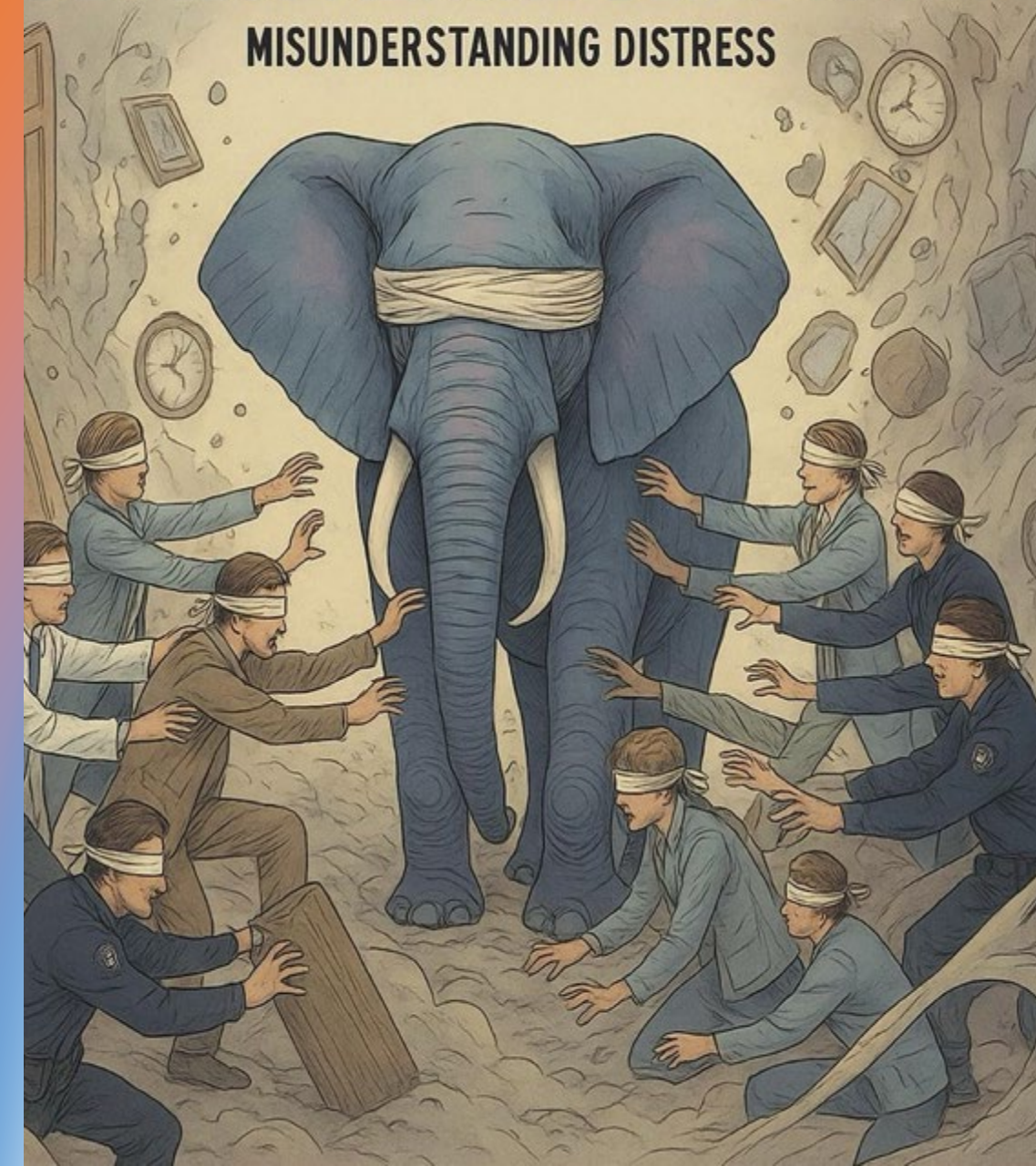


DEVELOPMENTAL BLINDSPOTS

MISUNDERSTANDING DISTRESS



Overlapping Risks in Adolescents and Emerging Adults

A Developmental Framework for Multi-Theoretical Formulations and Age-Responsive Interventions

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Youth and Emerging Adults:
The Intersection of Risk and Vulnerability

25-26 March 2026

 **HELSE BERGEN**
Haukeland universitetssjukehus



Part One
Overlapping Risks



Under 18

Over 18

Offender

Mental Health

Social Work



Some serious questions!

If overlapping risk is the norm, then why are our models built for simplicity, and are we really getting it right for every child?

Getting
It
Right
For
Every
Child





Not until they are ready

“They can’t start therapy until...they are in a stable placement, they are more stable, they are sober, the criminal case is concluded, etc., etc.”

High risk \neq no treatment \neq risk remains

Systems unintentionally escalate risk

Developmental disruption and instability are the very reasons intervention is needed, not reasons to postpone it



JOHN E. RICHARDS
National Institute of Mental Health

Abstract

Developmental psychopathology stands poised at the close of the 20th century on the horns of a major scientific dilemma. The essence of this dilemma lies in the contrast between its heuristically rich open system concepts on the one hand, and the closed system paradigm it adopted from mainstream psychology for investigating those models on the other. Many of the research methods, assessment strategies, and data analytic models of psychology's paradigm are predicated on closed system assumptions and explanatory models. Thus, they are fundamentally inadequate for studying humans, who are unparalleled among open systems in their wide ranging capacities for equifinal and multifinal functioning. Developmental psychopathology faces two challenges in successfully negotiating the developmentalist's dilemma. The first lies in recognizing how the current paradigm encourages research practices that are antithetical to developmental principles, yet continue to flourish. I argue that the developmentalist's dilemma is sustained by long standing, mutually enabling weaknesses in the paradigm's discovery methods and scientific standards. These interdependent weaknesses function like a distorted lens on the research process by variously sustaining the illusion of theoretical progress, obscuring the need for fundamental reforms, and both constraining and misguiding reform efforts. An understanding of how these influences arise and take their toll provides a foundation and rationale for engaging the second challenge. The essence of this challenge will be finding ways to resolve the developmentalist's dilemma outside the constraints of the existing paradigm by developing indigenous research strategies, methods, and standards with fidelity to the complexity of developmental phenomena.

Introduction

Within minutes of receiving their first data transmission from the Hubble Space Telescope in 1990, earthbound astronomers knew that something had gone terribly wrong. The long-awaited launching of the Hubble had taken place several months earlier following decades of planning, instrumentation design, and construction. This was the eagerly anticipated, first, and flagship mission of the National Aeronautics and Space Administration's Great Observatories program, and

astronomy's expectations were high; the Hubble mission had been touted in advance as the greatest stride in astronomy since Galileo's telescope spied the moons of Jupiter (*New York Times*, 1990). Its scientific objective was literally to look backward in time and provide astronomers with high-resolution images of the universe never before seen—images of galaxies that ceased existing billions of years ago. To capture these images, the Hubble had been equipped with the most sophisticated and expensive optical system ever developed and launched into orbit 200 miles above the distorting influence of the earth's atmosphere. Despite its technological sophistication the Hubble was transmitting blurred images of the universe back to earth that were no clearer than those produced by ground-based tele-

The views expressed in this paper are those of the author and are not to be interpreted as official views of the U.S. Department of Health and Human Services, the National Institutes of Health, or the National Institute of Mental Health.

The Developmental Blind Spots

Equifinality
v
multifinality

Change
v
stability

Heterotypic
v
homotypic continuity

Structured
homogeneity
vs
heterogeneity

Developmental Pluralism

“No single theory, construct, tool or protocol can capture the full complexity of human behavior or development – which is dynamic, changeable and complex – and at best, only partially understood”



Developmental Psychopathology as the Missing Frame

The scientific study of how humans develop and change throughout their lifespan.

Prenatal

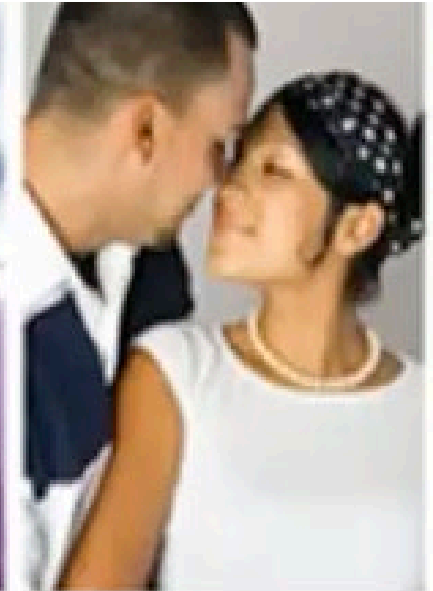
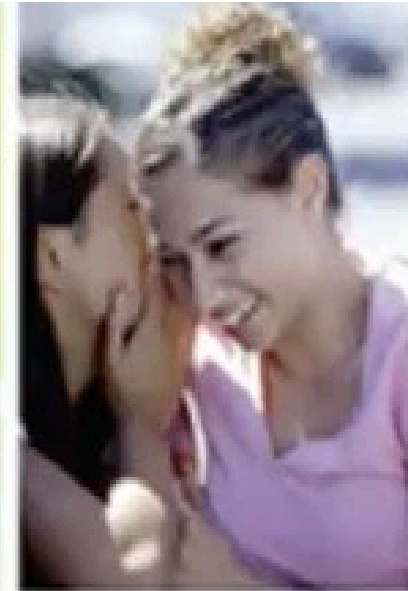
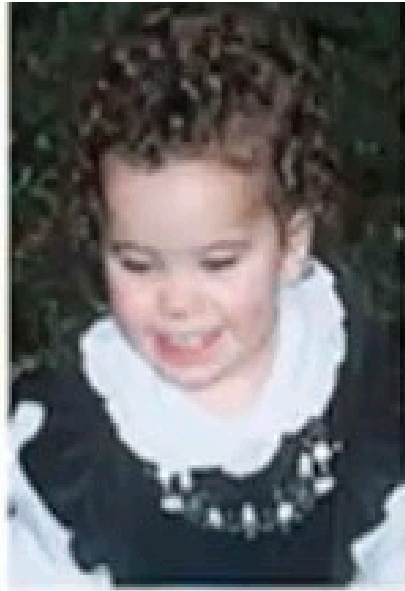
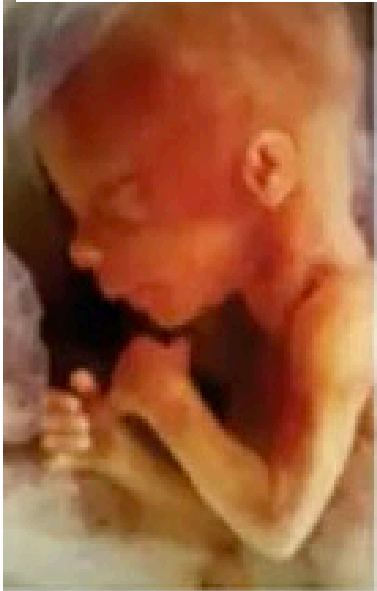
Infancy

Early
childhood

Middle
childhood

Adolescence

Early
adulthood



Developmental psychopathology asks different questions

How do risks emerge over time?

*How do early disruptions shape
later vulnerability?*

*Why do similar adversities lead to
different outcomes?*





Overview

Part Two: Reframing risks

Part Three: the ABC Framework

Part Four: the 6-D states of mind

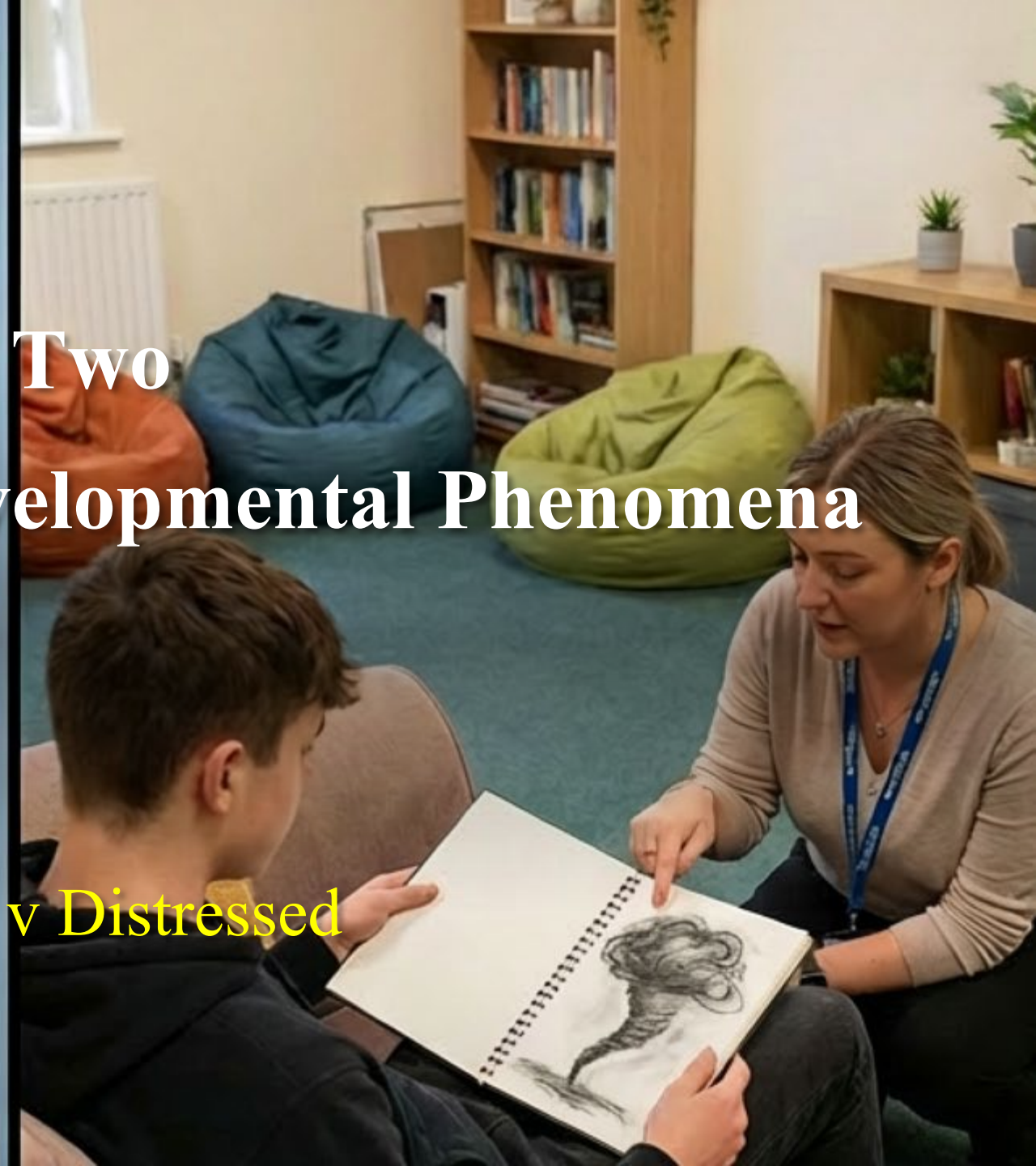
Ethical intention

This is *not about excusing* harm.

It's about understanding *why it makes developmental sense*, so we can respond in ways that are proportionate, coherent, and effective risk management, so we can *reduce* it over time.

It is *not about permissiveness* but precision

- Being developmentally focused *does not require abandoning structured risk assessment, safeguarding procedures, or statutory responsibilities but rather to sit alongside them*.
- What it challenges is the idea that risk can be managed effectively *without* understanding developmental mechanisms.
- Risk tools tell us *what might happen*.

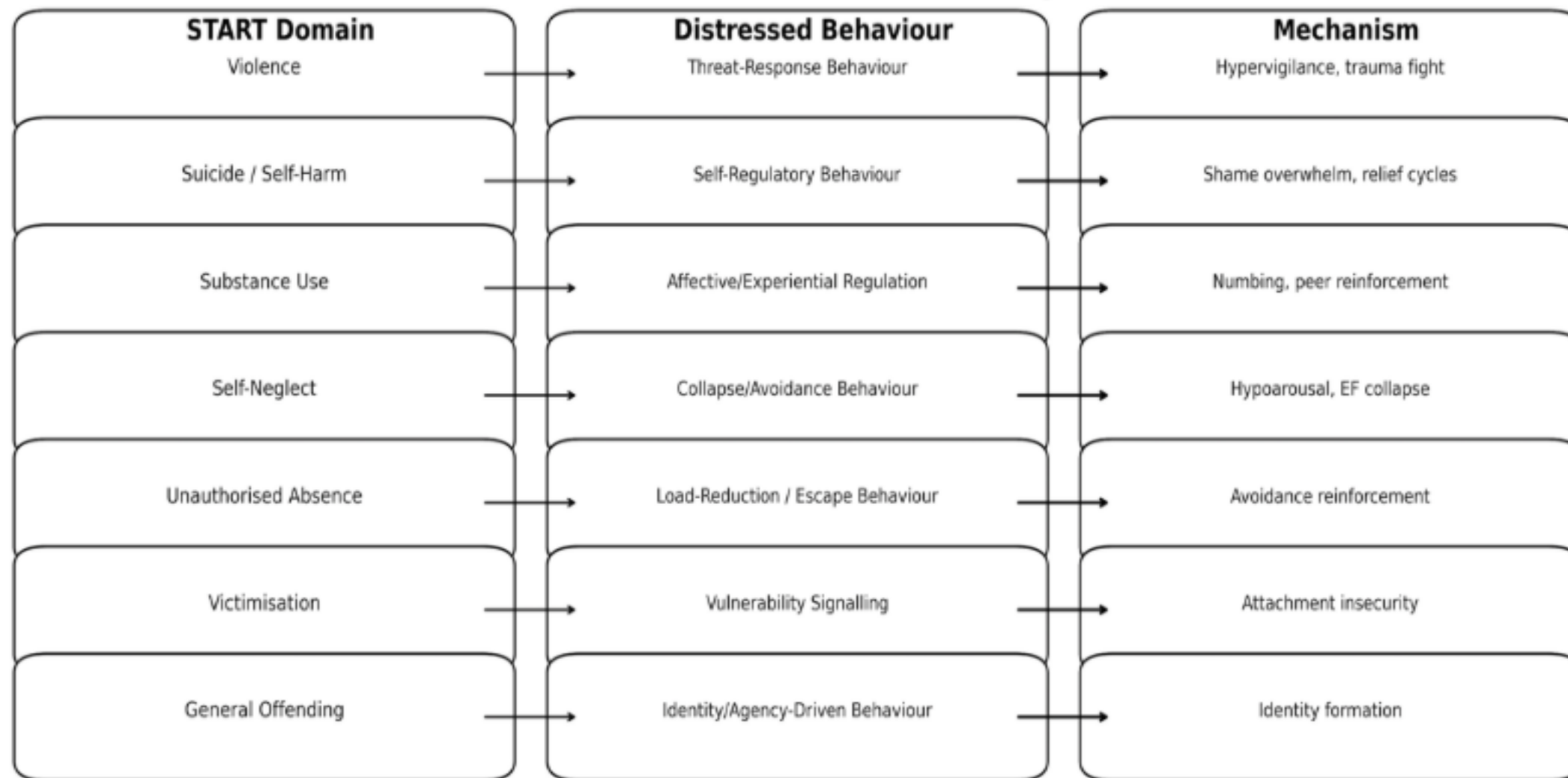


Part Two

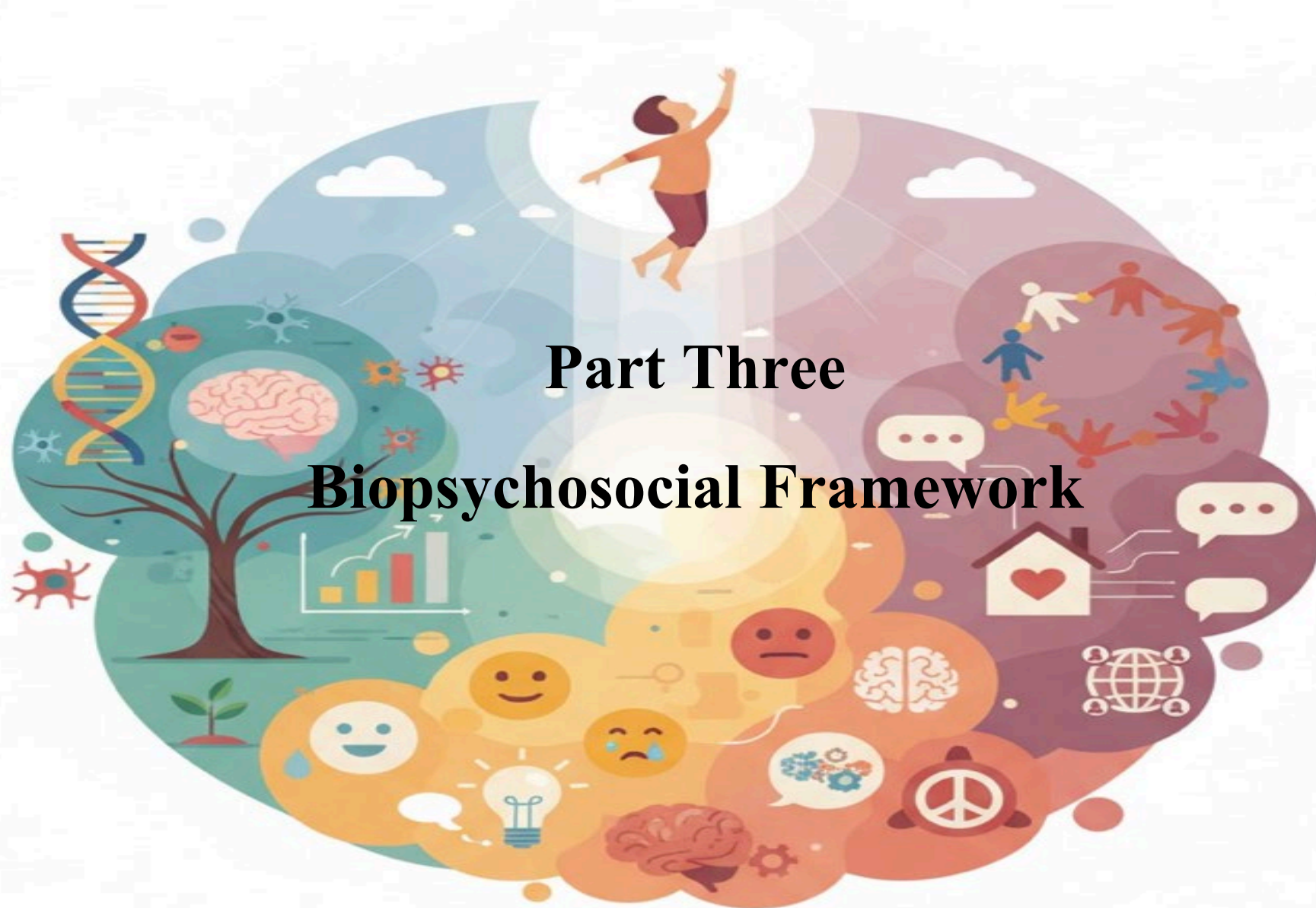
Reframing Risks as Developmental Phenomena

Dangerousness v Distressed

START Risk Domains → Distressed Behaviour → Developmental Mechanisms



THE INTERCONNECTEDNESS OF HUMAN DEVELOPMENT



Part Three

Biopsychosocial Framework

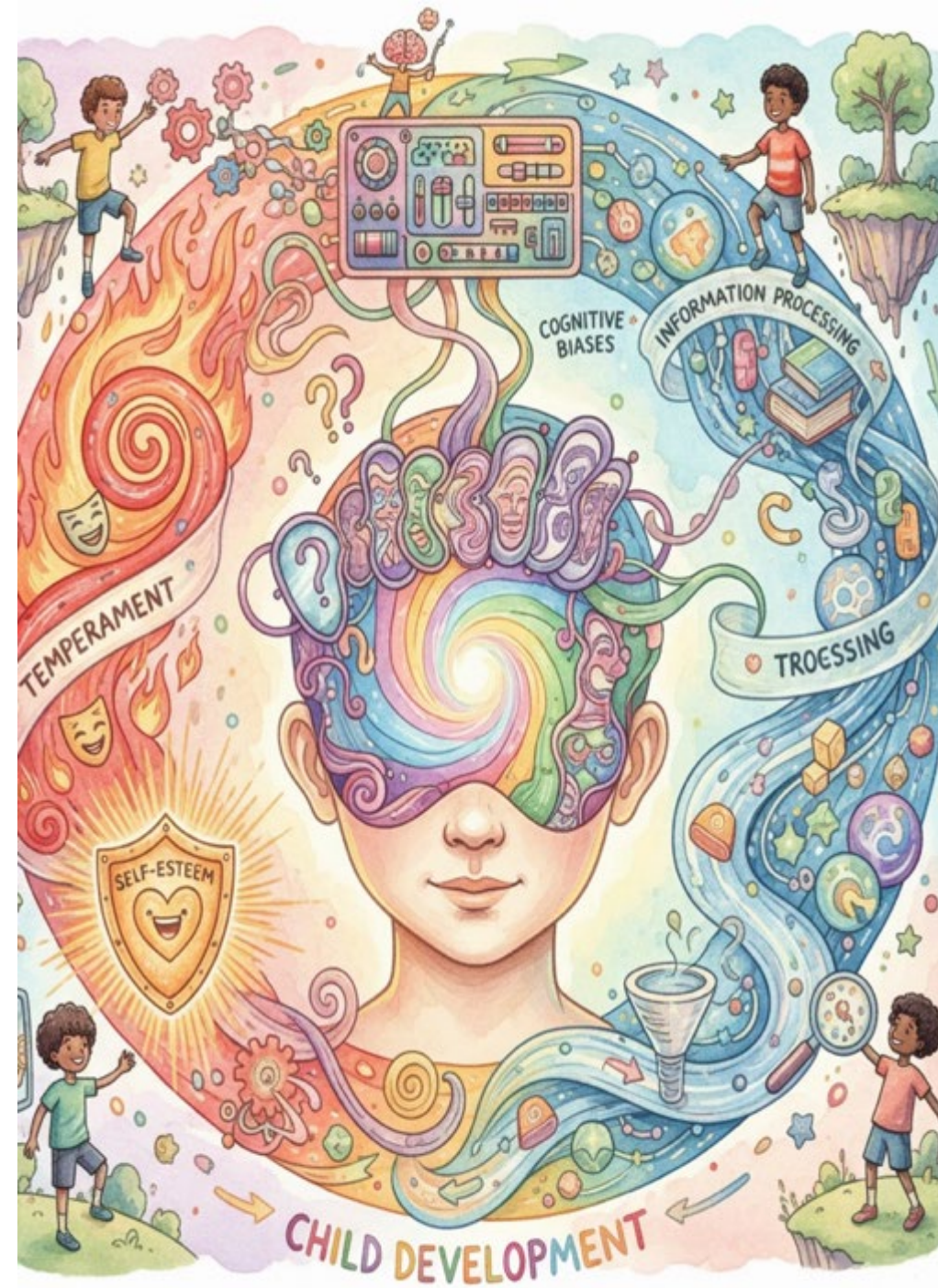


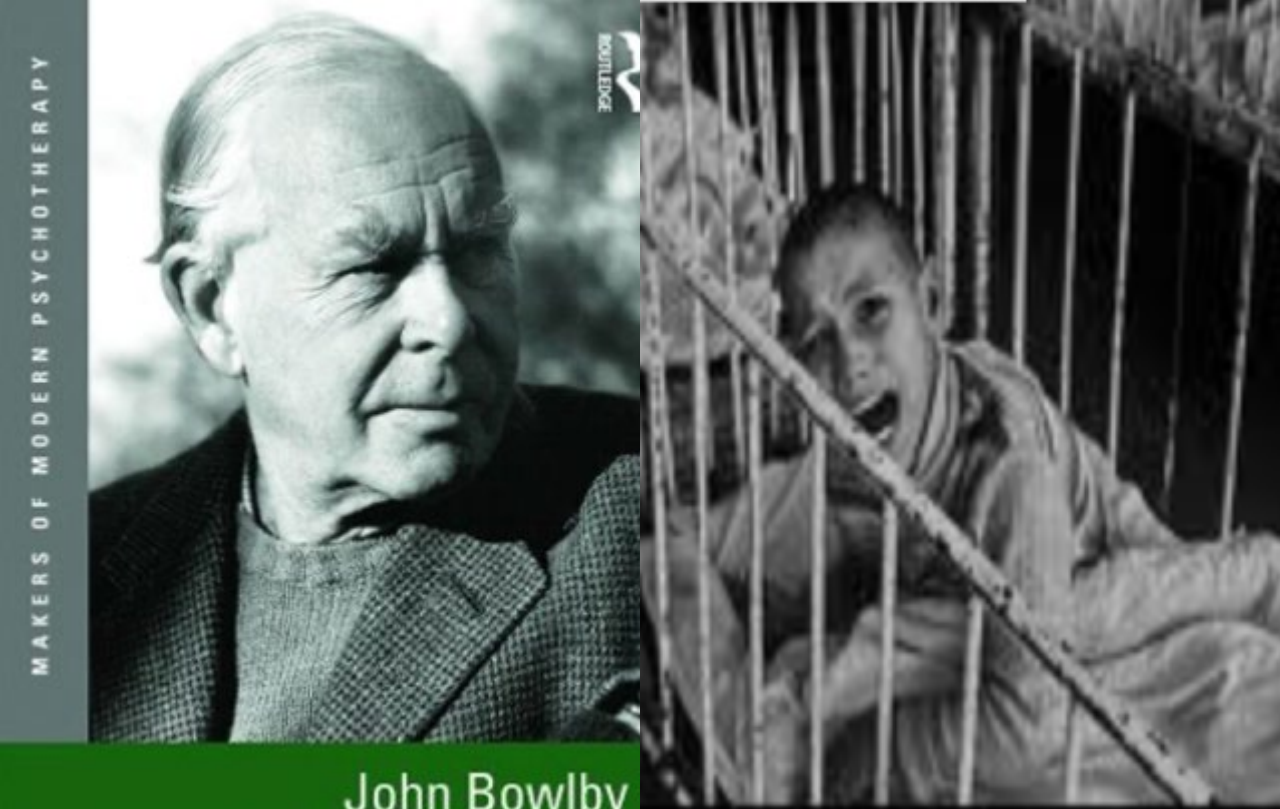
The Biological Domain

- **Genetics and heritability** “the blueprint” (Bartels, 2015; Plomin, 2018; Wray et al., 2018, Zhu et al., 2025;)
- **Prenatal biological programming** (Barker, 2007; O’Connor, et al., 2011; Wadhwa et al., 2011) and toxicity (O’Rourke, et al., 2022)
- **Brain development, plasticity, and neurobiology** (Blakemore & Robbins, 2012; O’Rourke et al., 2022; Tottenham, 2012; The ABCD Study)
- **Hormones and endocrine regulation** (Sisk & Zehr, 2005; Bao & Garber, 2016, McEwen, 2007)
- **Epigenetics and gene-environment interplay** (Lippart & Nemeroff, 2023; Matthews & Golding, 2019; Sanches-Carro et al., 2026:
- **Nutrition, metabolism, and physical health** (Benton, 2008; Oken et al., 2008; Nyaradi et al., 2014; Wakfield, 2023)
- **Stress, immune and gut-systems** (Danes & McEwen, 2012; Miller et al., 2009; Segerstrom & Miller, 2004; Dinan & Cryan. 2014)

The Psychological Domain

- **Temperament and behavioural style** (Capsi, 1998; Sanson & Prior, 1998, Rothbart, 2011; Putnam & Stifter, 2017)
- **Emotion regulation and coping** (Thomson, 1994; Cole et al., 2004; Aldao et al., 2010; Rutter, 2006; Gross, 2015; Zimmerman & Brenner, 2010)
- **Self-concept / self-worth** (Harter, 1999; Turan et al., 2025; Matinez-Casanova, 2024)
- **Cognitive schemas and information processing** (Beck, 1976; Hosseini et al., 2025; Tariq et al., 2021)
- **Executive Functioning and self-regulation** (Blair & Raver, 2016; Knoble, 2015; Steinhoff et al., 2022)





And the **caregiving and relational world** (Bowlby, 1988;
Cassidy & Shaver, 2016; Harlow's monkeys in the 50s)

The Social Domain

- **Family functioning**, SES, parental mental health, conflict, etc. (Bornstein, 2007; Tafa et al., 2025)
- **Peer relationships** (Rubin et al., 2015; Bagwell & Bowkowski, 2013; Stepp et al., 2011)
- **Gang involvement and neighbourhood systems** (Decker & Curry, 2000; Howell & Egley, 2005; Carson & Vecchioa, 2025; Thomas, 2024)
- **School and community** (Gregory et al., 2017; Sampson et al., 1997; Masten & Cichhetti, 2010)
- **Online and digital environments** (Livingstone, 2017; Livingstone et al., 2017; Livingstone & Soilova 2021)
- **Religion and spirituality** (Koenig, 2012l; Regnerus, 2000)
- **Political affiliations and civic involvement** (Adelson, 2017; Dalton, 2018)



More than 80 listed in the UK



Cross-cutting categories

Race, gender and sexuality

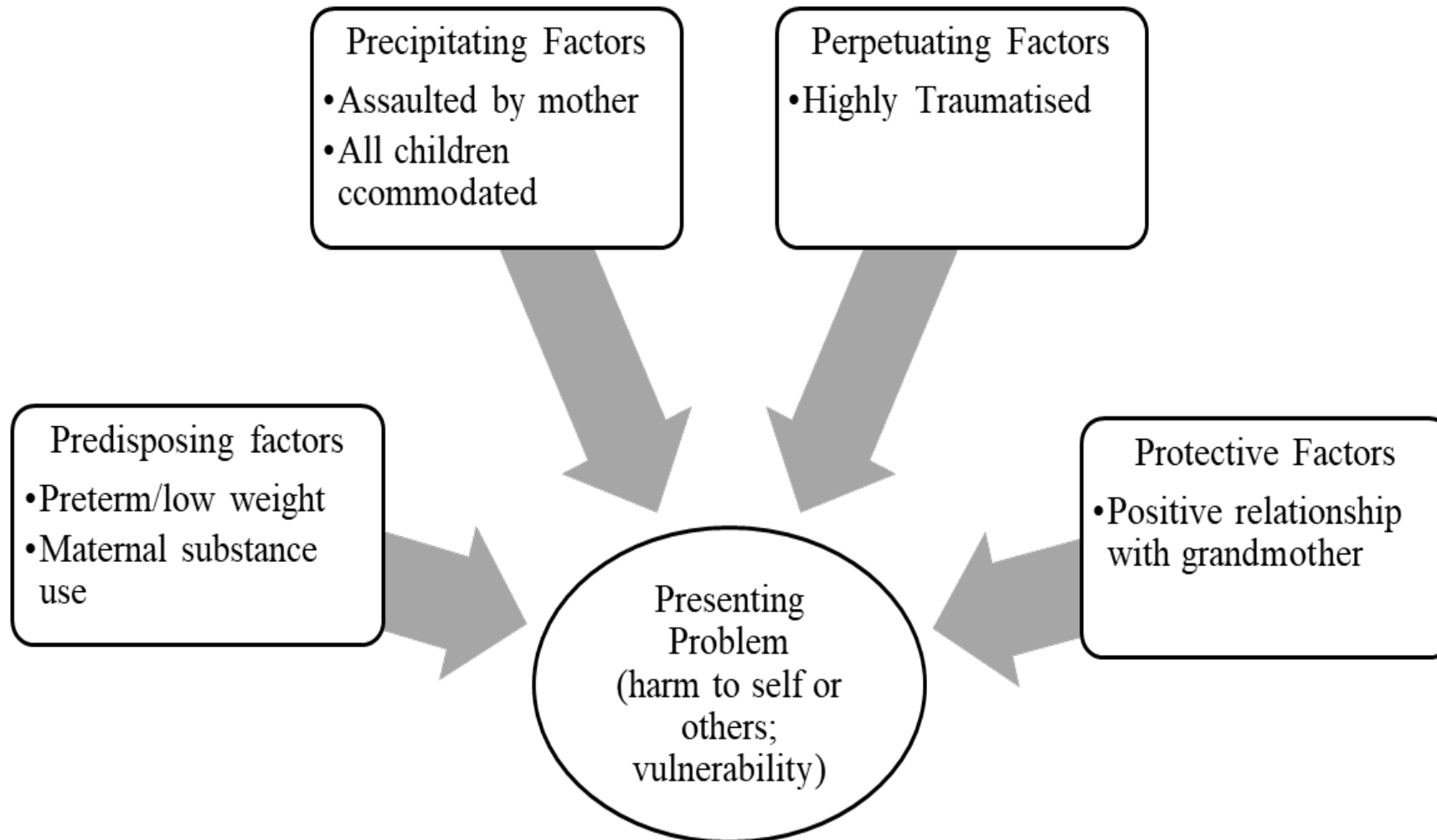
(Crespi et al., 2020; Peate, 2020; Lambe et al., 2025)

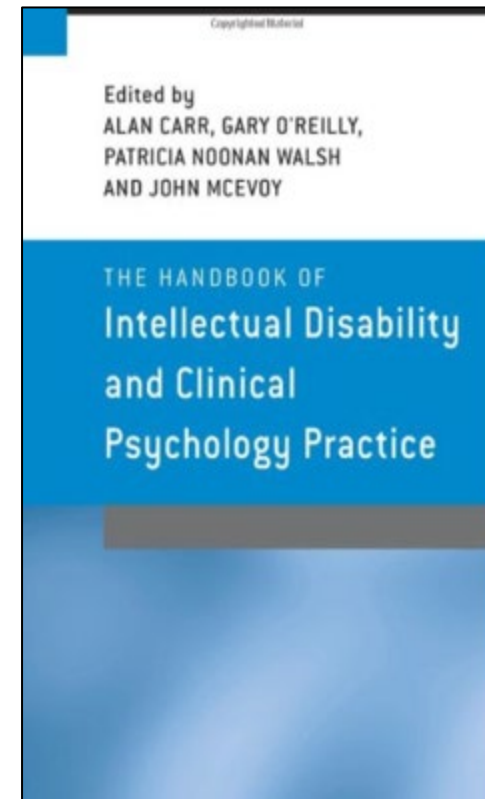
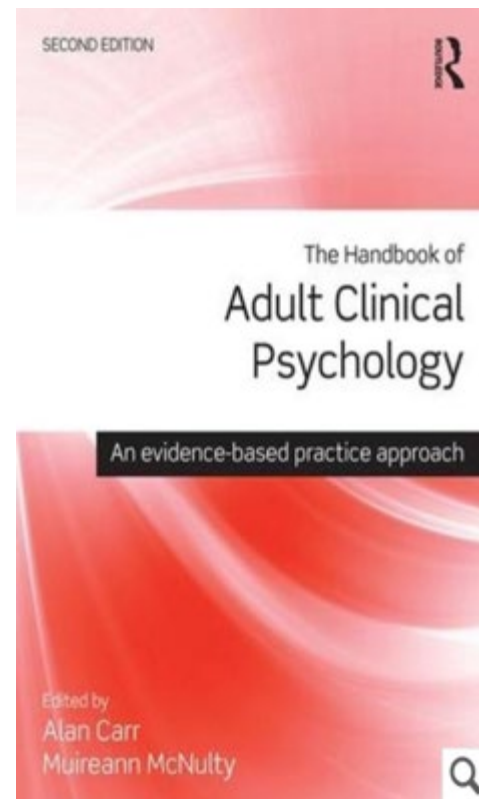
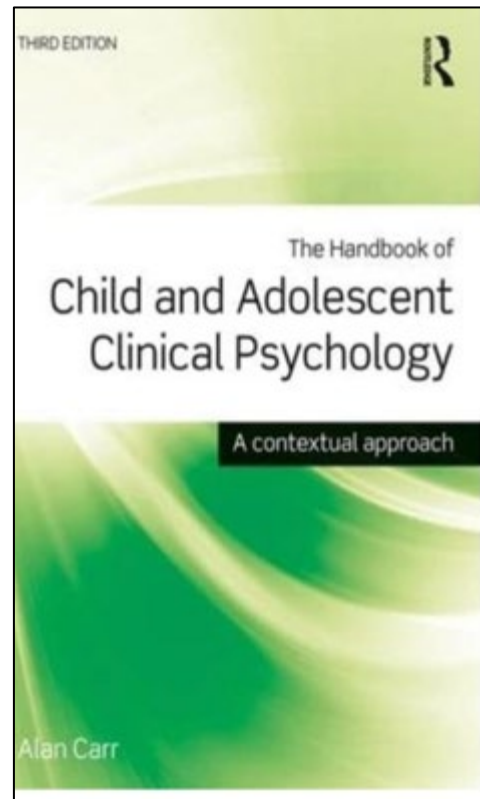
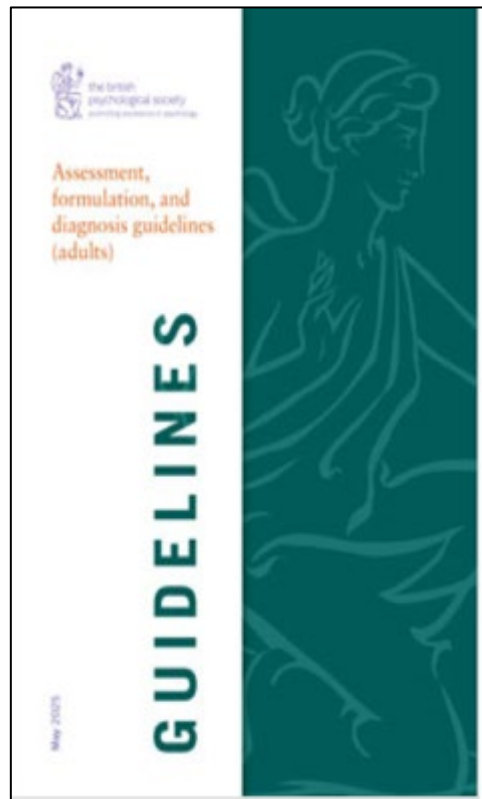
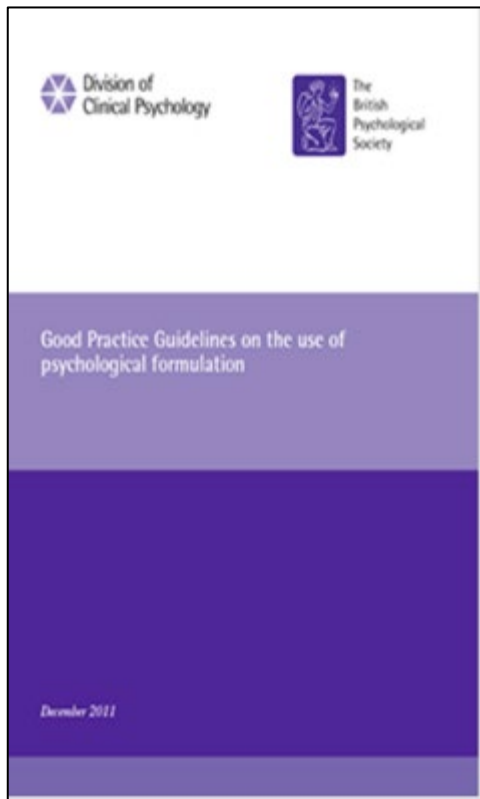




All journeys are unique

Biopsychosocial Formulations: 4Ps/5Ps



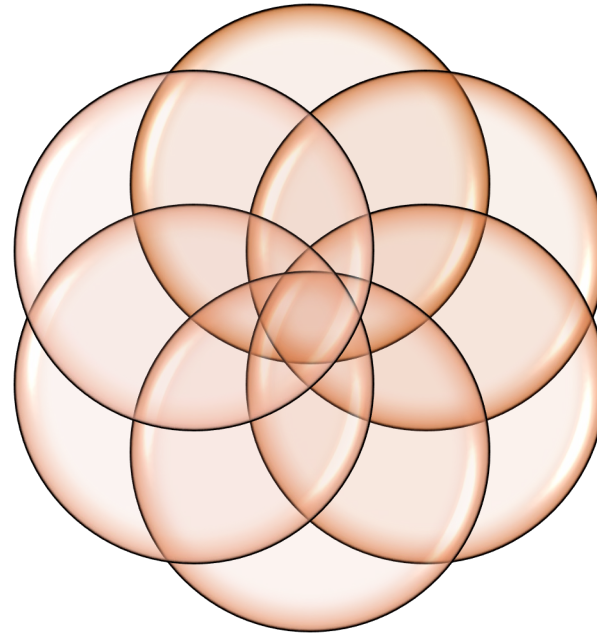


Biopsychosocial Formulations: 4Ps/5Ps

Description, *n o t*
e x p l a n a t i o n

Open to
m i s i n t e r p r e t
a t i o n

A b s t r a c t and
d e m a n d i n
g



Lacks

developmental

s e q u e n c i n g

C o n t a i n e r
for complexity
Shows what,
b u t n o t
w h y, h o w
o r w h i c h
processes drive

distress



Developmental Formulation

Attachment

safety templates + relational threat

Behavioural

learned survival strategies + reinforcement

Cognition

capacity limits, overload, confusion

Developmental Trauma

arousal shifts, dissociation, survival states

Emotions and Mental Health

affect, cognition, behaviour, impulsivity and interpersonal function as symptoms

Family and Systems

instability and iatrogenic reinforcement

Gangs and Groups

belonging, status, peer reinforcement

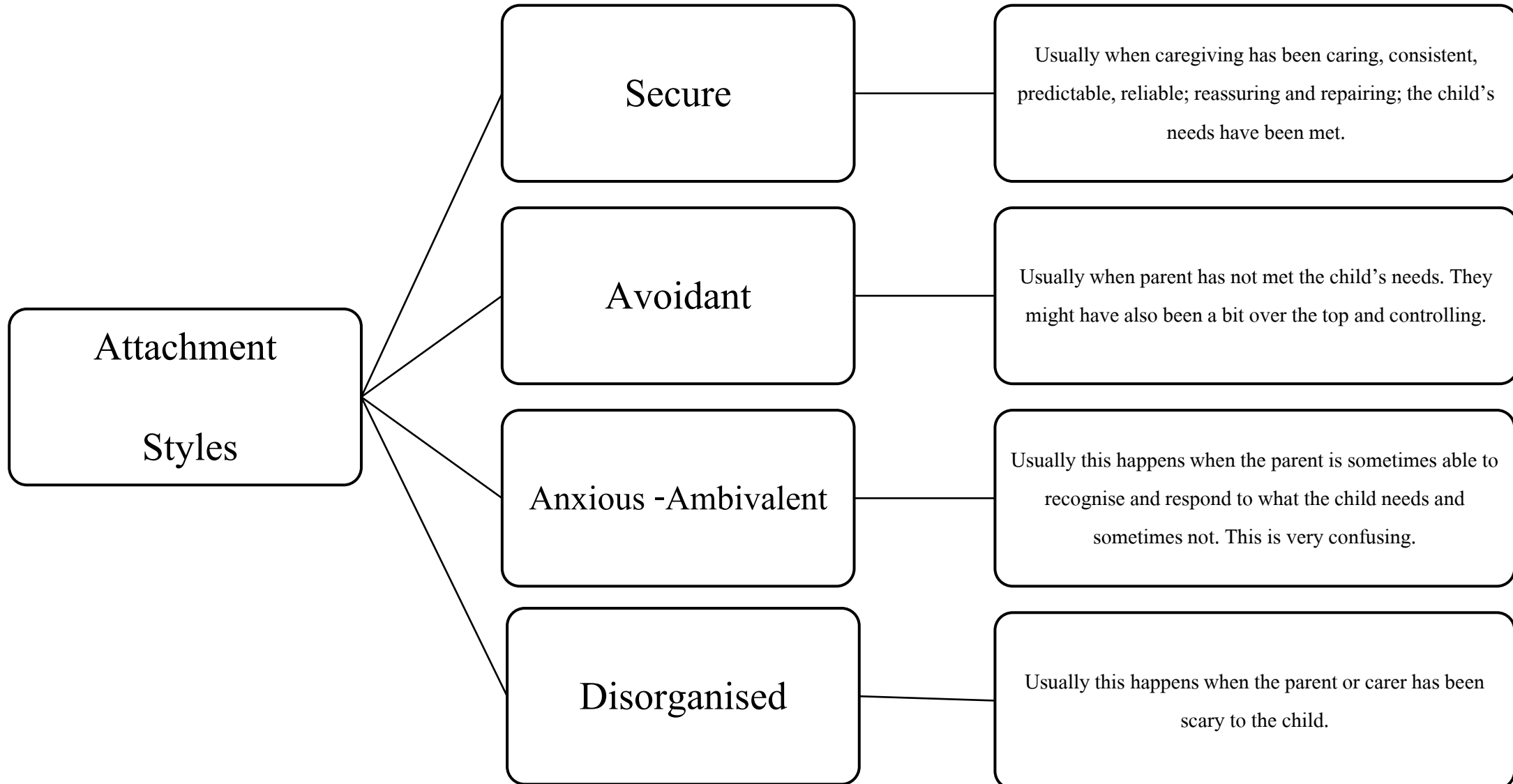
Hidden and Online

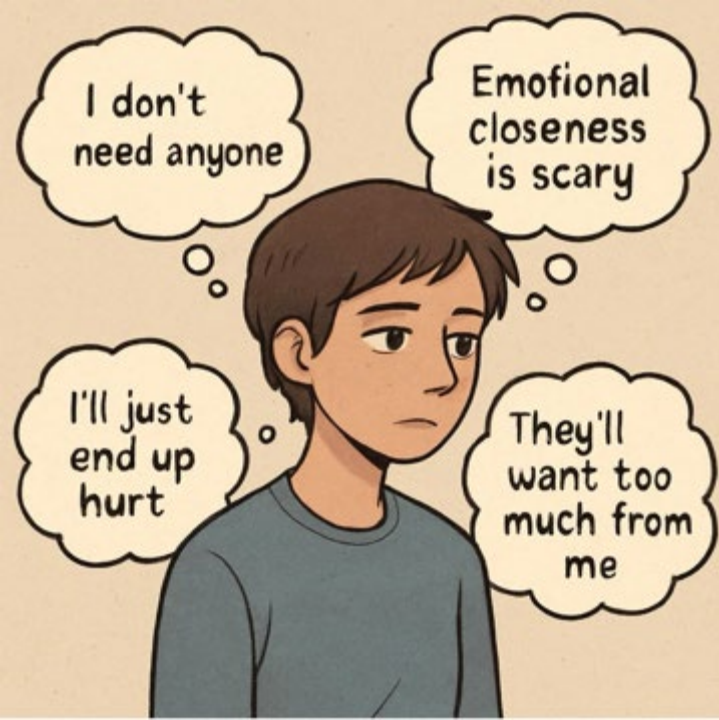
unseen influence + online exploitation and escalation groups

Individual Identity

identity, culture, gender, etc.

A– Attachment Mechanisms





Avoidant

distancing, controlling, detached

Anxious-ambivalent

angry, aggressive, fretful, risk-taking, extreme,
demanding

Disorganised

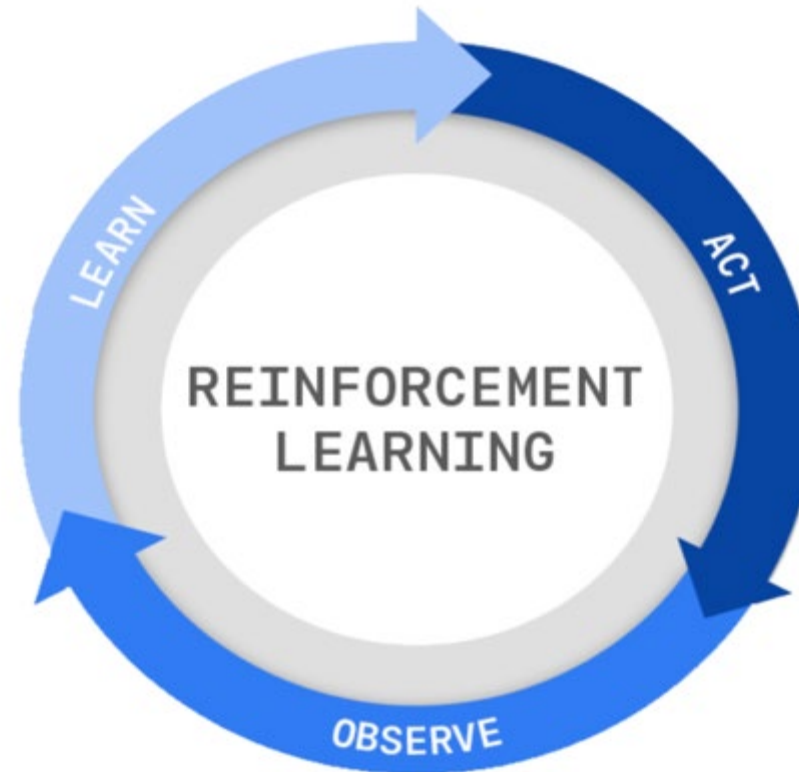
chaotic, violent, angry, aggressive, charming,
manipulative, coy

Secure

organised, consistent, reparative, empathic

Hypothesised Relevance: Insecure attachment may increase vulnerability to bullying, rejection, ostracism, and explain failed pair bonding, interpersonal difficulties, emotional dysregulation, and relational harm in individuals with violent fixed ideation.

B - Behavioural Learning Mechanisms

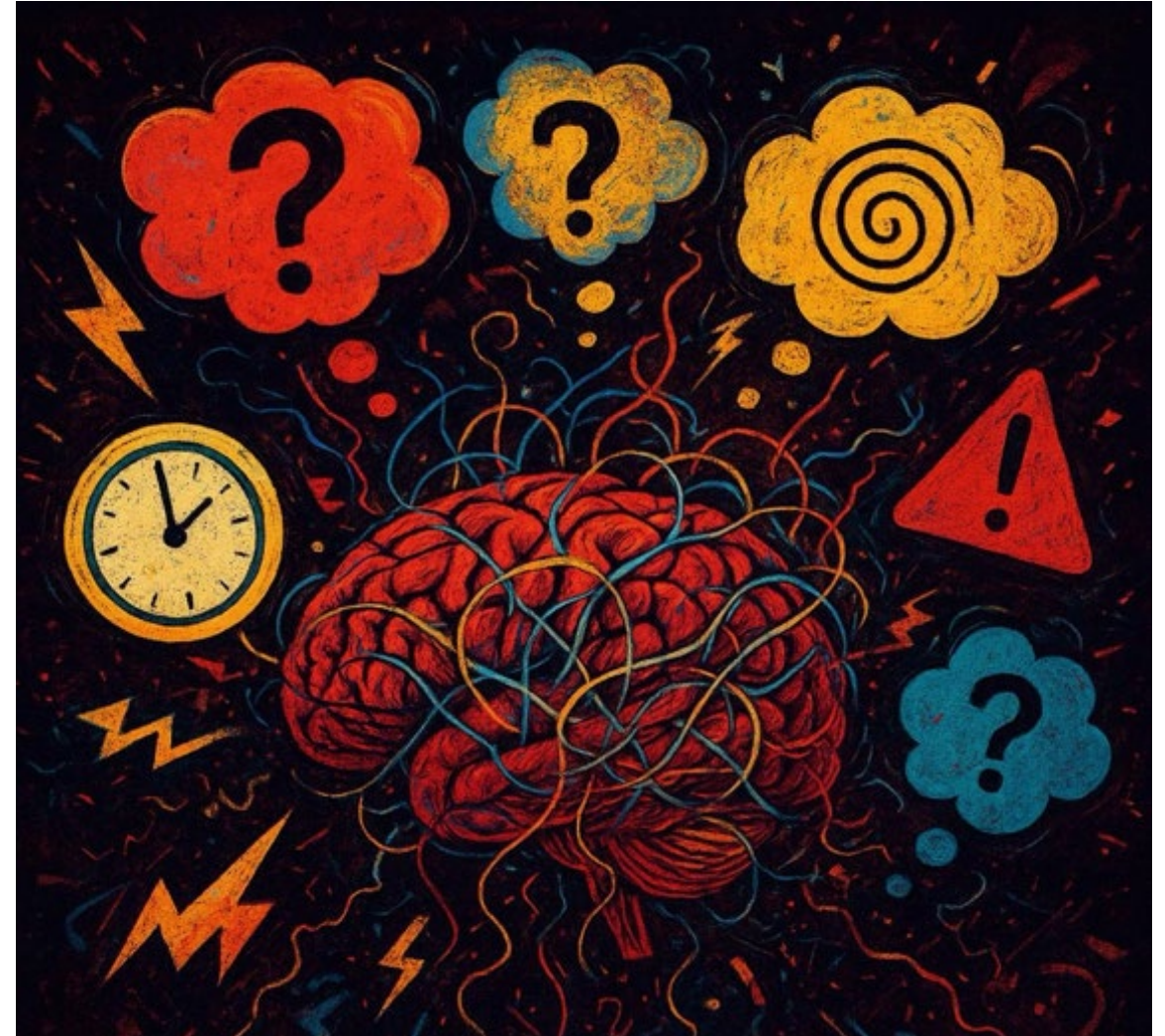


Behaviour is influenced by modelling, exposure, desensitisation, reward and reinforcement during the formative years (and beyond)

Self-harm, aggression, substance use, and absconding often work *in the short term* : they reduce distress, create distance, or regain control

C – Cognitive Mechanisms

- Cognitive overload or mismatch due to cognitive delay, difficulties, distortions and styles - leads to misinterpretation, confusion, inability to anticipate, reasons and problem solve and leads to behaving irrationally
- Impaired cognition may hinder reasoning and problem-solving, increasing vulnerability to harm to self and harm to others, including ideation (Ioannou et al., 2015)

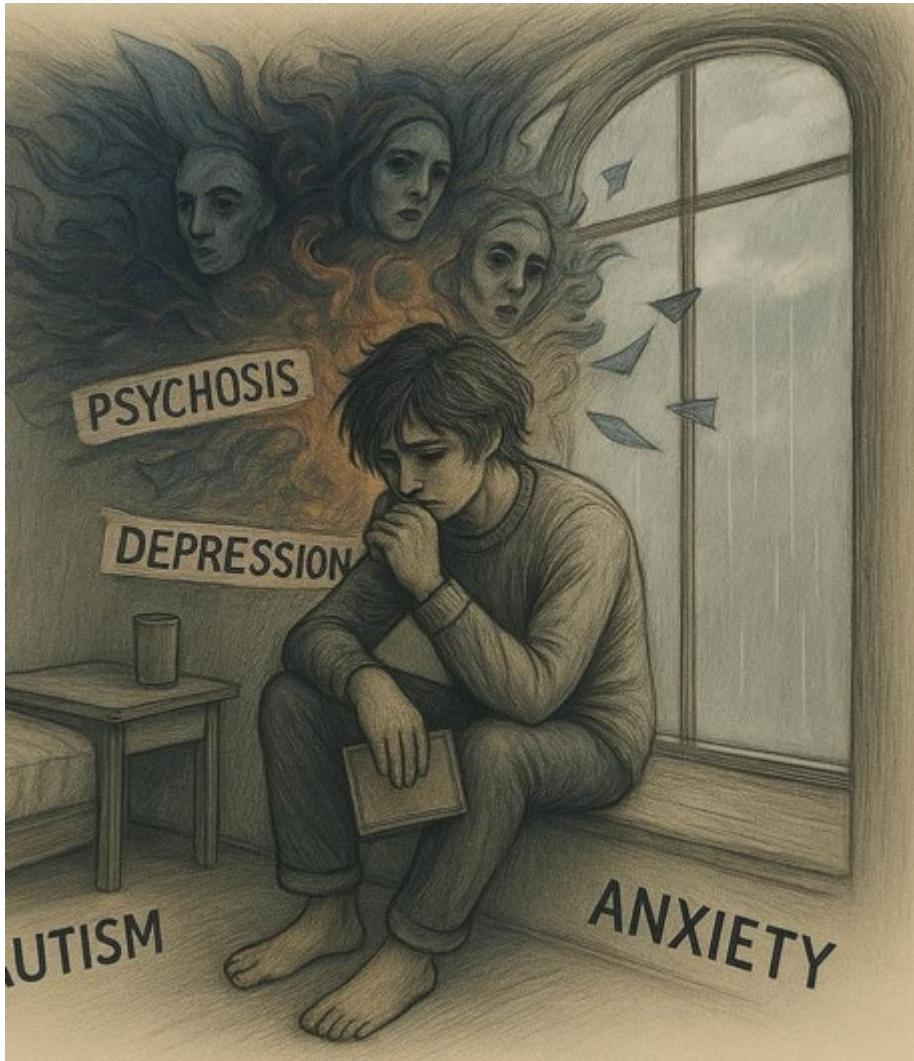


D – Developmental Trauma Mechanisms



- Chronic threat leads to persistent hyperarousal, shutdown, or dissociation.
- In these states, behaviour is driven by **survival**, not reflection.
- What looks like emotional coldness, non-engagement, risk-taking or sudden aggression often reflects a nervous system doing its best to survive.
- 88% of school shooters have experienced ACES (e.g., Dowdell et al, 2022)

E – Emotional and Mental Health Mechanisms



- This domain captures emotional experience and mental health
- Anxiety, depression, anger, shame, psychosis and despair are not just internal states; they actively drive behaviour.
- Risk behaviours frequently function as attempts to regulate overwhelming emotion, beliefs, behaviours, impulses.
- Treating affect, behaviour, cognition, impulsivity, etc. as a downstream symptom rather than a driver often limits intervention effectiveness.
- *subthreshold – mood swings, agitation* *unbearable psychological pain* *hopeless, helpless* (Schneidman, 1996)

F – Family, Systems and Structural Mechanisms



- Systems are not neutral. Family and systems factors are impactful via a range of vulnerabilities (role models, chronic instability, poor family functioning, household adversity, parent-child relationships and functioning, peer rejection, hostile environments and impoverished environments – accumulation, interaction and failure of protection)
- Placement instability, service thresholds, exclusions, and abrupt transitions can escalate risk, even when well-intended.
- YP are left feeling insignificant, unimportant, outside, discriminated against, and excluded.
- Young people often adapt to systems by becoming more extreme — because that's what gains access to care or protection.
- Systems are active mechanisms, not background context.

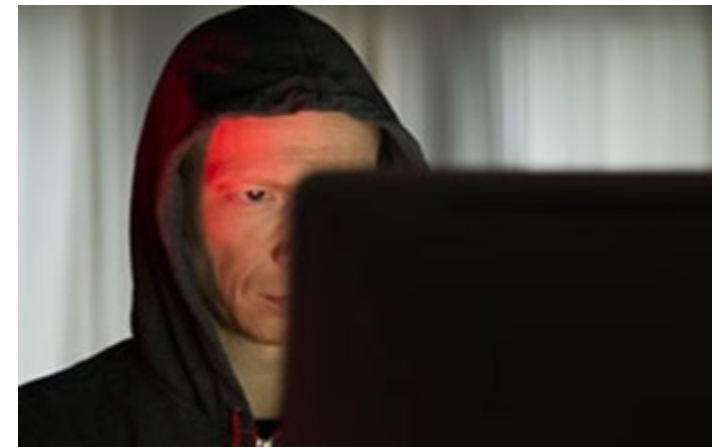
G – Group and Gang Mechanisms



- Group mechanisms explain why risk often escalates in adolescence.
- Peers, gangs, communities, and subcultures offer belonging, identity, and protection — sometimes more reliably than adults.
- Fosters a shared belief system, reinforces group cohesion through collective identity, identity fusion, belonging, overvalued beliefs and group norms
- Behaviours labelled as antisocial or criminal may function as **routes to belonging, safety and protection and a criminal economy** where safer pathways are blocked.
- (Basedeau, 2017)

H – Hidden and Online Mechanisms

- Some of the most powerful influences on risk are hidden — particularly digital spaces - social media, toxic digital spaces, gaming the dark web, encrypted communications, fringe platforms, echo chambers, can contribute to all forms of harm.
- Online exploitation, peer validation of harm, and exposure to risky content often sit outside traditional assessment frameworks. And allows anonymity, social control, grooming, narrative framing, moral disengagement, and beliefs develop and solidify undisturbed
- These mechanisms can intensify distress while remaining invisible to services, creating confusion about sudden escalation.





cear.uk

<https://cear.uk> ⋮

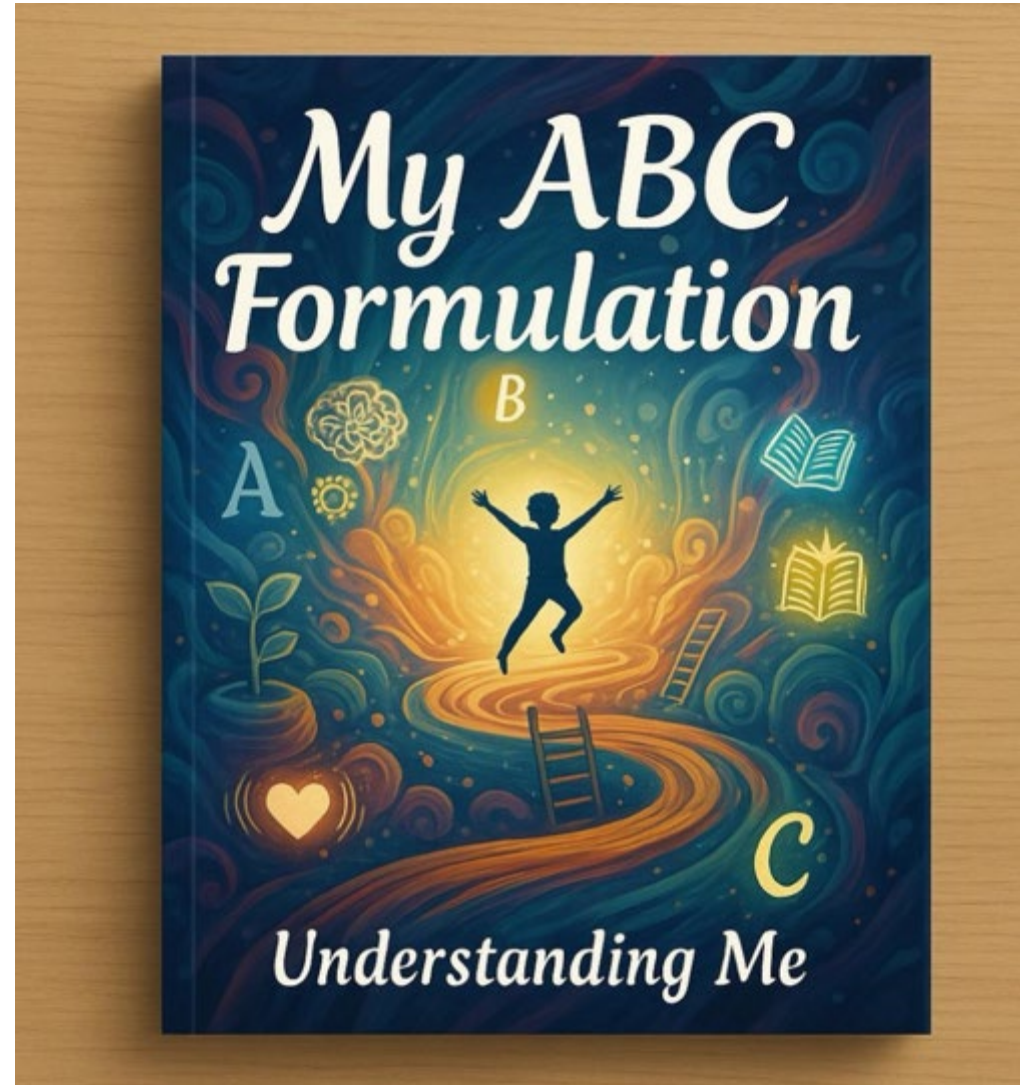
Where Psychiatry Meets the Internet.

I – Individual and Identity Mechanisms

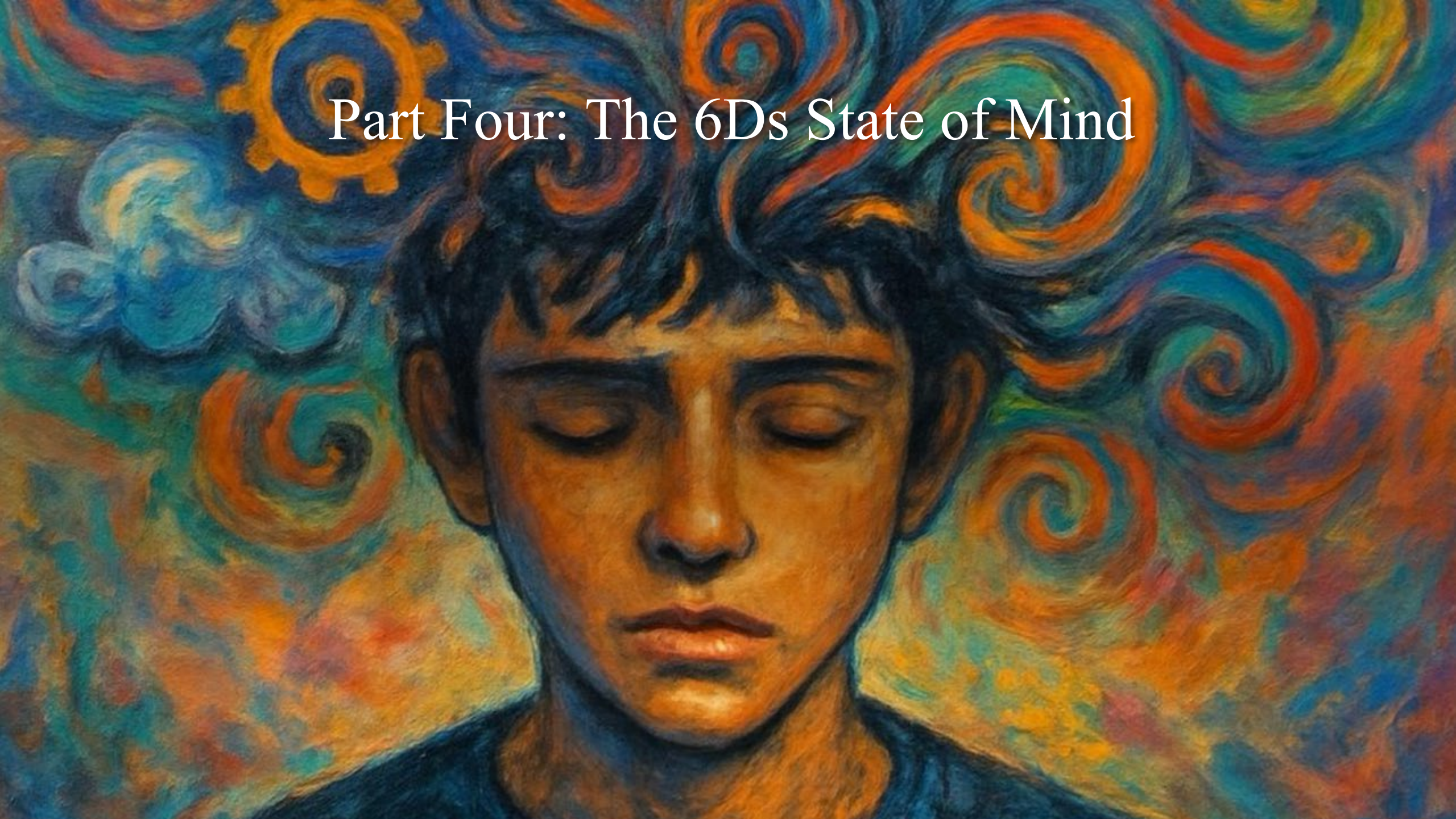


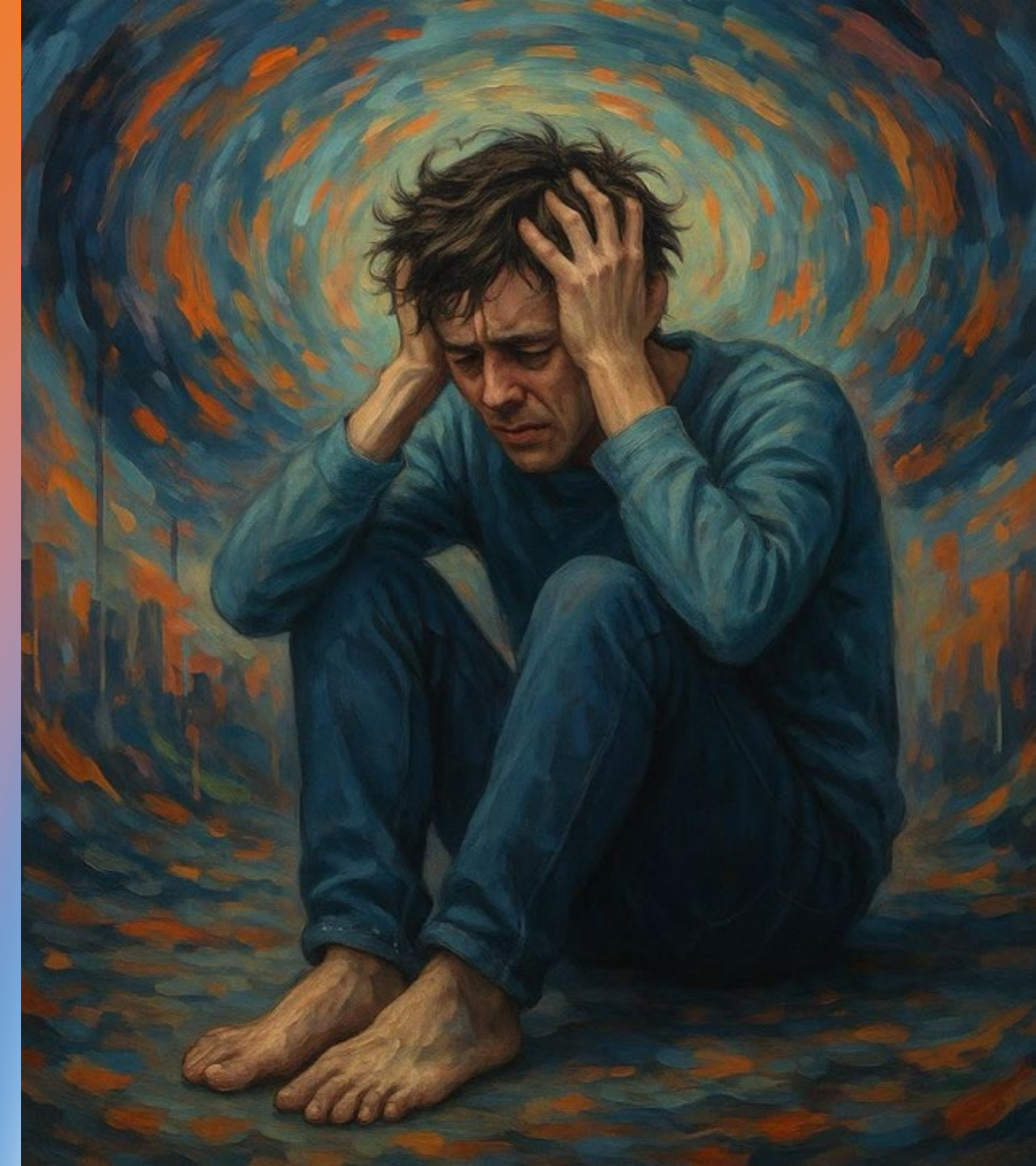
- Individual and identity mechanisms capture how young people make sense of who they are.
- Identity development, culture, race, sexuality, gender, religion and political beliefs all shape how distress is expressed.
- Behaviours can become identity-organising — especially when other routes to agency or coherence are unavailable

Co-produced, and theirs to keep



Part Four: The 6Ds State of Mind

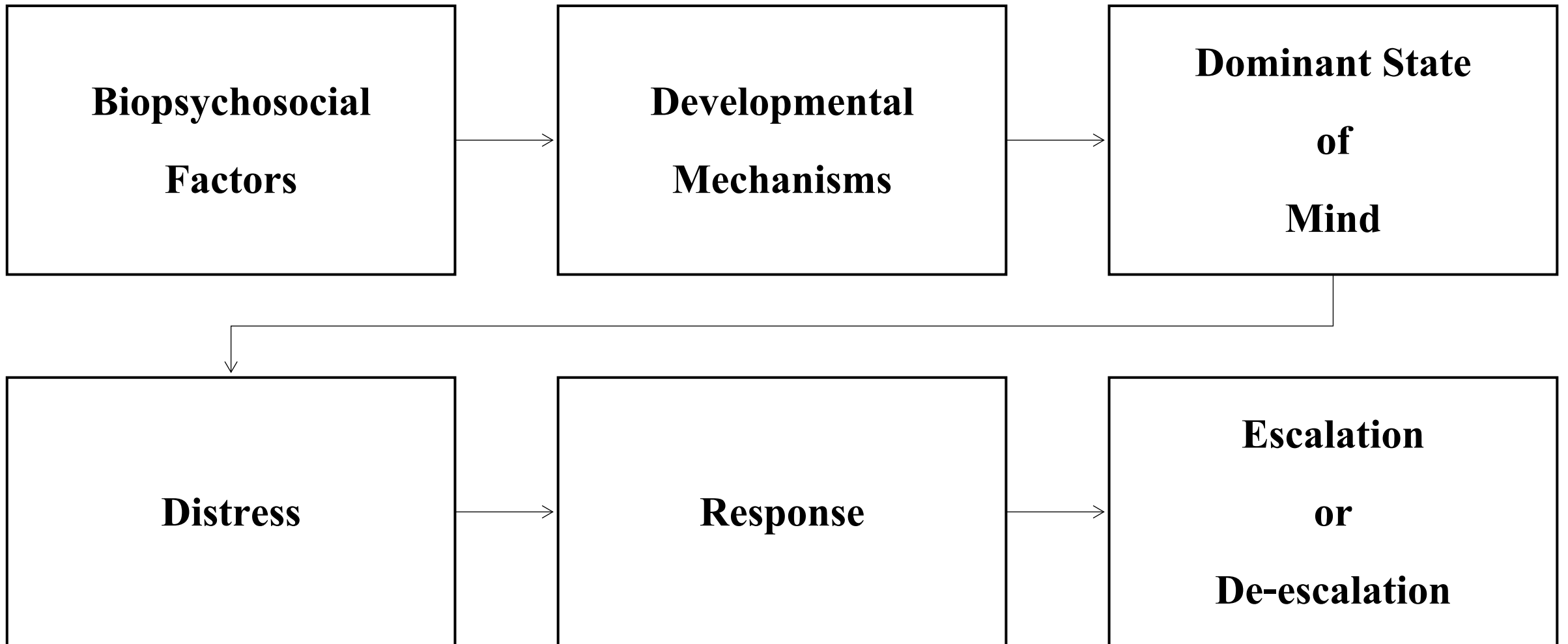




What is a Distressed State of Mind?

- **It is a temporary organisation of mental or emotional state, and it is how distress manifests itself in the moment**
- **It is not a diagnosis, and it is not a stable trait**

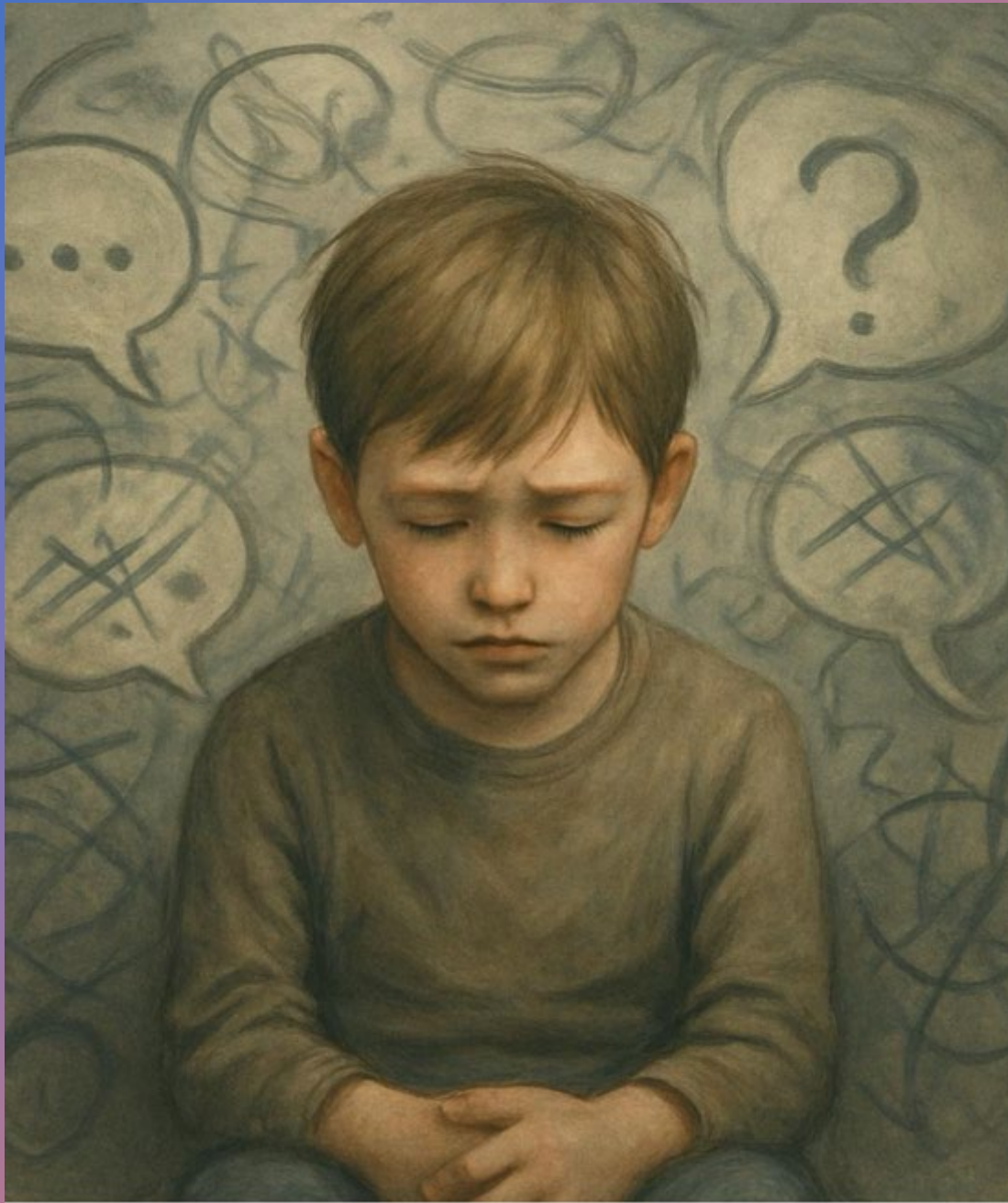
The **logic** of the 6-D Model





D1 - Developmentally Regressed

- Refers to a temporary reduction in developmental functioning where a young person operates at an earlier developmental level due to stress or threat.
- Behaviour in this state reflects limited capacity rather than choice and requires safety-focused, developmentally matched responses.
- Effective intervention prioritises co-regulation, reduced demand, and relational containment, while avoiding punitive, reasoning-based, or age-normative expectations until regulation and capacity return.



D2 – Disorientated

- Describes a state in which behaviour is driven by confusion, cognitive overload, or impaired orientation rather than deliberate intent or developmental regression.
- Capacity is uneven and unreliable.
- Effective responses therefore prioritise clarity, slowing interactions, re-orientation, and reduced stimulation.
- Escalation, rapid demands, or consequence-based approaches risk intensifying distress and misunderstanding.



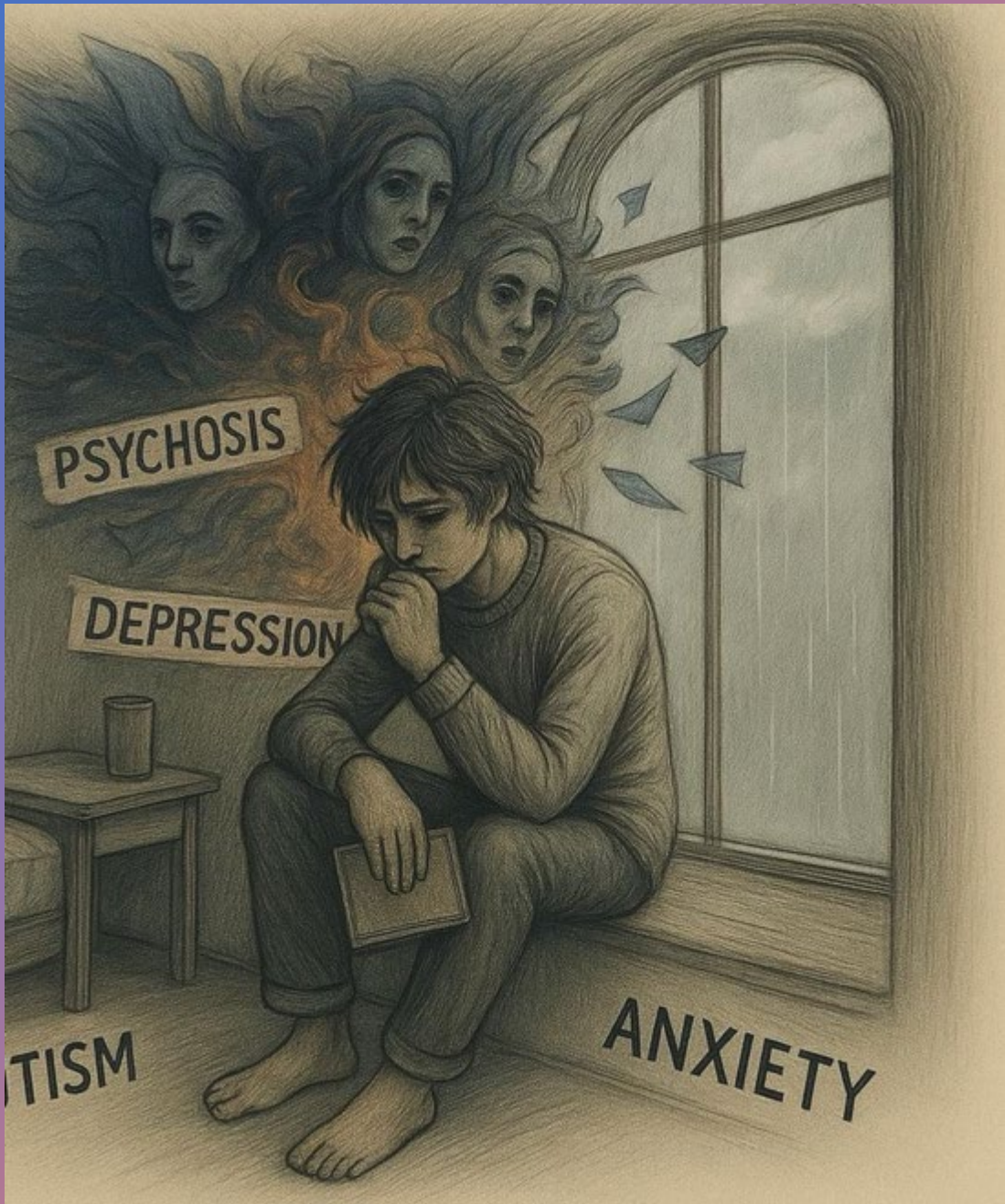
D3 – Deliberate and Directed

- Describes a state in which behaviour is purposeful and goal-driven, with sufficient developmental capacity available for choice and decision-making.
- Although behaviour may be risky or harmful, it is not the result of developmental regression.
- Effective responses therefore emphasise clear boundaries, proportionate consequences, and relational accountability, while avoiding punitive escalation or rescuing responses that undermine learning and responsibility.



D4 – Dissociated

- Refers to a state in which behaviour is driven by psychological shutdown in response to perceived threat or overwhelm.
- Capacity for communication, reflection, and conscious control is markedly reduced.
- Effective responses therefore prioritise grounding, safety, and gentle re-orientation to the present moment, while avoiding demands for engagement, explanation, or behavioural accountability until dissociation has resolved



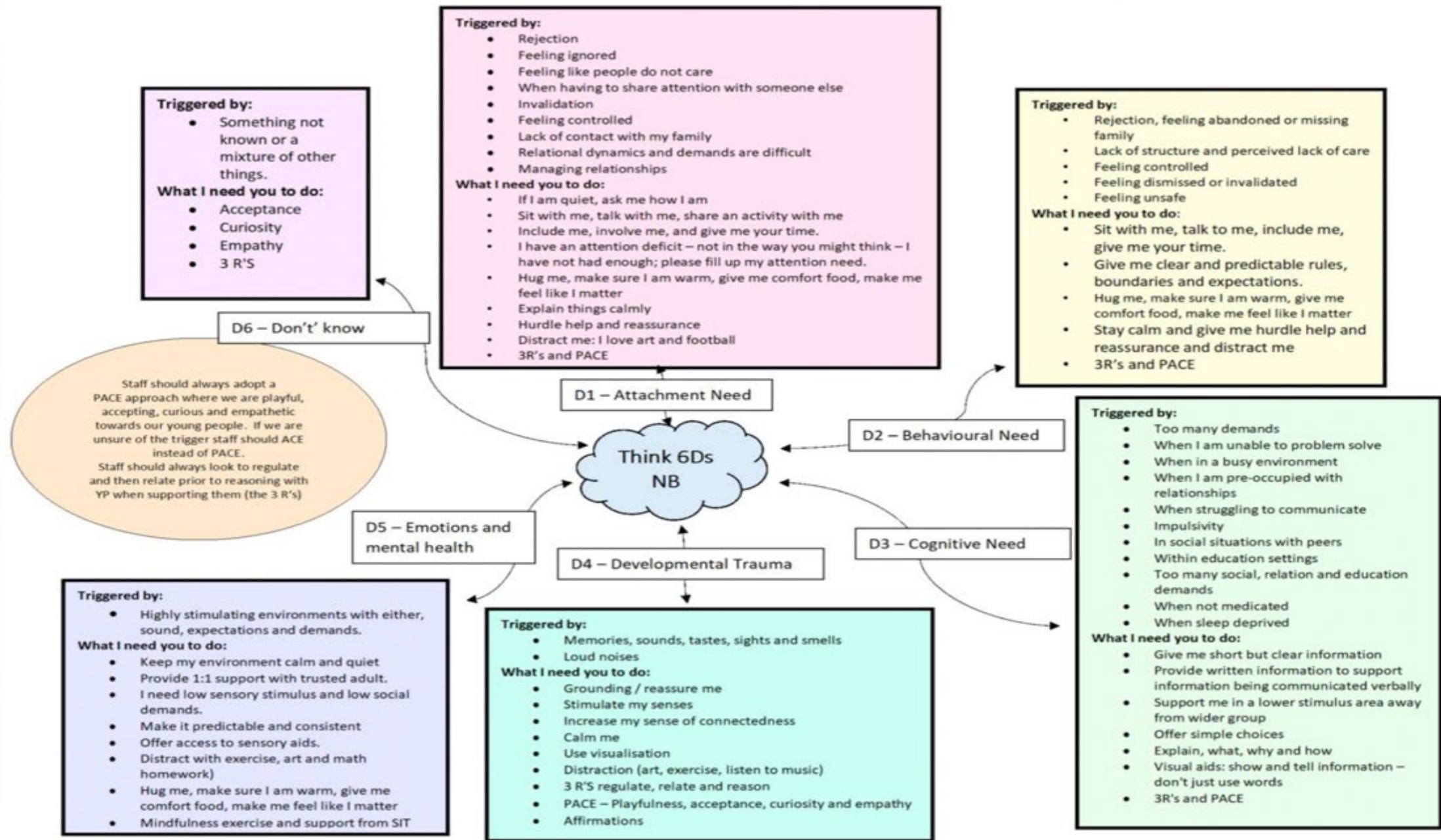
D5 – Diagnosis- linke

- Refers to behaviour that is primarily influenced by an underlying neurodevelopmental, mental health, or neurological condition, resulting in enduring capacity differences across specific domains.
- Effective responses therefore prioritise reasonable adjustments, consistency, and diagnosis-informed strategies, while recognising that stress or mis-fit can precipitate shifts into other states of mind within the 6Ds framework.



D6 – Don't Know

- Represents a deliberate holding position used when a young person's state of mind cannot yet be reliably identified.
- Rather than forcing interpretation, D6 prioritises safety-first responses, reduced demand, and careful observation while further information is gathered. It functions as an ethical safeguard within the 6Ds framework, preventing mis-matched interventions and supporting accurate formulation as clarity emerges.



Disorientated/distortions

Directed and deliberate

Dissociated

Diagnosis/Disorder

Developmentally Regressed

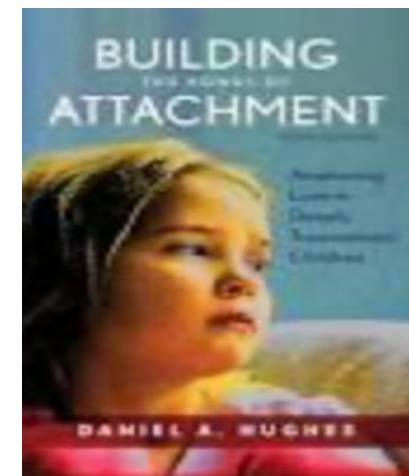
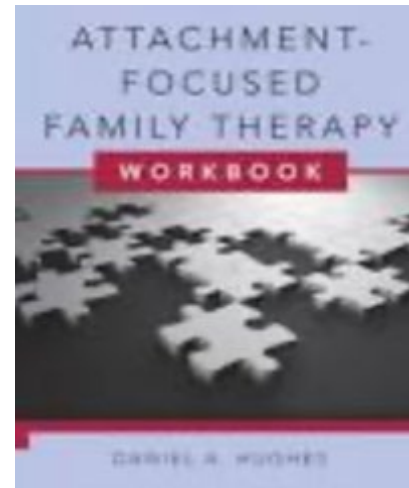
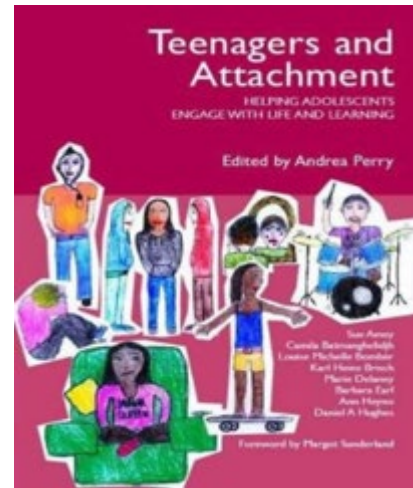
Don't Know

The 6Ds



*How to respond to a person in
distress?*

Playfulness Love Acceptance Curiosity Empathy



P **Playfulness**

- Playfulness in interactions can diffuse conflict and promote connection. E.g. Maintaining a relaxed 'lightness' and can involve making a joke (though this has to be done carefully).

A **Acceptance**

- Accepting needs and emotions that drive behaviour (not necessarily the behaviour) without judgement.

C **Curiosity**

- Being curious to where a behaviour has come from (in your head or out loud.)

E **Empathy**

- Really connecting with how they are feeling and showing compassion.

P.A.C.E is an approach developed by Dr Dan Hughes aimed at supporting recovery from developmental trauma. However, it can be a useful attitude to adopt with anyone who is emotionally dysregulated.

Illustrated by *Shelley Jones*

6-D state of mind	PACE emphasis	Example “PACE scripts” (what to say)	Avoid saying	Why it helps (distress logic)
Developmentally regressed / dysregulated	Empathy + Acceptance (very low Curiosity; Playfulness only after settling)	<ul style="list-style-type: none"> “This is too much right now — I’m here with you.” “You’re not in trouble. We can slow this down together.” “Let’s get safe first — we can talk later.” 	<ul style="list-style-type: none"> “Calm down.” “You know better.” “What were you thinking?” 	When arousal is high, reasoning is low. Empathy/acceptance lowers threat and reduces escalation.
Directed / deliberate	Curiosity about threat + Calm boundaries (Acceptance/Empathy stay present)	<ul style="list-style-type: none"> “I can see why you’d feel cornered.” “I won’t let anyone get hurt — and I want to understand what you’re protecting.” “We can keep this safe without it turning into a fight.” 	<ul style="list-style-type: none"> “You’re manipulating.” “Stop it now.” “Do as you’re told.” 	Prevents power struggles; acknowledges survival logic while maintaining legitimate boundaries.
Disorientated	Curiosity held by the adult + Simplification	<ul style="list-style-type: none"> “It looks like everything feels jumbled.” “You don’t need to explain — I’ll help make sense of it with you.” “One step at a time.” 	<ul style="list-style-type: none"> “You’re contradicting yourself.” “Just tell me the answer.” “This makes no sense.” 	Reduces cognitive overload; restores coherence and prevents panic-driven escalation.
Dissociated	Acceptance + Empathy + Grounding (minimal Curiosity; no Playfulness)	<ul style="list-style-type: none"> “You’re safe right now.” “You don’t have to talk.” “Can you feel your feet on the floor with me?” 	<ul style="list-style-type: none"> “Engage with me.” “Don’t ignore me.” “Answer the question.” 	Dissociation is protective shutdown; grounding and safety restore presence without increasing threat.
Disorder-linked	Empathy + Predictability + Gentle Curiosity	<ul style="list-style-type: none"> “This feels like one of those times when it gets heavier.” “We know this pattern — we’ve got support for it.” “You’re not failing; we manage this together.” 	<ul style="list-style-type: none"> “It’s just your illness.” “You should be over this.” “You know what to do.” 	Reduces shame; supports engagement with symptom-linked distress while keeping structure.
Don’t know	Acceptance of uncertainty + Slow curiosity	<ul style="list-style-type: none"> “It’s okay not to know.” “We don’t need answers today.” “Safety first — understanding can come later.” 	<ul style="list-style-type: none"> “You must know why.” “Think harder.” “Help me help you.” 	Prevents shame/withdrawal; maintains relationship while meaning-making develops over time.

No gatekeeping or unachievable demands

Principles in practice

- Safety is developmental
- Recovery is not linear
- Interventions depend on state
- Stability is not a prerequisite but central
- Treatment cannot wait
- Rights and recovery focussed



Some Recent Cases

- Reductions in distress and placements sustained
- I understand myself and what I need
- I am not just bad
- I am going to share this with my social worker so she understands me, my mum because she needs to take some responsibility, and my little sister because it might help her not do what I've done (young person in care)
- If only I had known...(adoptive parent)
- I need to present this to the Parole Board *myself* (young person sentenced)
- Keeping the focus on recovery (young person discharged)





The Promise Scotland

SUPPORTING CHANGE FOR CHILDREN,
FAMILIES & CARE EXPERIENCED ADULTS



Children (Care and Justice) (Scotland) Act 2024

2024 asp 1

Explanatory Notes have been produced to assist in the
understanding of this Act and are available separately.

02/27



Next Steps: Research, Validation, and Application

1. The 6Ds need to be **tested for reliability** — specifically, whether different practitioners can consistently identify states of mind and match responses in real-world settings.
2. We need **practice-based evaluation to examine** whether response-matching improves outcomes such as safety, engagement, escalation rates, and staff decision-making across care, justice, and health contexts.
3. This framework provides a structure for **mechanism-focused research** — moving beyond whether interventions ‘work’ to understanding *w h y* particular responses help or harm in different states of mind.
4. The model invites collaboration between researchers and services to develop **developmentally informed thresholds, policies, and training**, grounded in evidence rather than age or behaviour alone.
5. The task ahead is not proving that complexity exists — it is **measuring whether responding to it more precisely leads to better, more ethical practice**.

Closing comments

1. **Overlapping risk is not random noise.** When self-harm, aggression, substance use, exploitation, and absconding cluster together, it often reflects shared developmental mechanisms — disrupted regulation, relational threat sensitivity, cognitive overload, trauma-linked states, and system instability. If we keep treating these as separate ‘risk types’, we will keep building fragmented responses
2. **Development doesn’t stop at 18.** When our service boundaries behave as if maturation ends at adulthood, we lose the developmental logic we need for effective formulation and intervention. A developmentally anchored approach doesn’t romanticise risk; it makes it intelligible — and therefore more preventable.
3. **We need a bridge between theory and real-time practice.** That’s why this paper pairs an integrative formulation framework — ABC — with a state-of-mind translation — the 6-D model — so that teams can move from *naming risk* to understanding the *state* and matching responses proportionately.
4. **Reframing risk as developmentally mediated distress is not ‘soft’.** It is a demand for precision — precision about mechanisms, about developmental timing, and about what actually reduces harm in the long run.