



TEXAS  
JUVENILE JUSTICE  
DEPARTMENT

# THE IMPLEMENTATION OF TRAUMA- INFORMED CARE IN THE TEXAS JUVENILE JUSTICE DEPARTMENT

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# Trauma-Informed

- How I became involved

# Trauma-Informed

## ABUSE



Physical



Emotional



Sexual

## NEGLECT



Physical



Emotional

## HOUSEHOLD DYSFUNCTION



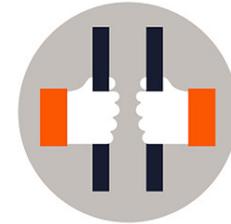
Mental Illness



Mother treated violently



Divorce



Incarcerated Relative

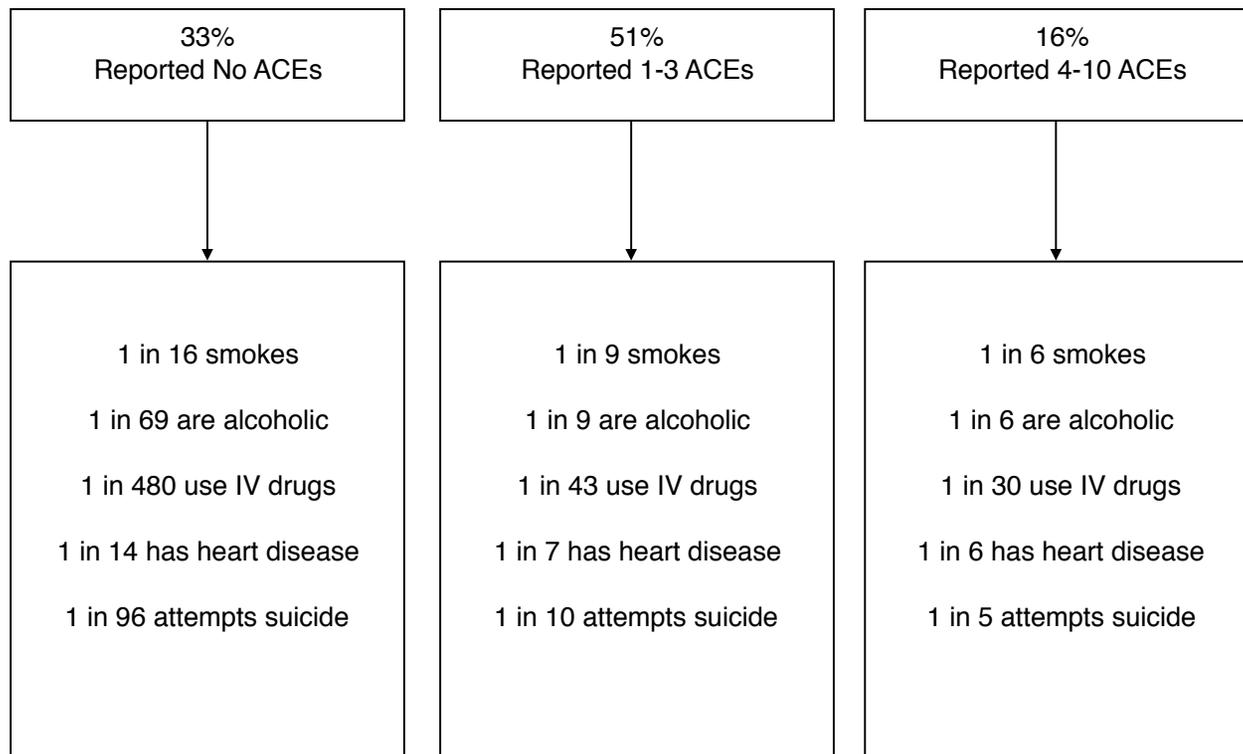


Substance Abuse

# Trauma-Informed

## *The ACE Study Revealed:*

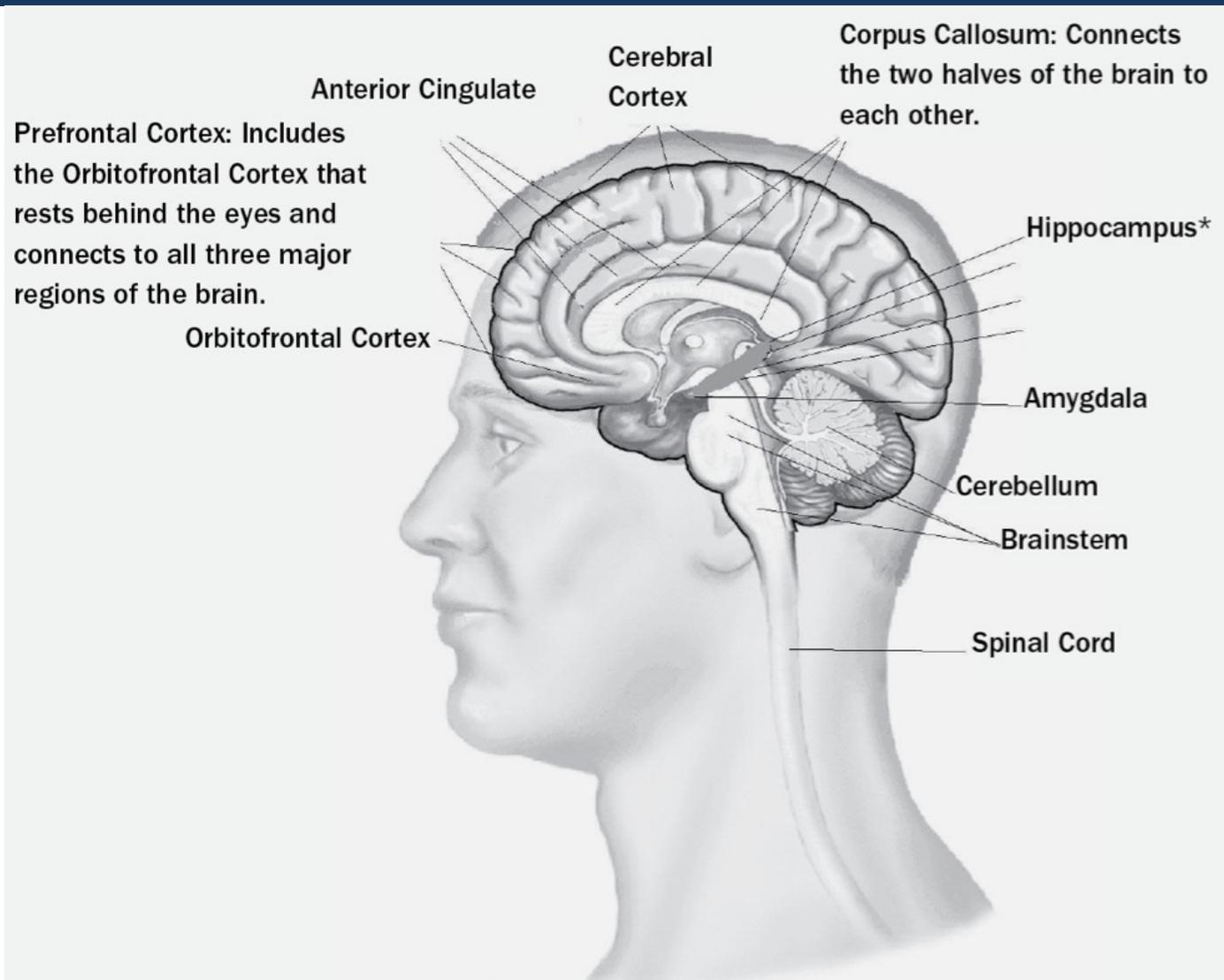
Out of 100 People



# Expanded ACEs



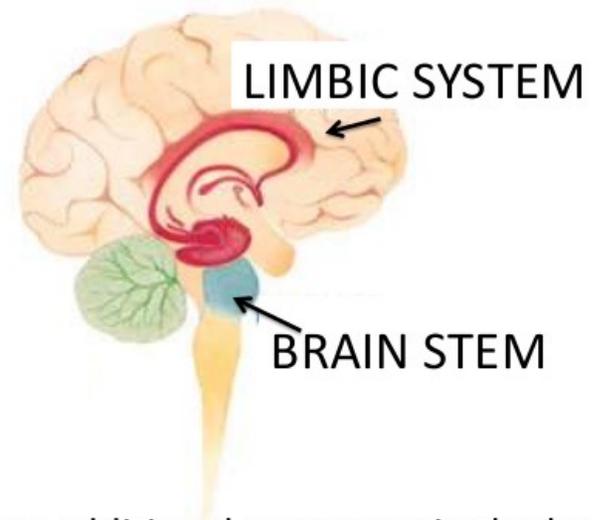
# Brain Basics



# Limbic System and Brain Stem

- Very well developed at birth
- Allows us to breathe, have a heartbeat, etc., without having to “think” about it
- This lower brain is also reactive and responsible for “fight, flight or freeze” behaviors
- Anger is a lower brain function (limbic area) and not the pre-frontal cortex.

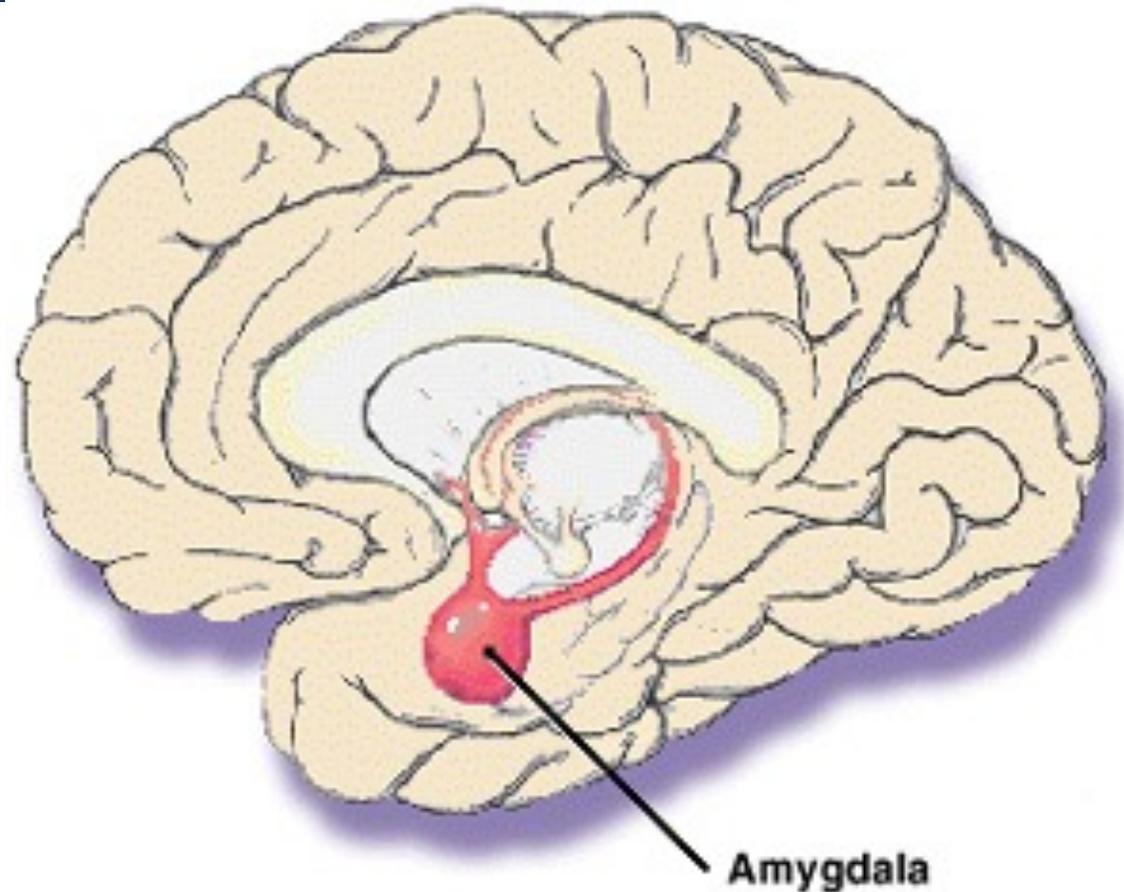
Brain Architecture – Other Structures



There are two additional structures in the human brain – the Limbic System and the Brain Stem.

# Amygdala (mid-brain)

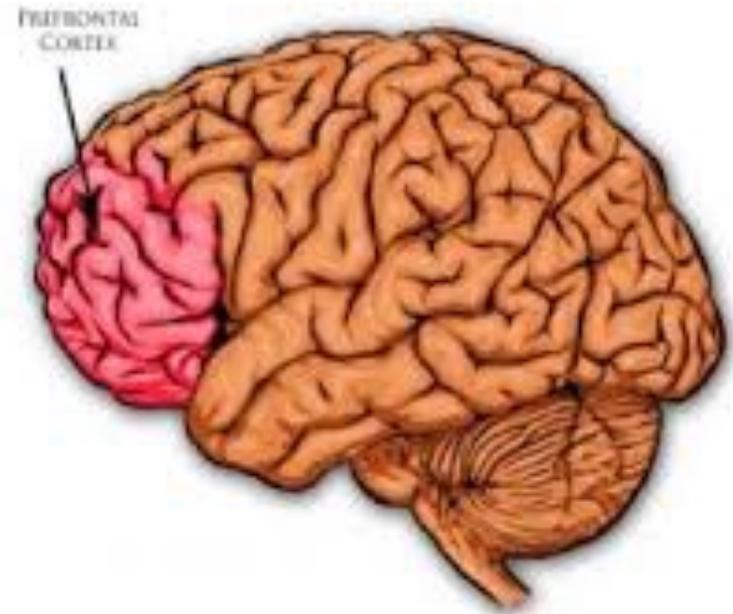
- The “watchdog” that constantly scans the area to assess my safety and alert me to any trouble or concerns.
- The more it is triggered the more active it becomes. Even single traumatic events can cause it to become hyperactive.
- Once the amygdala becomes overdeveloped or hyperactive, that person will continuously be “on edge” as their brain is continuously scanning for the next trauma that is sure to come.



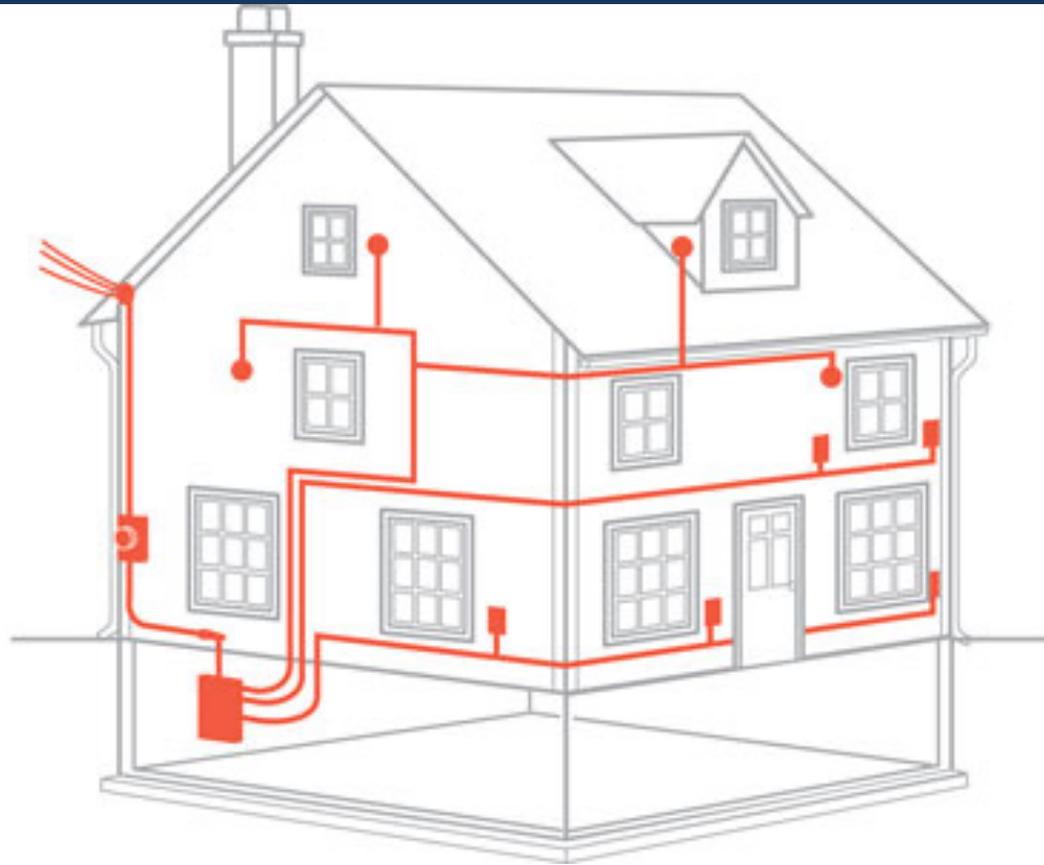
# Pre-frontal Cortex

Responsible for:

- Complex thought
- Reasoning
- Speech
- Emotional processing
- Memory
- Calms fear
- Ability to regulate behavior
- Paying attention/focus

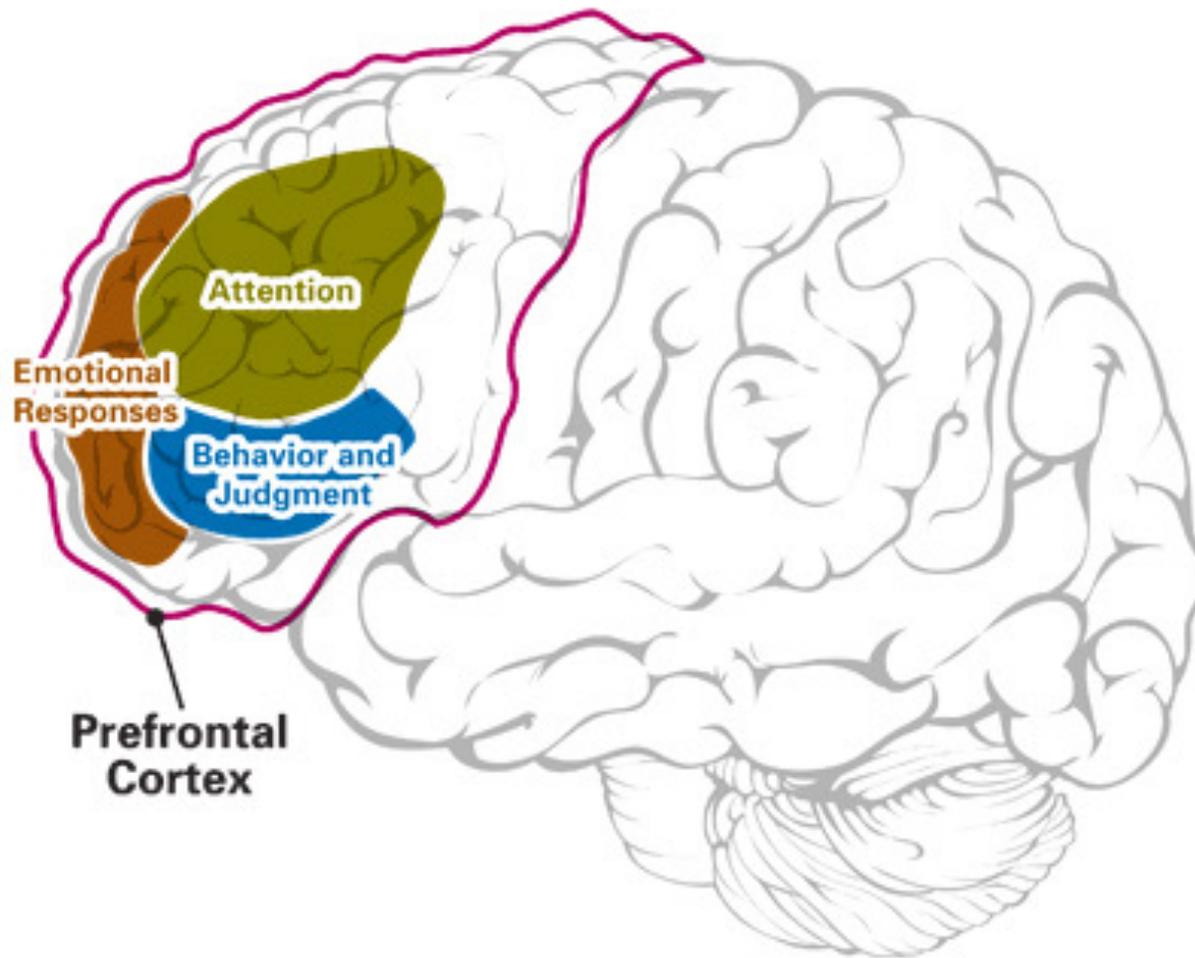


# How the Brain Develops and Wires



- "Lower brain" wires to the "Upper brain" during development.
- These connections are "hard-wired."

# Pre-frontal Cortex



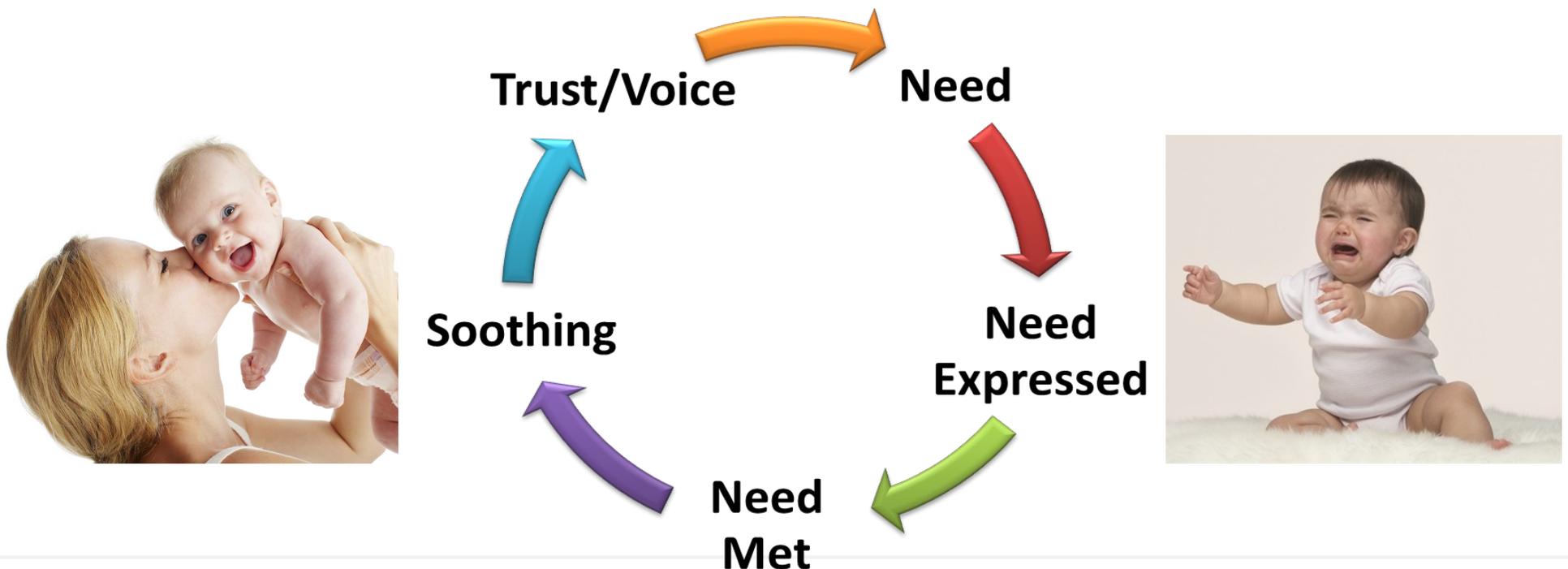
# Attachment Cycle and Styles

## Inhibitory

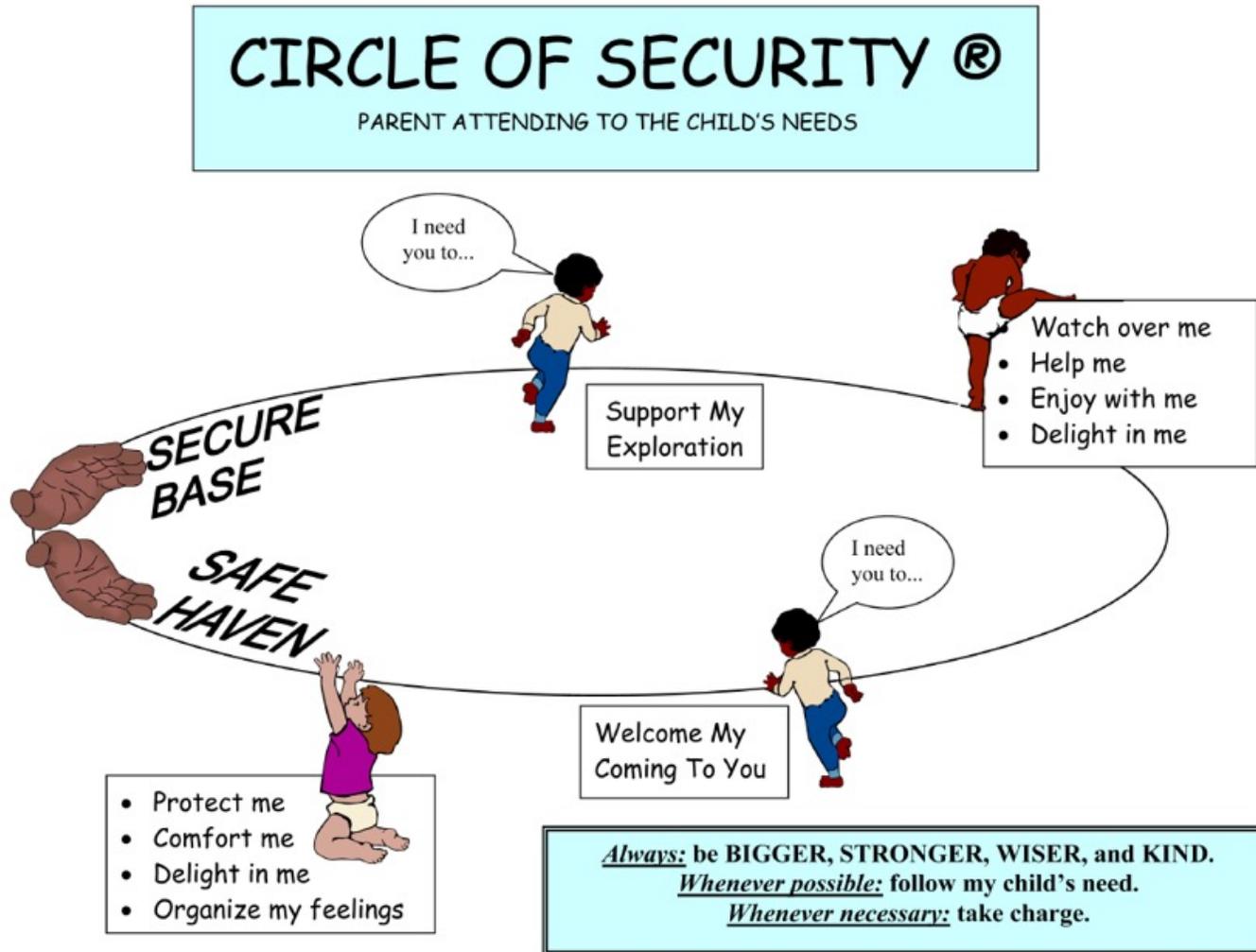
Neurotransmitters Firing  
Parasympathetic  
Nervous System

## Excitatory

Neurotransmitters Firing  
Sympathetic  
Nervous System



# Attachment Cycle and Styles



Web page: Circleofsecurity.org

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# Attachment Cycle and Styles

Inhibitory

Neurotransmitters Firing

Parasympathetic

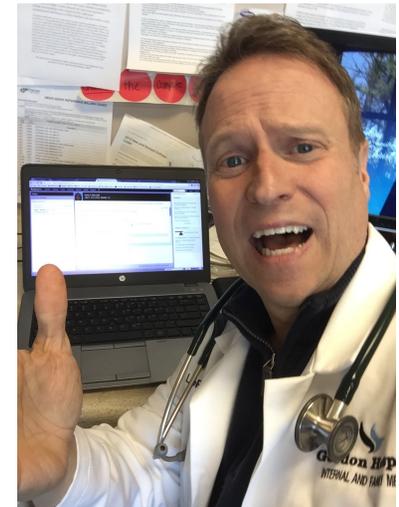
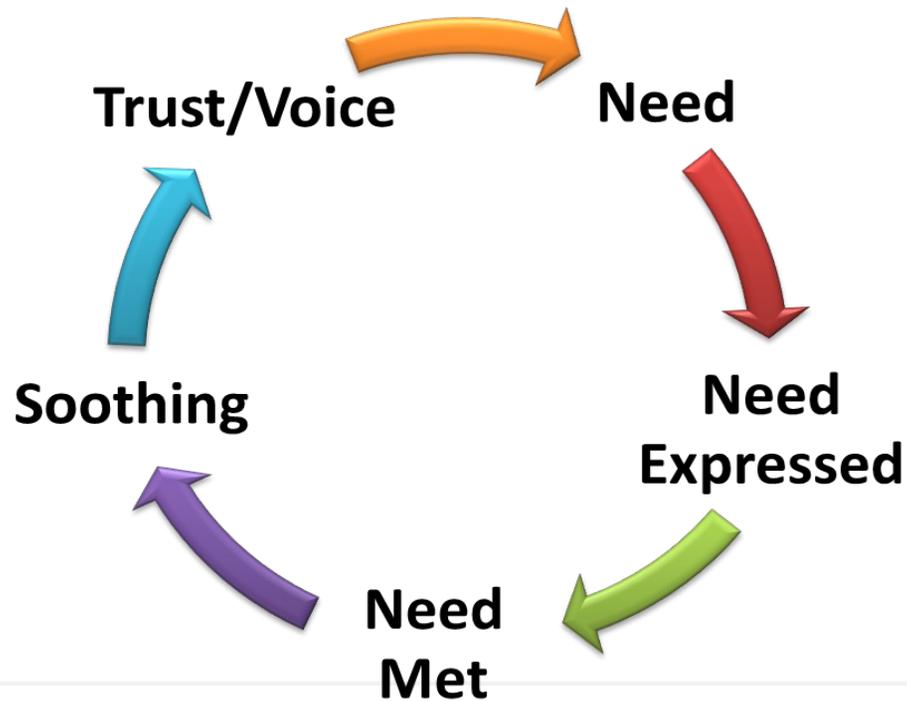
Nervous System

Excitatory

Neurotransmitters Firing

Sympathetic

Nervous System



# SECURE ATTACHMENT

## Four Pillars

- Give care
- Receive care
- Negotiate
- Okay with autonomous self

# Trauma-Informed

## ABUSE



Physical



Emotional



Sexual

## NEGLECT



Physical



Emotional

## HOUSEHOLD DYSFUNCTION



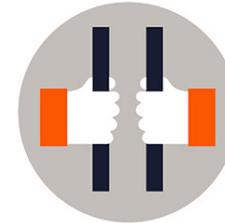
Mental Illness



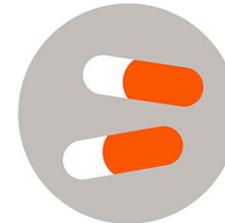
Mother treated violently



Divorce

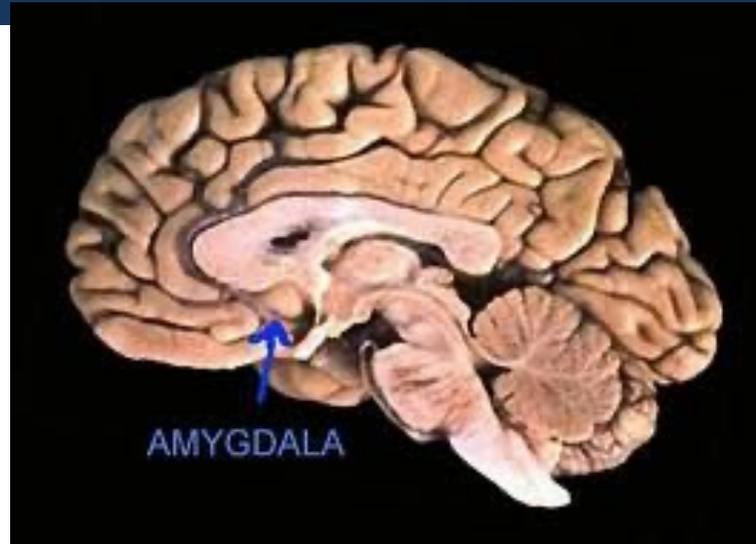


Incarcerated Relative



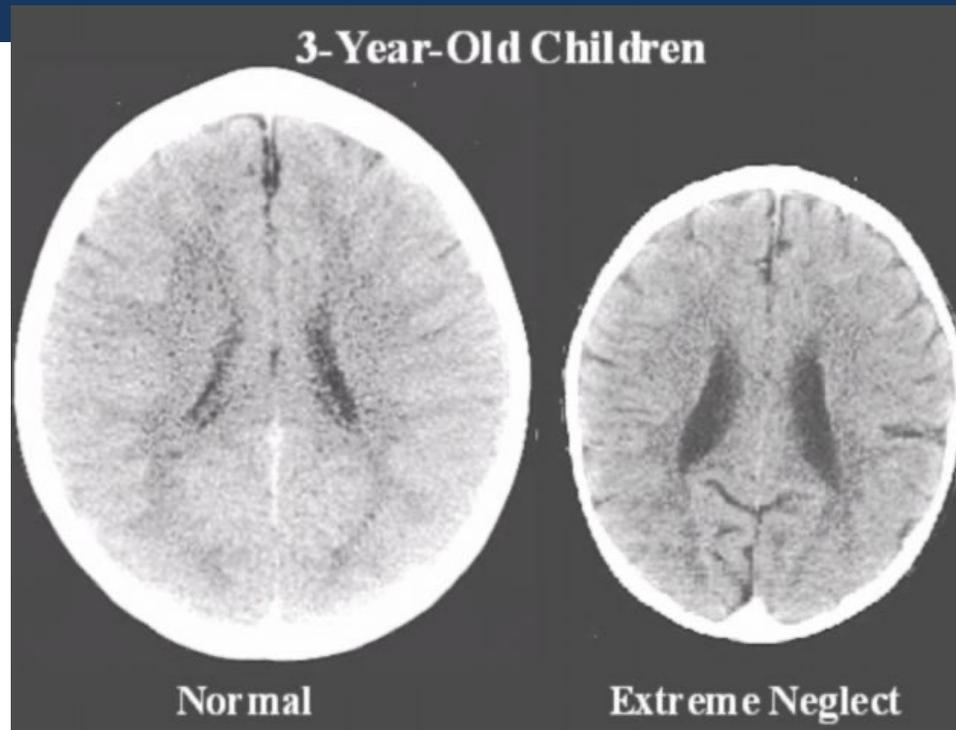
Substance Abuse

# Complex Developmental Trauma



- Repetitive trauma overdevelops the amygdala and brainstem
- This brain is wired for survival, not attachment
- This survival mode results in “bad behavior” that is actually protective behavior
- Processing disorders (auditory, sensory) may result from this
- Child will have chronic anxiety, racing thoughts, poor sleep, poor attention, poor self-regulation, frequent tantrums or shut-downs, etc.

# Complex Developmental Trauma



- Repetitive trauma leads to decrease size in the corpus callosum and cortex
- Can lead to seizure activity, learning delays
- Imbalance of hemispheres and poor connectivity of the hemispheres with each other (no emotions vs over emotional, etc.)
- Not only is this child's perception of nurturing relationships skewed, their brain has not yet been developed for secure relationships.

# Complex Developmental Trauma

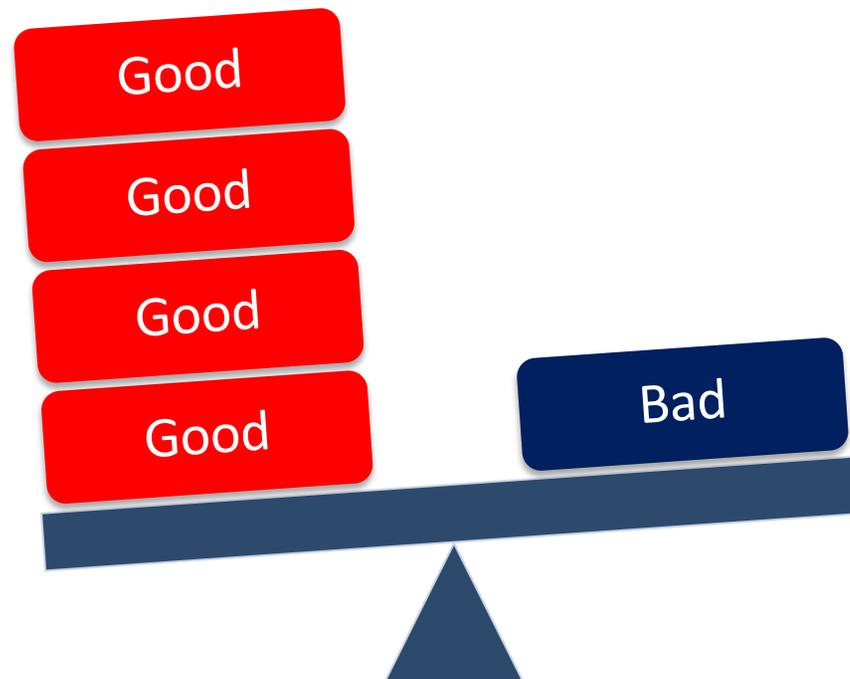


- They have lacked nurturing care as well as received trauma
- These children have not been able to fully develop neurobiologically and will most probably be developmentally delayed
- They may act much younger than their age
- They may want to go back to infant or toddler care/habits
- The day a child from a hard place walks into your home, he or she will not instantly change. It will take time through nurturing and restoring a loving, trusting relationship

# Secure Child

Parasympathetic

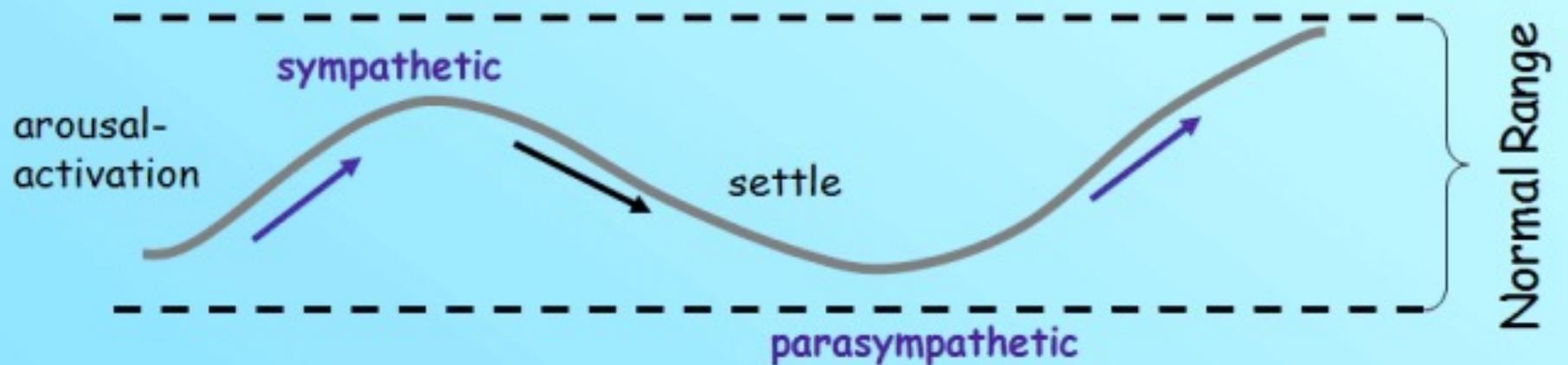
Sympathetic



- I feel protected
- I feel precious
- I feel heard

- My physical needs are taken care of
- My emotional needs are taken care of

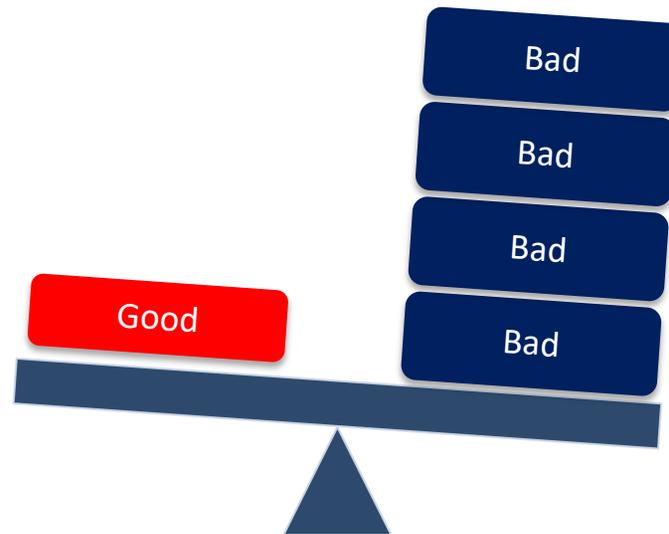
# A Healthy Nervous System



# Child from a Hard Place

Parasympathetic

Sympathetic



## Trajectory of Mental Problems:

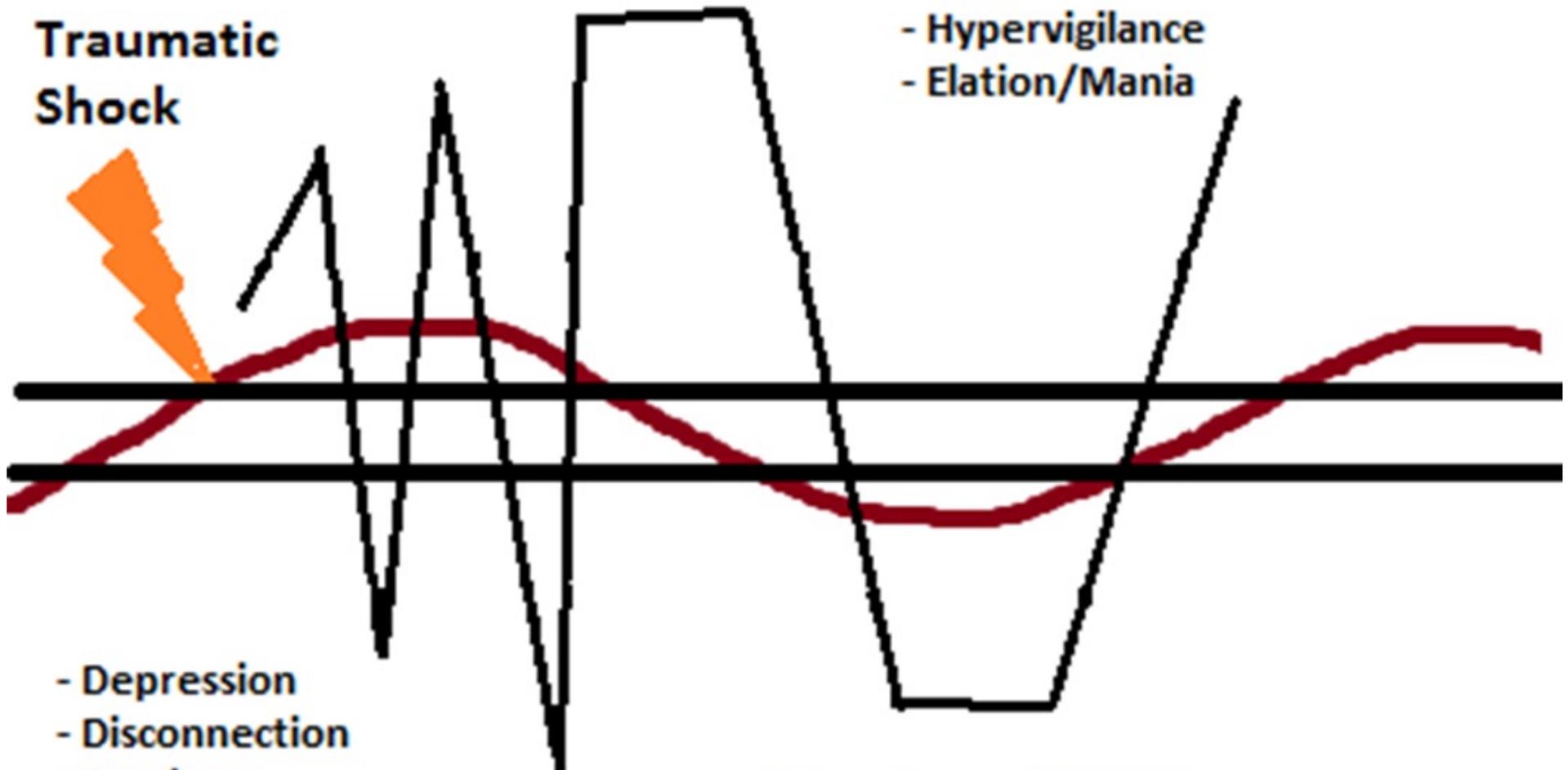
- 2-3 years old
  - Behavioral Dysregulation
- 4-6 years old
  - ADD/ADHD
- 8-10 years old
  - Depression/Anxiety
- 12+ years
  - Bipolar Disorder (behavioral/emotional disintegration)

# Overactivated Nervous System

- Hyperactivity
- Panic
- Rage
- Hypervigilance
- Elation/Mania

Stuck on "ON"

Traumatic Shock



- Depression
- Disconnection
- Deadness
- Exhaustion

Stuck on "OFF"

# TEXAS MODEL

## Trauma-Informed Care

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### FINAL REPORT

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July 26, 2017



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THE MEADOWS MENTAL HEALTH  
POLICY INSTITUTE FOR TEXAS

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# TEXAS MODEL

- Executive Summary
- The philosophical foundation, key assumptions, and principles that comprise the Substance Abuse and Mental Health Services Administration's (SAMHSA) trauma-informed care approach aligns with those of other leading behavioral health and health care organizations. However, there is no consensus on a single definition of "trauma-informed care." This ambiguity has resulted in variations in how trauma-informed care is operationalized nationally and statewide and risks this designation having little or no meaning. The Meadows Mental Health Policy Institute (MMHPI) examined prevalence estimates, reviewed literature and national best practices, and talked with key informants in Texas to describe how the state's major child serving agencies have operationalized trauma-informed care for children and youth involved with the child welfare system.

# TEXAS MODEL

- Prevalence estimates of Adverse Childhood Experiences (ACE) among children and youth in the major child-serving systems in Texas underscore the need for these systems to be adept at identifying, understanding, and treating trauma.
- Statewide, approximately 730,000 children and youth, or 1 in 10 children/youth overall, have experienced three or more ACEs.
- For children and youth age 0–17, nearly 90,000 have been exposed to 10 or more episodes of violence.
- Among youth involved within the juvenile justice system in Texas, 5,900 have experienced four or more ACEs.
- Among all children and youth living in foster care in the state of Texas, approximately 24,300 have experienced one or more ACEs.
- Among children and youth enrolled in services with the LMHA, 7,700 (or 19%) children and youth have experienced a traumatic life event; nearly half of these individuals showed evidence that the traumatic experience was impacting one or more life domains.

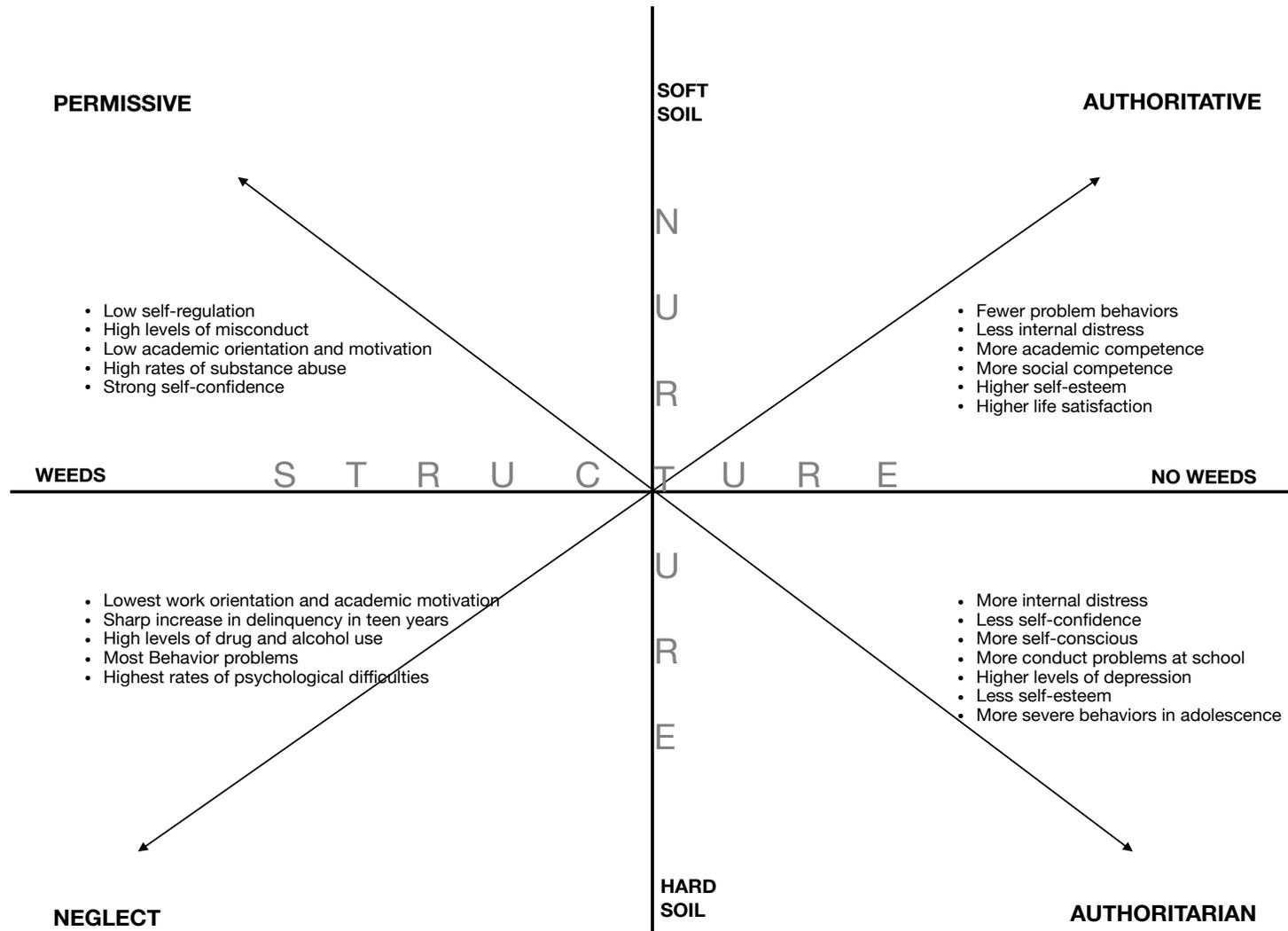
# TEXAS MODEL

In recognition of this need, Texas lawmakers and major child-serving agencies have taken initial steps towards transforming the state's systems. Legislative mandates require child welfare, juvenile justice, and state hospital staff to train professionals, staff, and caregivers in understanding the effects of trauma. Child welfare and juvenile justice have developed and are implementing system-wide training. Additional legislation requires that all children and youth entering the child welfare system are screened for trauma. Likewise, efforts in mental health have kept pace with those in juvenile justice and child welfare, ensuring children and youth are screened and agency staff are trained to recognize, understand, and treat trauma. In addition to training and screening, most organizations serving children and youth provide at least some trauma-focused, evidence-based therapeutic approaches.

# INTERPERSONAL NEUROBIOLOGY

- BIG paradigm shift in caregiving
- HIGH structure, HIGH nurture (does not allow for disruptive behavior)
- Discipline with the definition of structure that aids in training a disciple
- It isn't "fixing the person" or changing behavior as much as it is changing the relationship
- HIGH investment, but HIGH yield
- Optimally guides behavior with maintaining the person in the pre-frontal cortex
- Will require caregiver to spend much work on themselves

# CAREGIVING STYLES



# Integrated Treatment

## Risk-Need-Responsivity Model:

- ***Risk principle***: Match the level of service to the offender's risk to re-offend.
- ***Need principle***: Assess criminogenic needs and target them in treatment.
- ***Responsivity principle***: Maximize the offender's ability to learn from a rehabilitative intervention by providing treatment and tailoring the intervention to the learning style, motivation, abilities and strengths of the offender.

# Integrated Treatment

## **Significant amount of population in need of treatment:**

- Substance Use
- Sexual Behavior
- Violent Offending

## **Supplemental:**

- Trauma Counseling
- NMT, DBT, CBT
- Bio/Neuro-feedback
- Canine Assistive Therapy
- Combing Medical Model and Integrated Treatment

# MEDICAL SERVICES

## Better Care for More Critical Needs

- Integrating more closely with treatment services
- Developing a comprehensive trauma-informed inpatient mental health unit: Crisis Stabilization Unit (CSU)
- Improving neurotransmitter balance through nutrition and activity
- Tattoo removal as elective care
- Redefining the Medical Model through a trauma-informed lens
- Transition youth to free-world medical care through the HWHs.

# CRISIS STABILIZATION UNIT (CSU)

- Highest need youth in dysregulated state that pose risk to themselves or others.
- Highest skilled staff to meet the needs for connection and co-regulation to reengage youth back into treatment and reduce harm and improve safety.
- Implement “compelled medications” with legal process if absolutely necessary, if youth is in a harmful state.
- Working closely with psychiatry and psychology teams along with direct care staff for best teamwork approach to critical care.
- Working closely with State Hospitals and Community Mental Health services.

# NMT IN CSU/MHTP

## (CRISIS STABILATION UNIT/MENTAL HEALTH TREATMENT PROGRAM)

### The Neurosequential Model of Therapeutics™ (NMT)

- not a specific therapeutic technique or intervention
- developmentally sensitive, neurobiologically informed approach to clinical work.
- integrates several core principles of neurodevelopment and traumatology into a comprehensive approach to the child, family, and their broader community.
- helps match the nature and timing of specific therapeutic techniques to the child's developmental stage and brain region and neural networks mediating the neuropsychiatric problems.
- maps the neurobiological development of maltreated children.
- assessment identifies developmental challenges and relationships which contribute to risk or resiliency. Once identified, formal therapy is then combined with rich relationships by trustworthy peers, teachers, and caregivers.

# Trauma-Informed

## 3 Stages of NMT



### Stage 1: Assessment

Make an assessment of where the child has been, a review of child's past experiences.



### Stage 2: Observation

Identify where the child is now and their current functioning strengths & deficiencies.



### Stage 3: Treatment

Direct where the child should go with application of interventions.

# Trauma-Informed

In the Assessment phase, the NMT process examines both the past and current experience and functioning, including a review of the history of adverse experiences and relational health factors to help create an estimate of the timing and severity of developmental risks that may have influenced brain development. Once determined, the information collected is plotted on maps to generate an overall risk assessment and then are compared to a “normal”/stable individual, to determine areas of focus. Based on the findings, and treatment plan, specific therapies and behaviors are modified in order to more closely align the child within clinical norms.

# Trauma-Informed

4	8	7	2	2	9
11	10	7	2	6	10
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