulthood transition and desistance from crime: Examining the underlying structure of desistance. *Journal of Developmental and Life-Course Criminology*, 1, 87-117.

¹⁷ Brent Roberts, et al., Patterns of mean-level change in personality traits across the life-course, 132 *Psychol. Bull.* 1, 14-15 (2006); Elkins, R. K., Kassenboehmer, S. C., & Schurer, S. (2017). The stability of personality traits in adolescence and young adulthood. *Journal of Economic Psychology*, 60, 37-52.

¹⁸ See, for example: Mulvey, E. P. (2011). Highlights from pathways to desistance: A longitudinal study of serious adolescent offenders. *Washington, DC: Office of Juvenile Justice and Delinquency Prevention, US Department of Justice*; Schubert, C. A., Mulvey, E. P., Steinberg, L., Cauffman, E., Losoya, S. H., Hecker, T. & Knight, G. P.

- through adolescence and early young adulthood, are typically attenuated by broader life experience, and can be addressed by well-studied interventions.¹⁹
32. Observing that the Court in *Thomson v. Oklahoma*, 487 U.S. 815 (1988) initially drew the line for death penalty eligibility at age 16, the *Roper* Court proceeded to draw a new line at age eighteen for death penalty eligibility.²⁰ This line was maintained for barring Life Without Possibility of Parole for non-homicide offenses (*Graham*, 2010) and then for mandatory imposition of this sentence for juvenile homicides (*Miller and Jackson*, 2012).
 33. However, subsequent work in developmental neuroscience and behavioral science have yielded further findings since the *Miller and Jackson* (2012) decisions with substantive implications for Eighth Amendment “cruel and unusual punishments” jurisprudence for late adolescents (ages 18-21).
 34. **Specifically, further scientific developments increasingly reveal age 18 as a “bright line” for full criminal liability as being a benchmark without basis in developmental behavioral science or neuroscience.** The U.S. Supreme Court relied upon adolescent “developmental immaturities” and greater potential for rehabilitation to bar execution and mandatory LWOP for crimes committed prior to age 18, and to declare that juvenile LWOP should be limited to “the rare juvenile offender who exhibits such irretrievable depravity that rehabilitation is impossible and life without parole is justified.” *Miller* at 17, citing *Roper* 543 U.S. 573 and *Graham* 560 U.S. at 17.
 35. Perhaps most relevantly, while other brain systems largely mature by late adolescence, development of the prefrontal cortex (implicated in judgment, risk-

(2004); Operational lessons from the pathways to desistance project. *Youth Violence and Juvenile Justice*, 2(3), 237-255; Copp, J. E., Giordano, P. C., Longmore, M. A., & Manning, W. D. (2020). Desistance from crime during the transition to adulthood: The influence of parents, peers, and shifts in identity. *Journal of Research in Crime and Delinquency*, 57(3), 294-332.

¹⁹ See, for example: Moffitt, T. E. (2018). Male antisocial behaviour in adolescence and beyond. *Nature Human Behaviour*, 2(3), 177-186; E. P. Mulvey, L. Steinberg, A. R. Piquero, M. Besana, J. Fagan, C. Schubert & E. Cauffman, *Trajectories of desistance and continuity in antisocial behavior following court adjudication among serious adolescent offenders*, 22 *Dev. & Psychopathology* 453 (2010); M. N. Natsuaki, X. Ge & E. Wenk, *Continuity and changes in the developmental trajectories of criminal career: Examining the roles of timing of first arrest and high school graduation*, 37 *J. Youth & Adolescence* 431, (2008); Harris, M. A., Brett, C. E., Johnson, W., & Deary, I. J. (2016). Personality stability from age 14 to age 77 years. *Psychology and aging*, 31(8), 862.

²⁰ “The age of 18 is the point where society draws the line for many purposes between childhood and adulthood. It is, we conclude, the age at which the line for death eligibility ought to rest.” *Roper*, 543 U.S. at 574. In practice, where the legal line is drawn between adolescence and full adulthood varies across contexts and jurisdictions. It is subject to change due to social, political, scientific and other factors. For example, the US voting age was changed in 1970 from age 21 to age 18, in part to blunt youthful opposition to the Vietnam war, and the Boston city councilors filed a home rule petition to allow persons to vote in municipal elections starting at age 16. The age at which execution or lifetime imprisonment for crimes committed prior to age 18 has shifted over recent years. Attaining age 18 now brings both some adult privileges and responsibilities (e.g., voting, contracting, military enlistment without parental permission) but not others (e.g., earlier ages for driving and consent to sexual activity but barred until age 21 for purchase of alcohol, tobacco, cannabis, or other locally legalized substances at age 21, yet remain eligible for coverage by parental health insurance or remain in state foster care past age 21).

- perception, option identification, self-control and other “higher order” cognitive functions) continue to mature into the mid-20’s.²¹ The imbalance between the developmental timeline of brain regions of earlier evolutionary origin and the prefrontal cortex means that adolescents—and early young adults—are highly vulnerable to errors in social judgment, the disproportionate influence of peer²² pressure, dangerous risk-taking, and ill-considered action (especially in conditions of emotional arousal).
36. Indeed, studies tracking changes in the functional connectivity of the brain can reliably distinguish between brain activity of children and adults, but could not confidently differentiate brain connectivity patterns among 17 to 18 year old or 19 to 20 year old subjects; brain connectivity continued to mature into the mid-20’s or beyond.²³
37. It is also clearer now than at the time of the *Miller* and *Jackson* decisions in 2012 that earlier considerations sometimes relied upon by courts when making sentencing post-*Miller* LWOP decisions or sentencing determinations for persons ages 18 – 21 have no basis in current science.
38. First, the notion that persons who commit violent crimes between ages 18 to 21 are likely to continue committing violent crimes as adults is simply unsupported by the data. Rather, crimes against persons and property increase at the onset of puberty, peak between ages 17 – 19, and drop off significantly as persons move into their early to mid-20’s.²⁴ The majority of mid-and late adolescents (ages 15 – 21) will be so-called “Adolescence-Limited” offenders rather than “Life-Course Persistent Offenders.”²⁵
39. Second, it is easy to consider a crime committed by an adolescent that is especially horrific as evidence of both incorrigibility and dangerous potential for recidivism. The *Roper* Court acknowledged this in stating that it could not “deny or overlook the brutal crimes too many juvenile offenders have committed.” *Roper* at 19. However,

²¹ Jadhav, K. S., & Boutrel, B. (2019). Prefrontal cortex development and emergence of self-regulatory competence: The two cardinal features of adolescence disrupted in context of alcohol abuse. *European Journal of Neuroscience*, 50(3), 2274-2281.

²² See Silva K., Chein J., Steinberg L. (2016). Adolescents in peer groups make more prudent decisions when a slightly older adult is present. *Psychol. Sci.* 27: 322 – 30; Silva K., Shulman E.P., Chein, J. Steinberg, L. (2016). Peers increase late adolescents’ exploratory behavior and sensitivity to positive and negative feedback. *Journal of Research on Adolescence*. 26: 696-705; Tottenham, N., & Galván, A. (2016). Stress and the adolescent brain: Amygdala-prefrontal cortex circuitry and ventral striatum as developmental targets. *Neuroscience & Biobehavioral Reviews*, 70, 217-227.

²³ Dosenbach N.U., Nardos B., Cohen A.L., Fair D. A., Power J. D., et al (2010). Prediction of individual brain maturity using MRI. *Science* 329: 1358 – 61; Bigler, E. D. (2021). Charting brain development in graphs, diagrams, and figures from childhood, adolescence, to early adulthood: Neuroimaging implications for neuropsychology. *Journal of Pediatric Neuropsychology*, 7(1), 27-54.

²⁴ Bureau of Justice Statistics. 2010. Arrest Data Analysis Tool-National Estimates; Rocque, M., Beckley, A. L., & Piquero, A. R. (2019). Psychosocial maturation, race, and desistance from crime. *Journal of youth and adolescence*, 48, 1403-1417.

²⁵ Moffitt T. E. (2018). Male antisocial behaviors in adolescence and beyond. *Nat. Hum. Beh.* 2:177-186.

this Court also correctly appreciated that the heinousness of a crime committed under age 18 cannot reliably indicate full moral culpability nor an increased risk of future violent offense. The Court also considered the risk that especially heinous details of a crime would unduly cause sentencing to be so excessively punitive that it specifically rejected the option of individualized death penalty sentencing hearings for these particular cases.²⁶

40. In *Miller*, the Supreme Court instructed the sentencing courts to do in juvenile LWOP cases precisely what it had previously held in *Roper* could not be done. In *Roper*, the Supreme Court observed that even experienced clinical professionals cannot reliably identify those youthful offenders who are both “permanently incorrigible” and sufficiently mature to be the “uncommon” and even “rare” juvenile warranting LWOP. The courts were in a precarious position: potentially overemphasizing the nature of a brutal crime and misidentifying a youth the rare “incorrigible” juvenile warranting LWOP. The *Roper* Court recognized that even a “heinous” crime committed in adolescence is not a reliable indicator of diminished capacities for rehabilitation. Neuroscience has also demonstrated key neurodevelopmental and social “immaturities” that disadvantage youth under age 18. The *Miller* Court essentially tasked a sentencing judge to do the impossible—prognosticate whether or not even a youthful perpetrator of a heinous crime is “incorrigible” and beyond rehabilitation over the course of a lifetime.
41. Third, personality functioning in mid-late adolescence cannot be relied upon as a reliable prognosticator of continued criminality, and certainly not “irreparable corruption.” Personality is in flux during adolescence but continues to develop with increased self-control and emotional stability as persons mature into their 20’s and beyond.²⁷ Life experiences such as changes in peer and family relationships, positive adult mentoring, education, skill-acquisition and work, or positive community engagement also shape personality development through adolescence and early young adulthood. While outcomes are mixed and intervention methods still emerging, even many youth previously seen as severely conduct-disordered (with antisocial or even psychopathic traits and thus at the highest risk of persistent criminality) can demonstrate changes with maturation, life-changes, and/or well-matched interventions.²⁸
42. There is evidence that early delinquency, early psychopathic traits, and some forms of psychopathology (especially when presenting with substance abuse) may have a

²⁶ “An unacceptable likelihood exists that the brutality or cold-blooded nature of any particular crime would overpower mitigating arguments based on youth as a matter of course, even where the juvenile offender’s objective immaturity, vulnerability, and lack of true depravity should require a sentence less severe than death. In some cases a defendant’s youth may even be counted against him.” *Roper* at 19.

²⁷ Roberts B. W., Mroczek D. (2008). Personality trait change in adulthood. *Curr Dir Psychol Sci* 17: 31- 35; Topolewska-Siedzik, E., & Ciecuch, J. (2018). Trajectories of identity formation modes and their personality context in adolescence. *Journal of Youth and Adolescence*, 47, 775-792.

²⁸ Baskin-Sommers A. R., Waller R., Fish A. M., Hyde L. W. (2015). Callous-unemotional traits trajectories interact with earlier conduct problems and executive control to predict violence and substance use among high risk male adolescence. *J Abnor Child Psychol* 43: 1529 – 41. See also citations above at Footnote 17.

modest correlation with recidivism across large statistical samples.²⁹ However, the *predictive* value of these features in individual cases is negligible and prone to error. This is especially the case when decision-making is not constrained by use of validated, unbiased, structured professional judgment tools during risk assessment and sentencing procedures.

43. *Miller* (2012) called upon a sentencing trial court to hold individualized sentencing hearings to distinguish the “rare” case in which an offense committed under age 18 reflects “irreparable corruption.”
44. In fact, the current state of developmental behavioral and neuroscience offers *no scientific basis* upon which an expert psychologist or psychiatrist can offer a credible and reliable opinion as to the “irreparable corruption” of either mid-late adolescents (15 – 21) sufficient to meet a *Daubert* or *Frye* standard. Indeed, asserting the expertise to do so is so far beyond the current science that doing so is likely to be unethical conduct actionable before licensing boards.³⁰
45. In short, from a neurodevelopmental or behavioral science perspective, “***there is no developmentally informed magical line of demarcation at eighteen.***” [emphasis added]³¹
46. As described above, as adolescents move from mid-to-late adolescence into early youth adulthood, several interacting, but non-linear neurodevelopmental and social maturation processes are at play that manifest in diminished risk-taking, decreased rule-breaking behaviors, greater self-control, and disengagement from criminal and other misconduct. However, the developmental vulnerabilities and incompetencies found among mid-adolescents persist into late adolescence (18 – 21).
47. These greater capacities for change among late adolescents (18 – 21) and early young adults (22 – 25) are driven by factors including psychological maturation, neurobiological maturation, identity changes and maturation, social maturity (“adult social role maturation”) and civic/communal maturation.³²
48. Given that the normative trajectory for adolescents and early young adults who commit delinquent/criminal acts is to desist from even persistent and violent misconduct as they age into early young adulthood, and given evidence that incarceration of youthful and early young adult offenders with adults likely increases recidivism risk, there is little to no scientific basis for a claim that prolonged (20-30+

²⁹ Geerlings, Y., Asscher, J. J., Stams, G. J. J., & Assink, M. (2020). The association between psychopathy and delinquency in juveniles: A three-level meta-analysis. *Aggression and violent behavior*, 50, 101342.

³⁰ Kinscherff R.T. and Grisso T. (2013): *Human Rights Violations and Standard 1.02: Intersections with Human Rights Law and Applications in Juvenile Capital Cases*, *Ethics & Behavior*, 23:1, 71-76

³¹ *Ibid*, Baskin-Sommers (2015) at 787.

³² Rocque, M., Posick, C., & White, H. R. (2015). Growing up is hard to do: An empirical evaluation of maturation and desistance. *Journal of developmental and life-course criminology*, 1(4), 350-384.

years) adult incarceration of an adolescent or early young adult offender diminishes recidivism any more than would the ordinary course of maturation.³³

49. In summary, the current state of the developmental behavioral psychology and neuroscience is:

(a) **consistent** with the rationales for distinguishing between juveniles and adults articulated in *Roper v. Simmons* (2005) and affirmed in the subsequent line of cases of *Graham v. Florida* (2010) through *Montgomery v. Louisiana* (2016);

(b) **inconsistent** with the “bright line” drawn at age 18 by the *Roper* Court for determining death penalty eligibility and the *Graham* (2010) and *Miller* (2012) Courts for purposes of applying a sentence of Life Without Possibility of Parole;

(c) **consistent** with the view that the following are applicable to persons aged 18 – 21 in considering their criminal culpability: (1) diminished culpability owing to youthfulness associated with relative cognitive, social and emotional immaturity; (2) the transient nature of characteristics associated with the immaturity of adolescence;

(d) **consistent** with the view that late adolescents (ages 18 – 21) like mid-adolescents (ages 15 – 18) demonstrate greater potential for rehabilitation associated with interacting and mutually supporting social, individual psychological, and brain maturational processes which ordinarily persist until the mid-20’s.³⁴

Signed under the penalties of perjury,



Robert Kinscherff, Ph.D., J.D.

DATE: 08 April 2021

³³ See DiCataldo, F., Linder, C., Neddenriep, J., Christensen, M., Domas, S., & Kinscherff, R. (2017). The recidivism of juveniles convicted of homicide and released as adults. *Today's Children are Tomorrow's Parents*. Tracking outcomes of juvenile homicide offenders incarcerated as adult offenders and ultimately released to the community, raising the prospect that the positive outcomes of almost all of the sample reflected normative maturation processes as they moved through their late 20’s and 30’s prior to release rather than the impact of incarceration.

³⁴ In considering similar legal issues and the science described above, the Supreme Court of the State of Washington barred mandatory LWOP for persons aged 18 and 20 when convicted of aggravated murder. The majority held that “may youthful defendants older than 18 share the same developing brains and impulsive behavioral attributes as those under 18. Thus, we hold that these 19-and 20 year old petitioners must qualify for some of the same constitutional protections as well.” The case bars mandatory LWOP for persons ages 18 – 20 at the time of commission of a capital crime. *In re PRP of Monschke (Kurtis William)/In re PRP of Bartholomew (Dwayne Earl)*, No. 96772-5 (consol. With 96773-3), decided March 11, 2021. A case (*Commonwealth v. Mattis*) considering age 18 as the “bright line” for full adult criminal jurisdiction was directed to the Superior Court to supplement the record and is returning to the Massachusetts Supreme Judicial Court (SJC No. 11693) for review. See *Commonwealth v. Nyasani Watt* and nine companion cases. Companion case *Commonwealth v. Mattis* concluded hearings supplementing the trial record in April 2021.

Table of Cases

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Providing accurate and actionable neuroscience for legal and policy arenas

Multiple projects in the following program domains:

- Juvenile and Emerging Adult Justice
- Science in Criminal Sentencing
- Aging Brains, Decisional Capacities, and Elder Protection
- Criminal Responsibility and the Neuroscience of Intent
- Trauma at the Border: Neuroscience and Immigration/Refugee Policy and Law
- Eyewitness Testimony and the Neuroscience of Memory
- Pain and the Neuroscience of Suffering (including Solitary Confinement)

Collaborators include: Federal Judicial Center, National District Attorneys Association, Juvenile Law Center, Securities and Exchange Commission, American Bar Association, Flaschner Judicial Training Institute, Harvard Law School, Committee for Public Counsel Services (MA), Office of the District Attorney of Suffolk County (MA), Roca, Petrie-Flom Center for Health Law Policy, Biotechnology, and Bioethics at Harvard Law School, Bluhm Legal Clinic at Northwestern University School of Law, Northeastern Law School, National Association for Counsel for Children, Juvenile Law Center (PA), Sentencing Project, William James College, neuroscience researchers, legal and policy academics, federal and state judges, federal and state probation, attorneys in federal and state practice.

Associate Vice President for Community Engagement, Office of the President Resigned effective June 30, 2021

Remaining as Professor with part-time teaching in the Doctoral Clinical Psychology Program

Programs in the portfolio of the Department of Community Engagement:

- **Alcohol and Drug Education and Psychology Training Center (ADEPT):** Training and consultation on substance abuse issues in WJC curriculum development, grant applications, and with community-based stakeholders.
- **Alliance for Aging:** The Alliance represents a wide range of connections and collaborations across William James College faculty and numerous local and regional institutions and centers who support the well-being of elders.
- **Brenner Assessment Center:** General psychological assessments across the life span and
 - General and specialized psychological assessments (e.g., early childhood Autism Spectrum Disorder diagnostic assessments, Fetal Alcohol Spectrum Disorders, cognitive disorders of aging, educational and special education assessments)
 - Advanced Practicum, pre-doctoral internship and postdoctoral Fellow training in assessment
- **Center of Excellence for Children, Families & the Law:**
 - Child and Family Evaluation Service (CAFES): Court-ordered GAL divorce child custody evaluations
 - High Conflict Divorce Parenting Groups for court-ordered co-parenting couples
 - Certificate Program in Child and Family Forensic Psychology
 - Predoctoral internship and postdoctoral Fellow training programs

- **Office of Continuing Education Programs**
 - Continuing Ed Professional Development and Community Education Programs; Certificate Programs
- **Freedman Center for Child and Family Development:** Prevention and intervention resources including:
 - Infant and childhood behavioral health prevention in the community and schools
 - **WJC INTERFACE** behavioral health referral services serving 60+ cities and towns
 - Development of Social-Emotional Learning and Integrated Behavioral Health training programs
- **Juvenile Court Clinic Operations:** Staffing and training at Juvenile Court sites to provide court-ordered evaluations for Juvenile Courts in Suffolk (Boston) and Norfolk Counties in child protection, delinquency and Youthful Offender, status offenses, involuntary psychiatric and substance abuse commitments
- **PATHWAYS Project:** School-based support/intervention in three high-need Boston middle and high schools for urban youth at-risk of school failure, suspension, expulsion.
- **Program Development, Monitoring, and Evaluation Unit:** Research and program evaluation for DCE programs, grant and contract funded service and training programs providing a combination of training and direct clinical care or forensic psychology services.
- **Qualified Examiner Program:** Contracted administration and training for Independent Qualified Examiners who provide independent forensic examinations for persons subject to civil commitment in MA as Sexually Dangerous Persons (SDP).
- **Youth and Family Psychotherapy Service.** Evidence-based outpatient behavioral health treatments for children, youth and families.

Doctoral Clinical Psychology Faculty Rank: Professor

Doctoral Program in Clinical Psychology

- Founder, Director, and now Faculty, Concentration on Children and Families of Adversity and Resilience
- Founder, Director, and now Faculty, Concentration in Forensic Psychology

Instructor, Certificate Program in Child and Family Forensic Psychology (Juvenile Justice and Mental Health)

Education

1977 Univ. of California, Berkeley. B.A. Political Science/Multidisciplinary Social Studies *Valedictorian*
 1981 University of Chicago. M.A. (Philosophy) Committee on Social Thought
 1988 City University of New York. Ph.D. Clinical Psychology
 1992 Harvard Law School. J.D. Law *Magna cum Laude*

Post-Graduate Training (Clinical and Forensic Psychology)

1996 Threat Management. CIA Agency/Association of Threat Assessment Professionals, Washington D.C.
 1995 Natl. Law Enforcement Institute. Advanced Investigator School (Homicide and Rape), Braintree MA
 1993 US Federal Bureau of Investigation. Training School on Interpersonal Violence, Burlington MA.
 1985-1986 Advanced Pre-Doctoral Fellow (Children & Law). Judge Baker Children's Center, Boston MA

Legal Training Clerkships and Assistantships (Law)

1991 Law Intern. Child Victim Unit, Middlesex District Attorney, Cambridge MA
 1991 Summer Clerkship. Johnson & Gibbs, Austin TX (General Litigation)
 1991 Summer Clerkship. Fulbright & Jaworski, Austin TX. (Health Law, Medical Malpractice, Labor Law)
 1991 Law Intern. Family Law Unit, Legal Services Center, Boston MA.
 1990-91 Research Assistant. Professor Alan Stone, M.D., Harvard Law School.
 1990-91 Research Assistant. Professor Martha Minow (subsequently Dean), Harvard Law School
 1990 Legal Clerkship. Office of the MA Attorney General, Special Prosecutions, Boston, MA.

Psychology Licenses

2008-ongoing. New Hampshire License (No. 1153)
1991-ongoing. Texas License (No. 4309)
1989-ongoing. Massachusetts License, Health Service Provider (No. 4928)
2019-2020 Louisiana (Temporary License-30 days 2019, Renewed in March 2020)

Admitted to the Bar

1998-ongoing. Admitted, Massachusetts Bar (No. 640773)

Certifications

The following certifications are provided through the MA Department of Mental Health and the Law and Psychiatry Training and Research Service of the University of Massachusetts Medical School for professionals providing court-ordered evaluations in criminal and some civil matters.

2001-ongoing Designated Juvenile Court Clinician & Mentor (Levels I and II)
1994-ongoing Designated Forensic Mental Health Supervisor
1993-ongoing Designated Forensic Professional (DFP)

Employment History

July 2021 – ongoing (Full Time). **Massachusetts General Hospital, Harvard Medical School**

- **Executive Director, Center for Law, Brain & Behavior (CLBB)**. Senior administrator of CLBB including participating and oversight in multiple projects, programs and initiatives in neurolaw – at the intersections of neuroscience and juvenile and young adult justice, criminal law, elder law, immigration and refugee law; leader of Neuroscience in Justice Campaign, training of graduate students studying in neurosciences, public policy, and other fields, law students, and undergraduate students. Engaged in multiple initiatives in research, crafting amicus “science briefs” for trial and appellate matters, federal and state judicial training, federal state probation and parole training, legal education, other.

2010-2022; **William James College, (renamed from Massachusetts School of Professional Psychology on May 7, 2015)**. (See below for employment details for MSPP between 1999 – 2010)

- July 2021 - ongoing (Part time). **Professor**, Doctoral Clinical Psychology Program, William James College). Instructor for Children and Families Before the Courts, Law and Mental Health, Social Ecology of Child Behavioral Health. Continued consultation to the Independent Qualified Examiners Programs and special projects as designated by the President of WJC.
- 2012 – 2020 **Associate Vice President for Community Engagement** (Office of the President) Administrative oversight and program development for community and external operations in areas including: programs for elders (**Alliance for Aging**); substance abuse training and workforce development (**ADEPT**); underserved and/or high risk populations (**PATHWAYS Project**); child and family forensic doctoral training and postdoctoral training, professional development Certificate programs, forensic assessment, services to youth and families (**Center of Excellence for Children, Families and the Law**, including **Child and Family Psychological Evaluation Service**); court-ordered evaluations for Juvenile Courts of Suffolk and Norfolk Counties (**Juvenile Court Clinic Operations**); community referral, outreach, services to young children, school-based prevention program (Primary Project), innovative software development for emotional wellness (**Freedman Center**); community-based general and specialized

psychological assessment across the lifespan, doctoral and postdoctoral training (**Brenner Assessment Center**) for clinical assessment and psychological testing; legislative liaison responsibilities; training and dissemination of evidence-based psychotherapies (**Youth and Family Psychotherapy Service**); **Continuing Professional Education Program** (professional development, community education, Certificate Programs); Postdoctoral Fellowships in Forensic Psychology (**Child and Family Evaluation Center, Juvenile Court Clinics**) and Psychological Assessment (**Brenner Assessment Center**).

- **Professor** (January 2019), previously **Associate Professor, Teaching Faculty** 1999 – 2012 and **Core Faculty** August 2012 – 2015. Currently **Professor**, Doctoral Program in Clinical Psychology. Also: Founder and first **Director, Doctoral Concentration in Forensic Psychology**; Founder and first **Director, Concentration in Children and Families of Adversity and Resilience (CFAR)**
- **Director of Forensic Studies** (Office of Provost, 2010 -2012). Program development and coordination for Doctoral Clinical Forensic Psychology Certificate Program and the Master's degree program in Forensic Psychology and Counseling; Program development and administrative oversight of the Center of Excellence for Children, Families and the Law; Postdoctoral Fellow Training Program in Forensic Psychology; Special duties or projects as assigned by the President or Provost.
- **Courses taught** have included: Ecology of Child Behavioral Health; Child Mental Health Systems and Public Policy; Foundations of Forensic Psychology; Child and Family Forensic Psychology; Adult Forensic Psychology; Law and Mental Health; Ethics and Professional Practice in Clinical Psychology; Advanced Special Topics in Forensic Psychology (Psychology of Terrorism; Juvenile and Adult Offenders with Special Needs; Risk Assessment in Juveniles: Violence, Sexual Offending, Fire-Setting). Related administrative duties, Forensic Psychology Post-doctoral Fellow clinical supervision, Doctoral Project, case consultation duties.
- **WJC service over time including:** Title IX Appeals Officer; WJC IRB member for human subjects research; Senior Management Team; Academic Promotions Committee (Doctoral Clinical Psychology Program); Task Force on Clinical Curriculum Revisions; Academic Leadership Group; Working Group on Research and Scholarship; Doctoral Clinical Psychology Curriculum Committee; Faculty and Administrator Hiring Committees; Doctoral Clinical Psychology Curriculum Review Task Force; Threat Assessment and Management Team; Title IX Appeals Officer.

July 2018 – ongoing; Part Time. **Consultant and Court Team Member**. Court Deferred Sentencing Program (DSP). Clinical consultant and DSP team member for deferred sentencing program for federal offenders. **Federal District Court for the District of Rhode Island**. Providence, RI.

July 2015- June 2017; Part Time. **Senior Fellow in Law and Applied Neuroscience. Harvard Law School (Petrie-Flom Center for Health Law Policy, Biotechnology, and Bioethics) and Massachusetts General Hospital (Center for Law, Brain and Behavior)**. Joint PFC-CLBB fellowship year for scholarship, teaching and mentoring in legal implications of neuroscience for: juvenile justice and post-*Miller* issues in disposition, resentencing, parole; sentencing in juvenile and criminal court; public policy and community violence. Included organizing relevant symposia at Harvard Law School, contributing to trial briefs and *amicus* briefs, and teaching with federal judge Nancy Gertner (ret.) the Harvard Law School class on Law and Neuroscience (Spring 2016, Spring 2017).

2014-ongoing; Part-time. **Science Faculty.** Beginning October 2018, also **Associate Managing Director. Center for Law, Brain and Behavior, Massachusetts General Hospital.** Scientific faculty and Associate Managing Director for projects at the intersection of neuroscience and law, including leadership of the Juvenile and Young Adult Justice Project. As of July 2021, **Executive Director of CLBB** (full time).

2013-2015; Part-time. **Massachusetts Mental Health Center, MA Department of Mental Health. Active Non-Medical Staff** (Professional Staff), Supervision/training in forensic mental health with focus on persons with severe/persistent mental illness and histories of serious physical and/or sexual violence.

2012- 2015; Part-time. **Forensic Examiner. Massachusetts Parole Board.** Evaluations of risk and mental health needs of inmates with significant history of mental illness serving a sentence of “life with possibility of parole” and referred by the Lifer Unit of the Parole Board.

2012-2020; Part-time. **Program and Case Consultant. NFI-North, Transitional Housing Service (THS).** Providing program and individual case consultations to Transitional Housing Service on the grounds of New Hampshire Hospital (state hospital) to transition persons with severe/persistent mental illness and/or neurocognitive impairment with histories of significant physical violence, convicted sexual offense or problematic sexual behavior, and/or severe self-injury in transition from state hospital or prison to community.

2008- 2021; Part-time. **Senior Advisor. National Center for Youth Opportunity and Justice (Until 11.15.18 the National Center for Juvenile Justice and Mental Health).** Providing consultation, site review and technical assistance to innovative juvenile justice programs receiving federal or other grant funds for program development to address the mental health needs of youth involved in the juvenile justice system. Activities include: MacArthur Foundation Models for Change programs and member of the National Resource Bank; consultation, technical assistance and program evaluation for project sites of the Justice Center of the Council of State Governments; juvenile drug court projects with the National Council of Juvenile and Family Court Judges; presenting at working conferences of Department of Justice, SAMHSA, MacArthur Foundation, others. Beginning 2013: Lead for projects with Justice Project of the Council of State Governments.

2008-2016; Part-time. **Consultant on Juvenile Court Clinics. Administrative Office of the Juvenile Court Department, Massachusetts Trial Court.** Consultant providing administrative oversight/clinical support to statewide system of Juvenile Court Clinics for court-ordered evaluations in child protection, status offender, delinquency, Youthful Offender and other matters; participation in judicial consultation and education; support of formal certification program for Juvenile Court Clinicians (CJCC); state agency and governmental working group liaison; other activities as directed by the Chief Justice.

2007- 2010; Full-time. **Director of Clinical Services. Easter Seals of New Hampshire.** Senior policy development, administrative, program development and clinical services oversight position for child, adolescent and adult populations in residential and community-based programs serving persons with developmental delays and disabilities, psychiatric disabilities, cognitive disabilities, and/or co-occurring substance abuse. Special focus on clinically complex persons with sexually problematic, physically assaultive, persistently self-harming or other conduct creating risk of juvenile justice or adult criminal justice involvement or civil institutionalization. Developed risk assessment and management protocols for high risk ES clients; Created Risk Assessment and Management Service for risk assessment and management or case consultation referrals from state agencies, courts, corrections, other. Court-ordered evaluations for New Hampshire courts. Developed pre-doctoral clinical psychology internship program. Manchester, NH

2005-2007; Full-time. **Assistant Commissioner for Forensic Mental Health. Massachusetts Department of Mental Health.** Senior policy and administrative position with oversight duties for: operation of statewide system of juvenile and adult court clinics; provision of court-ordered evaluations in state hospital and community settings; provision of risk assessment and management consultation in state hospital settings; reentry programming for inmates with mental disorders being released from correctional setting (Forensic Transition Team); risk management reviews of high-risk forensic cases (Mandatory Forensic Reviews); training and quality assurance for forensic mental health professionals serving in court clinic and hospital forensic evaluation settings (Designated Forensic Professionals, Certified Juvenile Court Clinicians, Juvenile Forensic Team); risk assessment and management for DMH clients with sexual offense histories or problematic sexual behaviors (Mentally Ill with Problematic Sexual Behaviors Program); and other aspects of forensic assessment and risk management with adult and juvenile forensic populations and DMH consumers. Liaison and specific project collaboration with courts and state agencies (Sexual Offender Registry Board, Department of Public Health, Department of Corrections, Department of Children and Families, Parole Board).

1999-2010; Part-time. **Part-time Faculty and Co-Director, Forensic Psychology Certificate Program (Concentration). Massachusetts School of Professional Psychology, Doctoral Program in Clinical Psychology.** Instructor: Child and Family Forensic Psychology; Adult Forensic Psychology; Law and Mental Health; Advanced Topics in Forensic Psychology courses. Initially as Director, development and implementation of forensic psychology doctoral Concentration, including Concentration requirements, course development, internship development with Field Placement Office and Doctoral Project supervision. Subsequently as **Co-Director** through April 2010 in administrative oversight and implementation of the Program, and **Interim Director** from September 2014 – September 2015.

1998-2005; Full time. **Director of Juvenile Court Clinic Services. Administrative Office of the Juvenile Court, Trial Court of Massachusetts.** Senior policy and administrative position for the statewide Juvenile Court system within the Administrative Office of the Juvenile Court. Responsibilities included: Development and implementation of statewide system of juvenile court clinics with the expansion of the Juvenile Courts; establishing policy and procedure for juvenile court clinics; in collaboration with the MA Department of Mental Health, directing contracting operations for court-based clinical service providers, monitoring contract compliance and database management, development and implementation of juvenile forensic mental health training and certification (Certified Juvenile Court Clinician process), development and implementation of quality assurance and improvement mechanisms; providing case consultation and training to juvenile court judiciary, court clinical services staff, juvenile probation staff. Forensic evaluations as directed by the Chief Justice in complex or high-profile cases.

1996-1998; Full-time. **Director of Training (Adult Forensic Services). Law and Psychiatry Service, Department of Psychiatry, Massachusetts General Hospital, Harvard Medical School.** Direct forensic assessment services and supervision of Forensic Psychology Post-Doctoral Fellows, administration of the Advanced Certification Program in Forensic Psychology and the Forensic Psychiatry Fellowship programs. Concurrently served as Senior Forensic Psychologist for the Boston Juvenile Court as contracted with the Law and Psychiatry Service. Duties there through the Boston Juvenile Court Clinic included: court clinic staff and trainee clinical supervision and training; consultation and training for probation and judges; providing court-ordered forensic evaluations in child maltreatment, delinquency, status offender, and other cases.

1992-1996; Full time. **Associate Director for Forensic Services. Law and Psychiatry Service, Department of Psychiatry, Massachusetts General Hospital, Harvard Medical School.** Program development and administrative duties to integrate operations of the Children and the Law Program into the Law and Psychiatry Service. In addition, provision of court-ordered forensic evaluations for probate, juvenile, criminal and civil cases. Beginning in December 1995, also concurrently Senior Forensic Psychologist to Boston Juvenile Court Clinic.

1992-1995; Part-time. **Senior Forensic Psychologist. Center for Health and Development.** Forensic evaluations for juvenile and adult trial courts and Massachusetts Department of Mental Health including Boston Juvenile Court Clinic, Adult Inpatient Forensic Review Service, Quincy District Court Clinic. Court-ordered evaluations, including Chapter 123 evaluations (Competency to Stand Trial, Criminal Responsibility, Aid in Disposition), delinquency, sexual and violent offender evaluations, child maltreatment, involuntary civil commitment (psychiatric, substance abuse), restraining orders (domestic violence), other.

1992; Full-time. **Assistant Clinical Director. Camille Cosby Center of the Judge Baker Children's Center, Harvard Medical School;** Program development and administration for Children and the Law Program, including transition of the Program to Massachusetts General Hospital; administrative oversight of outpatient and community outreach services; provision of forensic evaluations; training and supervision of pre-doctoral and post-doctoral psychology trainees.

1991-1992; Part-time. **Forensic Child and Adolescent Psychologist. Camille Cosby Center of the Judge Baker Children's Center, Harvard Medical School.** Forensic services to Massachusetts trial courts and state agencies, with focus upon developing program capacity for juvenile sexual offender evaluations; supervision of pre-doctoral psychology interns and postdoctoral psychology fellows. Juvenile Sexual offender evaluations.

1989-1991; Part-time. **Consulting Psychologist. Massachusetts Department of Mental Health.** Forensic/consultations for Boston Juvenile Court and as directed for Departments of Mental Health, Social Services, Youth Services; Training and supervision for staff and trainees at Boston Juvenile Court Clinic.

1985-1989; Full-time. **Staff Psychologist. Boston Juvenile Court Clinic, Department of Mental Health and Trial Courts of Massachusetts.** Primary site at Boston Juvenile Court Clinic conducting forensic evaluations but also forensic evaluations for adults at Boston Municipal Court, clinical assessments and consultations at Suffolk County Jail. Additional consultations, training for courts, state agencies, jail staff.

1985-1986; Full-time. **Advanced Pre-Doctoral Fellow in Child Forensic Psychology. Children and the Law Program, Judge Baker Children's Center, Harvard Medical School.** Forensic mental health evaluations for probate and juvenile courts with a half-time staff placement at Boston Juvenile Court Clinic. Boston, MA

1984-1985; Full-time. **Clinical Psychology Pre-Doctoral Intern. Boston Children's Hospital and Judge Baker Children's Center, Harvard Medical School.** Primary rotations included: child/adolescent inpatient unit; cognitive-behavioral outpatient treatment service; family therapy outpatient treatment service; psychological testing and assessment service. Boston, MA

1983; Part-time. **Neuropsychology Extern. Department of Child and Adolescent Psychiatry, Mount Sinai Hospital, New York, NY**

1981-1984; Part-time. **Psychotherapist. Psychological Center, City College of New York.** Supervised training placement for doctoral training program in Clinical Psychology, City University of New York. Child and adult individual and psychotherapy, child and adult psychological/neuropsychological testing. New York, NY

1980-1981; Full-time. **Research Associate. The Hastings Center.** Research support to projects in bioethics and law including implications for criminal responsibility of coercive persuasion techniques, ethics of optimizing human performance with drugs. Hastings-on-Hudson, NY

1979-1980; Part-time. **Research Fellow. Institute on Social and Behavioral Pathology, University of Chicago.** Support of research projects involving criminal responsibility, involuntary civil psychiatric commitment. Chicago, IL

1978-1979; Full-time. **Residential staff. Diocese of Sacramento.** Staff member in community-based group home for youth with significant mental disorders and severe behavioral disturbance who had been committed to the California Youth Authority. Sacramento, CA

1977-1978; Full-time. **Faculty. Bishop Manogue High School.** High school teacher for civics, world history, American history classes. Sacramento, CA.

Professional Associations and Affiliations

2009-ongoing **International Association of Forensic Mental Health Services**

2008-2019 **New Hampshire Psychological Association**

2008-2018 **Citizens for Juvenile Justice (MA)**

2006 - 2012 **Society for Terrorism Research**

- 2006-2010 Board Member
- 2007-2010 Editorial Board: *Behavioral Sciences of Terrorism and Political Aggression*

1988 – 1991 **New England Society for the Study of Dissociation**

- 1989-1990 President

1995- 2018 **Massachusetts Bar Association**

- 1995-1998 as Allied Professional
- 2008-2012, Section Council Member, Juvenile and Child Welfare
- 2010 as Section Council Liaison to MBA Amicus Curiae Committee

1989-ongoing **American Psychological Association**

- 1989-ongoing Division 12 (Clinical Psychology)
- 1989-ongoing Division 41 (Psychology and Law)
- 1989-2007 Division 18 (Psychologists in Public Service)
- 1989-1994 Division 37 (Child Youth and Family Services)
- 1996-1998 Member, Task Force on APA/ABA Relations (COLI)
- 1998-2001 Member, Ethics Committee
 - Vice-Chair, Ethics Committee (1998)
 - Ethics Liaison to COLI ABA/APA Joint Task Force
 - Chair, Ethics Committee (two terms, 2000 - 2001)
- 2002-2004 Member, Committee on Legal Issues (COLI)
 - Chair, Committee on Legal Issues (2004)
- 2002-2004 APA Chair, Joint Task Force with American Bar Association
- 2006 Karl Heiser Presidential Award for Advocacy (Division 31)
- 2008 - 2010 Member, Committee on Professional Practices and Standards
 - Liaison: APA Task Force on Parenting Coordination
- 2012-2014 Joint APA/American Bar Association conference committee
- 2013 APA Gun Violence Working Group (research monograph)
- 2013-2014 Chair, APA Policy Review Task Force on Gun Violence
- 2015- 2017 Member, Board of Professional Affairs
 - Member, Executive Committee
 - BPA Liaison to Task Force on SMI/SED
- 2015 Elected Fellow of the APA (Division 41 Law-Psychology, 2015, effective January 2016)
- 2019 Elected Fellow of the APA (Division 12, Society of Clinical Psychology, August 2019)
- 2018 APA designee, Congressional Briefing on Gun Violence (April 2018)
- 2018-2020 Chair, APA Working Group on Juveniles and Use of Solitary Confinement
- 2019 APA Designee, Briefing, Research Priorities in Gun Violence, RAND Corporation (June 2019)
- 2020 Review Panel, APA Guidelines on Psychological Evaluations in Child Protection Cases (COPPS)
- 2022 APA Designee, Advisory Committee on Gun Violence, American Academy of Pediatrics

1989-ongoing **Massachusetts Psychological Association**

- 2019 Kenneth D. Herman, PhD, JD Career Contributions Award
- 2012 Member, Nominating Committee
- 2010 Chair, Advocacy Committee
- 1989 – 1990 Member, Legislative Committee

Books

Linda Campbell, Melba Vasquez, Stephen Behnke, Robert Kinscherff. APA Ethics Code: Commentary and Case Illustrations. Washington, DC: American Psychological Association Press, 2010.

Chapters In Books

Kinscherff, RT. Level-Headed Responses to Students Who Make Threats. In Macklem & A Silva (Eds.), Lessons from School Psychology: Practical Strategies and Evidence Based Practice for Professional and Parents. New York: Routledge (Taylor & Francis Group), 2018 (released Winter 2019).

Lahaie M & Kinscherff, RT. Juveniles and the Law. Book chapter in Mental Health Practice and the Law, edited by R Schouten. Oxford University Press, 2016

Kinscherff, RT. Distinguishing and Assessing Amenability to Treatment and Rehabilitation with Juvenile Offenders. K Heilbrun, D DeMattieo, N Goldstein (Eds.), APA Handbook of Psychology and Juvenile Justice. Washington, DC: American Psychological Association Press, 2015.

Koocher, G. P. & Kinscherff, R. T. (2015). Ethical Issues in Psychology and Juvenile Justice. In K. Heilbrun (Ed.) pp 639-714. APA Handbook of Psychology and Juvenile Justice, Washington, DC: American Psychological Association. 2015.

Larson K, Kinscherff RT. Ethical and Professional Practice Issues in Work with Violent Offenders. In CA Pietz & CA Mattson (Eds.) Violent Offenders: Understanding and Assessment. Oxford University Press. 2014.

Kinscherff RT and Latham C. Informed Consent or Assent for Assessment, Treatment and Releases of Information. DS Bromberg & WT O'Donohue (Eds.), Toolkit for Working with Sexual Offenders. Elsevier Press. 2014.

Kinscherff RT. "The Siren Song of Silence: Ensuring a Basis for Professional Judgments." In WB Johnson and GP Koocher (Eds.), Ethical Conundrums, Quandaries, and Predicaments in Mental Health Practice." New York: Oxford University Press, 2011.

Latham C and Kinscherff RT. "Legal and Ethical Considerations in Evaluations of Children with Sexual Behavior Problems." In RE Longo and DS Prescott (Eds.), Current Perspectives: Working with Sexually Aggressive Youth and Youth with Sexual Behavior Problems (Chapter 8). NEARI Press, 2006.

Kinscherff RT. "Forensic Assessment of Amenability to Rehabilitation in Juvenile Delinquency." In GP Koocher and SN Sparta (Eds.), Forensic Assessment of Children and Adolescents. New York: Oxford University Press, 2006.

Medoff D and Kinscherff RT. "Forensic Evaluation of Juvenile Sexual Offenders." In GP Koocher and SN Sparta (Eds.), Forensic Assessment of Children and Adolescents. New York: Oxford University Press, 2006).

Ayoub CA, Deutsch R and Kinscherff RT. "Psychosocial Management Issues in Munchausen by Proxy." In Robert Reece (Ed.), Treatment of Child Abuse: Common Ground for Mental Health, Medical, and Legal Practitioners (Chapter 17). Baltimore: Johns Hopkins University Press, 2000.

Ayoub CA, Deutsch R and Kinscherff RT. "Munchausen by Proxy: Definitions, Identification, and Evaluation." In Robert Reece (Ed.), *Treatment of Child Abuse: Common Ground for Mental Health, Medical, and Legal Practitioners* (Chapter 16). Baltimore: Johns Hopkins University Press, 2000.

Kinscherff RT and Ayoub CA. "Legal Aspects of Munchausen by Proxy." In Robert Reece (Ed.), *Treatment of Child Abuse: Common Ground for Mental Health, Medical, and Legal Practitioners* (Chapter 19). Baltimore: Johns Hopkins University Press, 2000.

Greenberg F and Kinscherff, RT. "Delinquency Prosecution of Youth in Behavioral Treatment Facilities: Clinical Practice and Legal Issues." In M.R. Ventrell (Ed.), *Children's Law: Policy and Practice*, pp. 157-176 (Chapter 6). Denver, CO: National Association of Counsel for Children, 1995.

Kinscherff RT. "Parental Substance Abuse and Child Maltreatment." *Court Investigators in Care and Protections (Volume I)*. Massachusetts Bar Association and Massachusetts Continuing Legal Education, 1992.

Kinscherff RT. "Parental Psychiatric Diagnosis and Child Maltreatment." *Court Investigators in Care and Protections (Volume I)*. Massachusetts Bar Association and Massachusetts Continuing Legal Education, 1992.

Tottenham TO, Lockhart L, and Kinscherff RT. "Update on Hospital Liability." *Advanced Personal Injury Course*, State Bar of Texas, 1991.

Kinscherff RT and Barnum R. "Forensic Child Mental Health Evaluation in Claimed Cases of Ritual Maltreatment and Occult Motivated Delinquency: A Critical Analysis." In D. Sackheim (Ed.), *Darkness and Light: Satanism and Ritual Abuse Unveiled*. Lexington, Massachusetts: Lexington Books (1992).

Famularo RA and Kinscherff RT. "Pediatric Psychopharmacology." In *Developmental Behavioral Pediatrics*, Second Edition (M. Levine, W. Carey, A. Crocker, Eds.), Philadelphia: W. B. Saunders Co, 1992.

Original Reports, Articles and Monographs

Shen FX, McLuskie F, Shortell E, Bellamoroso M, Escalante C, Evans B, Hayes I, Kimmey C, Lagan S, Muller M, Near J, Nicholson K, Okeri J, Rehmet E, Gertner N, & Kinscherff R (April 2022). *Justice for Emerging Adults after Jones: The Rapidly Developing Use of Neuroscience to Extend Eighth Amendment Miller Protections to Defendants Ages 18 and Older*. New York University Law Review Online.

Center for Law, Brain & Behavior at Massachusetts General Hospital (2021). *White Paper on the Science of Late Adolescence: A Guide for Judges, Attorneys and Policy Makers*. (February 2, 2022) Web access at: <https://clbb.mgh.harvard.edu/white-paper-on-the-science-of-late-adolescence/>

Gertner, N (Honorable, ret.), Edersheim J, Kinscherff R, Snyder C (2021). *Supporting Responsive Federal Drug Sentencing Through Education in the Workshop on Science-Informed Decision Making*. Federal Sentencing Reporter. Federal Sentencing Reporter, Vol. 34, No. 1, pp. 12–22, ISSN 1053-9867, electronic ISSN 1533-8363. University of California, Berkeley Press.

Kinscherff R, Franks RP, Keator JK, Pecararo MJ. (February 2019). *Promoting Positive Outcomes in Youth: Implications for Policy, Systems and Practice*. Juvenile Justice Policy Brief produced by the Evidence-Based Policy Institute, Judge Baker Children's Center, Harvard Medical School.

Kinscherff RT, DiCataldo F, Domas S (*in revision for resubmission,*) *Solitary Confinement of Juveniles in Adult and Juvenile Correctional Settings: American and International Perspectives in Psychology and Law*.

Kinscherff RT & Block P. *Why a public health approach is **the** approach to gun violence*. *Mental Health Weekly*. April 9, 2018. *Mental Health Weekly* DOI: 10.1002/mhw

Siegel D and Kinscherff RT. "Recording Routine Forensic Mental Health Evaluations Should Be a Standard of Practice in the 21st Century." *Behavioral Science and The Law*. 2018:1-7. wileyonlinelibrary.com/journal/bsl

DiCataldo F, Linder C, J Neddentreip, Christensen M, Domas S, Kinscherff R. (August 2017). *The Recidivism of Juveniles Convicted of Homicide and Released as Adults*. In PD Jaffe & S Sulima (Eds.) Special Edition: Children in Confinement. *Journal of the International Network for Prevention of Child Maltreatment*.

Kinscherff RT & Keator K (Summer 2017) *Perspectives on Adversity, Trauma, and Behavioral Health Needs among Juvenile Justice-Involved Youth*. In Focal Point (vol. 71) Special Annual Issue on Justice and Recovery (pp. 17-19). PATHWAYS Research and Training Center at Portland State University. Portland, OR.

Kinscherff, RT (2015). *Policy and Practice Position Statement on the Shackling of Youth Involved with the Juvenile Justice System*. National Center for Mental Health and Juvenile Justice. Delmar, NY.

Kinscherff, RT & Coccozza, JJ (May 2014). *Developing Effective Policies for Addressing the Needs of Court-Involved Youth with Co-occurring Disorders*. *Advancing Juvenile Drug Treatment Courts: Policy and Program Briefs*. National Center for Mental Health and Juvenile Justice/National Council of Juvenile and Family Court Judges.

Gun Violence Policy Review Task Force of the American Psychological Association (R. Kinscherff, Chair). *Resolution on Firearm Violence Research and Prevention*. Adopted by the APA, February 2014.

Kinscherff RT, Guerra NG, Williamson AA (2013). *Antecedents to Gun Violence: Developmental Issues*. In APA Panel of Experts Report, *Gun Violence: Prevention, Prediction and Policy*. Washington, D.C.: American Psychological Association Press.

Kinscherff RT, Evans AC, Randazzo MR, & Cornell, D. (2013) *What Works: Gun Violence Prediction and Prevention at the Individual Level*. In APA Panel of Experts Report, *Gun Violence: Prevention, Prediction and Policy*. Washington, D.C.: American Psychological Association Press.

Sparta SN and Kinscherff RT (2013). *The Assessment of Childhood Trauma*. *The Register Report* (National Register of Health Service Psychologists). Fall 2013, (19): 10-17.

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Kinscherff RT and Grisso T (2013): *Human Rights Violations and Standard 1.02: Intersections with Human Rights Law and Applications in Juvenile Capital Cases*, *Ethics & Behavior*, 23:1, 71-76

Kinscherff RT and Latham C. (2012). *Developmental Psychopathology—A Conceptual Framework for Understanding Inappropriate Sexual Behavior Problems in Children and Adolescents*. NEARI Press, New England Adolescent Research Institute (NEARI).

Kinscherff R (2012). *A Primer for Mental Health Practitioners Working With Youth Involved in the Juvenile Justice System*. Washington, DC: Technical Assistance Partnership for Child and Family Mental Health. Invited paper for National Center for Mental Health and Juvenile Justice (NCMHJJ) and SAMHSA and released through American Research Institutes (AIR).

Kinscherff R (2010) "Proposition: A Personality Disorder May Nullify Responsibility for a Criminal Act." Symposium: Conundrums and Controversies in Mental Health and Illness (Eds. MC Epright and RM Sade). *Journal of Law, Medicine and Ethics* 38:4 (Winter 2010), pp. 745-759.

Vincent G and Kinscherff RT (2008) "The Use of Psychopathy in Violence Risk Assessment of Adolescent Females," *Journal of Forensic Psychology Practice*, Vol. 8(3), 309-320.

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Behnke SH and Kinscherff RT (May 2002) "Ethics Rounds: Must a Psychologist Report Past Child Abuse?" *Monitor on Psychology*. American Psychological Association, Vol. 33, no. 5 (pp. 56 - 57).

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Kinscherff RT (1999) "What To Do Until the Data Comes (Or If It Has): Ethical and Professional Practice Issues with Empirically-Validated Treatments in Children and Adolescents." *Clinical Child Psychology Newsletter* (Division 12, American Psychological Association), Vol. 14, no. 1 (1999).

Kinscherff RT (1999) "Children and Informed Consent." *Clinical Child Psychology Newsletter* (Division 12, American Psychological Association), Vol. 13, no. 3 (1999).

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Kinscherff RT (1997) Case Commentary: "The Right Voir Dire...For the Wrong Reason: Commonwealth v. Scheffer, 683 B,E, 2d 1043 (Mass. App. Ct. 1990). *The Forensic Echo: Monthly Newsmagazine of Psychiatry, Law and Public Policy*, 11:1 (December 1997).

Kinscherff RT (1997) Case Commentary: *"Pitfalls in Interviewing Children: State v. Johnson and Division of Family and Youth Services v. P.M., The Forensic Echo: Monthly Newsmagazine of Psychiatry, Law and Public Policy* (September 1997).

Federico PE and Kinscherff RT (1996): *"Custody of Vaughn: Impact of Domestic Violence on Child Custody: Children Are No Longer the Forgotten Victims."* *Boston Bar Journal* (Boston Bar Association) 40 (4): 8, 21-25.

Kinscherff RT and Tobey AE (1996): *"Forensic Assessment in Juvenile Transfer Proceedings: Effects of Traumatic Stress and Chronic Violence."* *Expert Opinion* (Newsletter of Division of Forensic Mental Health of the Massachusetts Department of Mental Health. Law and Psychiatry Program (University of Massachusetts Medical Center), 4 (2): 3-6, Spring 1996.

Famularo RA, Fenton T, Kinscherff RT, Ayoub C, Barnum R (1994): *"Maternal and child posttraumatic stress disorder in cases of child maltreatment."* *Child Abuse & Neglect* (18), 27-36.

Famularo RA, Fenton T, and Kinscherff RT (1993): *"Child Maltreatment and the Development of Posttraumatic Stress Disorder."* *American Journal of Diseases of Children* (147):755-760.

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Famularo RA, Fenton T, and Kinscherff RT. (1992): *"Medical and Developmental Histories of Maltreated Children."* *Clinical Pediatrics* 31:536-541.

Famularo RA, Kinscherff RT, and Fenton T. (1992): *"Psychiatric Diagnoses of Maltreated Children."* *J. American Academy of Child and Adolescent Psychiatry* 31:863-867.

Famularo RA, Kinscherff RT, and Fenton T. (1992): *"Psychiatric Diagnoses of Abusive Mothers."* *J. Nervous & Mental Disease* 180:658-661.

Famularo RA, Kinscherff RT, and Fenton T. (1992): *"Parental Substance Abuse and the Nature of Child Maltreatment."* *Child Abuse and Neglect* 16:475-483.

Kinscherff RT, Famularo RA. (1991): *"Extreme Munchausen by Proxy Syndrome: The Case for Immediate Termination of Parental Rights Upon Detection in a Form of Severe Child Maltreatment."* *J. Juvenile and Family Courts* 42(4):41-53.

Kinscherff RT, Kelley SJ. (1991): *"Substance Abuse: Intervention with Substance Abusing Families."* *The Advisor* (American Professional Society on the Abuse of Children), 4(4):3-5.

Famularo RA, Kinscherff RT, and Fenton T. (1991): *"Posttraumatic Stress Disorder Among Children Clinically Diagnosed with Borderline Personality Disorder."* *Journal of Nervous and Mental Disease* 179(7): 428-431.

Famularo RA, Kinscherff RT, Fenton T, Bolduc SM. (1990): *"Child Maltreatment Histories Among Runaway and Delinquent Children."* *Clinical Pediatrics* 29(12):713-718.

Famularo RA, Kinscherff RT, and Fenton T. (1990): "Symptom Differences in Acute and Chronic Presentations of Childhood Posttraumatic Stress Disorder." *Child Abuse and Neglect* 14:439-444.

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Contributing Author, Amicus Brief of the American Psychological Association in *Donald P. Roper v. Christopher Simmons*, United States Supreme Court case declaring unconstitutional the execution of youth committing capital crimes when under the age of eighteen (October Term, 2004 and decision released March 1, 2005).

Multiple affidavits and contributions to amicus briefs filed in state and federal trial and appellate courts on issues including: Neuroscience of Emerging Adulthood and Criminal Culpability; Neuroscience of Solitary Confinement; Developmental Science and Sentences of Life Without Possibility of Parole; and, Adolescent Development – Implications for First Amendment Free Speech Issues.

Extensive teaching, professional development training, consultation nationally and internationally. Extensive participation in legislative and executive branch Commissions, Task Forces and Working Groups (MA, NH) in areas including; adolescent and adult sexual offenders; persons with behavioral health disorders in juvenile/adult justice systems; sentencing for young adult offenders; forensic management of persons with intellectual/developmental disabilities; violence risk assessment and management.

List of presentations, consultations, and other professional activities available upon request.