Caddo Parish Juvenile Court: Trauma-Informed Practices Come to Juvenile Court

By Judge David N. Matlock and A. Michelle Perkins

Childhood trauma is not an excuse for failure; it is a pathway for success. Severe toxic trauma adversely affects the formation and pruning of neural pathways. That effect is durable, but largely not irreversible. At the risk of gross oversimplification and reduction, severe trauma, and particularly unbuffered, repeated, relational trauma, causes glucocorticoid (and particularly cortisol) flooding of the brain which damages neural development and pathways. The effect is dose-responsive: the more the trauma, the worse the effect. The effect is also worse during childhood and particularly early childhood because that is when the most brain pathways are being formed. This can cause children to become quickly stuck in lower brain fight, flight or fright (frozen) mode or have their body or brain react as though a prior traumatic event is occurring in the present.

What are Trauma-Informed Practices?

There is rapidly developing science regarding effective, evidence-based treatments and interventions to prevent and heal the adverse effects of trauma. These include evidence-based models of counseling for both children and adults who are survivors of serious childhood trauma and includes parenting methods to help protect children and help them heal.

Children who have serious emotional and behavioral issues arising from severe trauma need three things. First, they need trauma-competent, evidence-based mental health services and interventions. Second, they need trauma-smart daily care from their parents and other caregivers. Relational trauma requires relational healing. Third, they need for their parents to receive treatment and interventions for any of the parent's own unresolved serious childhood trauma. The best option is to refer that parent to a good mental health provider who is trained to use an evidence-based, trauma-focused treatment model.

Judge Matlock: My Introduction to Trauma-Informed Practices

In my 25 years as a juvenile judge, I have seen many children who were molested by an adult member of the child's household or family. Prior to the onset of the molestation, the child was friendly and doing okay in school, but, afterward, became withdrawn or began acting out. This was followed by poor grades and bad conduct reports, and then a cascade of other behavioral and emotional issues, including negative peer associations, unhealthy relationships, sexual acting out and drug-seeking behaviors. Each new unhealthy behavior brought its own new wave of trauma, followed by more and steadily worsening trauma-causing behaviors.

The child may have been removed from his/her home to prevent further maltreatment to the child or due to the child's own escalating and dangerous behaviors. The removal was often followed by a series of disrupted foster home placements, progressively more unsettling placements in shelters, group homes, psychiatric facilities, hospitals and, eventually perhaps, incarceration. At each new stage of placement, the child was exposed to increasingly restrictive conditions and more toxic interactions with increasingly troubled peers leading, predictably, to new traumas experienced by an increasingly fragile and demoralized child.

This series of events can be stopped and even reversed if, early in the process, the child begins receiving effective *trauma-focused* mental health treatment and is able to live in a home and school environment with caregivers who are well informed about *what behaviors to expect* and how to respond to a child who has been severely traumatized.

Much of the awareness of the effects of childhood trauma arises out of the landmark Centers for Disease Control and Kaiser Permanente ACEs study in 1998. From 1995-97, a group of scientists studied the effects of adverse childhood experiences (ACEs) on the mental and physical health of 17,000 adults. This showed that "ACEs disrupt neurodevelopment and can have lasting effects on brain structure and function — the biologic pathways that likely explain the strength of the findings from the ACE Study."[1]

In late 2016, I decided to find out what was going on with the parents I was seeing in child maltreatment cases. I used an often overlooked and highly sophisticated scientific research method: I asked them. The first time a parent showed up in court, I would hold a bench conference in the secure hallway beside the courtroom with the parent, the DCFS caseworkers, the lawyers, the CASA, and occasionally the parent's mental health counselor, and I asked the parent as delicately as I could if he/she had ever been hurt as a child.

The parents' responses were jarring and eye-opening. Their childhood trauma was pervasive, severe and relational. There were remarkable similarities in what they were reporting. Their trauma frequently involved inescapable and repeated sexual abuse by an adult member of their family or household. Many of these parents reported seeing their own parent being serially victimized by domestic violence when they were too young to be able to do anything about it.

A high percentage of the parents with mental illness or treatment-resistant substance abuse were themselves survivors of severe childhood trauma. And a very high percentage of mothers had been victims of childhood sexual abuse. The parents' accounts were credible and often verifiable from DCFS records, criminal records and accounts from other family members. This, it turns out, was not an anomaly.[2]

One thing that stood out about these hallway interviews was how uniformly willing these parents were to share their deeply personal information in an unfamiliar setting with people they barely knew. One parent who had been molested as a child told us that this was the first time she had ever told anyone about what had happened to her.

I began to realize that I had spent over two decades as a juvenile judge not really understanding the singular and pervasive effect that trauma, unhealthy parent/child attachments, toxic stress and, on the positive side, resilience has on every part of the juvenile justice system and on the health and quality of life in our entire community. My experience was not unique.[3]

A Plan for Action

On Sept. 19, 2017, I met with about 35 local treatment providers and child welfare stakeholders who were interested in trauma to discuss how to address trauma in the context of the child welfare system. In that meeting, we identified a goal, the steps necessary to achieve that goal, and additional stakeholders that we needed to include. We referred to our little band as the **Strategic Planning Group for Trauma.** We eventually included not only healthcare professionals, but foster and adoptive parents and children, educators, lawyers, Latinx community representatives, and even a yoga instructor. Our initial goal was to identify and address the trauma-related needs of children and adults in Caddo Parish who are involved or at risk of becoming involved in the child welfare system.

To achieve that goal, we created four working groups:

- ► the Screening, Assessment and Referral Group;
- ► the Treatment Capacity and Training Team;
- ► the Caregiver Training/TBRI® Group; and
- ► the Multidisciplinary Trauma Intervention Team.

The purpose of the first group, **Screening, Assessment and Referral,** was to develop a system to provide a comprehensive trauma-focused mental health assessment and a referral to appropriate treatment for parents as early as practicable in child protection cases. We quickly built a *speedy* child welfare worker and court assessment and referral process by using our existing Family Drug Court referral process and by providing training to local mental health professionals and child welfare workers on how to conduct trauma-focused assessments and make referrals to appropriate trauma-competent treatment services and adjunct interventions.

The assessment protocol that this group developed is individualized and draws from several instruments, including the Global Assessment of Individual Needs (GAIN), the ACEs questionnaire with supplemental questions, trauma blocks, the Global Assessment of Relational Functioning (GARF) scale assessment and the LEC-5 symptoms screen. This assessment process has been refined and streamlined based on our experience.

Removal of a child from the home can be necessary for the child's protection, but the removal itself causes trauma to the child. In order to prevent removal, we have begun working with DCFS to use the trauma-focused assessment and referral process before the risk of harm to the child reaches a point that requires removal. This represents a significant shift in the culture and approach to child welfare.

After an assessment, we referred cases to the **Treatment Capacity and Training Team.** The purpose of this group was twofold: to identify local mental health providers who were already willing and able to provide evidence-based, trauma-competent, Medicaid-funded treatment; and to identify mental health treatment providers who wanted to receive additional training in this kind of treatment and make it available to them.

There are a number of evidence-based, trauma-specific mental health therapies. For adults, these include Prolonged Exposure Therapy, Cognitive Processing Therapy and Eye Movement Desensitization and Reprocessing (EMDR) Therapy. For children, these include Trauma Focused Cognitive Behavioral Therapy and EMDR. Others include the Nurse Family Partnership, Parents as Teachers, Triple P-Positive Parenting Program®, cognitive processing therapy (CPT) and play therapy, and more shallow-end, trauma-competent services such as yoga, mindfulness, equine therapy and others.

The travel and tuition cost for providers to be trained to deliver these services can be high, almost prohibitive, given Medicaid reimbursement rates. The Treatment Capacity and Training Team convened a large gathering of local mental health professionals to identify the trauma-competent treatment training that our providers wanted and then worked to make it available to local providers free or at a substantially reduced cost.

As a result, 25 local providers have received free training in a proprietary treatment model;[4] 15 have received scholarships and obtained comprehensive training in EMDR treatment. This addresses the crucial need to get trauma-focused, evidence-based treatment to parents who are survivors of serious childhood trauma and are eligible for Medicaid.[5] Severe relational trauma requires sustained relational healing.

This leads to our third team, the **Caregiver Training/TBRI® Group.** Its purpose was to promote training for biological, adoptive and foster parents, teachers, childcare providers and other caregivers on how to provide trauma-competent care for children who are survivors of serious trauma.

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The letters TBRI stand for *trust-based relational intervention.* TBRI® is an intervention developed by Dr. Karyn Purvis and Dr. David Cross, with TCU, to help equip parents and other caregivers to be well informed about *what behaviors to expect* and how to respond to children who have been severely traumatized. DCFS and Crossroads NOLA, a community-based organization in New Orleans, were already working to promote the availability of TBRI® in Louisiana. We were able to leverage these statewide efforts locally by working in particular to promote TBRI® training in the Shreveport area.

Volunteers For Youth Justice (VYJ) has adopted TBRI® as one of its five primary programs. VYJ employs a full-time, court-based TBRI® coordinator, and our clerk of court provides part-time TBRI® assistants. VYJ partners with Crossroads NOLA to conduct monthly TBRI® Friday trainings in Shreveport and has reached hundreds of local parents and child-serving professionals. VYJ has recruited and trained and supervises about three dozen TBRI® Advocates, specially trained volunteers who are commissioned by the court and assigned to provide one-on-one training and support for biological, foster and adoptive parents of children with serious emotional or behavioral problems arising from trauma. We also now have a counselor-led, TBRI®-infused caregiver support group for foster parents. We have 30 or so local certified TBRI® practitioners in our area.[6]

This TBRI®-related programming has led to VYJ providing a staffed Calming Studio for children at court and to our having an emotional support puppy, Sasha, available for children and others while at court. Sasha circulates within our courtroom, hallways, sidewalks and the Calming Studio helping children, and not infrequently adults, experience a degree of joy and emotional comfort during an otherwise very difficult time.

In addition, we have staggered docketing to reduce court waiting time, and our District Attorney's office provides trauma-smart activity bags for children who come to court. Caddo Parish Juvenile Services has TBRI® training for detention staff, juvenile probation officers, FINS staff and parents of children in detention, on probation or in the FINS program. We are working to provide TBRI® training to the staffs of area juvenile shelters, group homes and secure facilities.

The Caddo Parish School Board has adopted and is implementing its system-wide Trauma Responsive Schools Plan. This plan extends to teachers and other staff workers who come into contact with children, such as bus drivers, cafeteria workers, office personnel and others. We also now have two dedicated TBRI® time-in classrooms in local schools.

Finally, we established the **Multidisciplinary Trauma Intervention Team.** Its purpose is to staff specific child welfare cases involving serious trauma to either children or the adult parents. This group quickly helped build cross-discipline relationships and communication networks among a number of local agencies and service providers. These efforts helped create a trauma-conscious culture in our local child welfare system.

And the Project Continues

The overall Strategic Planning Group continued to meet periodically to take stock and adjust the trajectory of our efforts. Our structure worked well to make palpable changes in the culture and processes within our local child welfare system and helped us become a *trauma-informed child welfare system,* but there were still gaps.

We realized that our efforts need not be limited to the child welfare system and must include schools and childcare providers, law enforcement, fire and EMS, adult corrections and family court. We also realized that we should address social media, public awareness and intersystem communications and networking. We further realized that our efforts should include public health components and should be informed and guided by our local medical community.

So we broadened our goal to develop and implement a healthcare system-guided, community-wide action plan to prevent childhood trauma and to heal its pervasive effects on adults and children. We merged our child welfare efforts with other ongoing local efforts, including ACEs training, school-based resilience-building efforts and youth resilience-building activities, into a broader effort guided by the Community Foundation of North Louisiana and Step Forward NWLA.

Caddo Parish is one of four pilot sites for the Service Array portion of our statewide child welfare Program Improvement Plan. Working with the Louisiana Pelican Center for Children and Families and Step Forward NWLA, we are coordinating our various local trauma-related efforts with this Service Array pilot project.

Part of that broader effort included developing and conducting the Northwest Louisiana Early Childhood Policy Leadership Institute. This included three one-day training sessions over three months for local business, political, hospital administration and education leaders. The Northwest Louisiana ECPLI has set in motion a collaborative public awareness and policy development effort to promote quality childhood reading education and attachment-nurturing, trauma-informed parenting and childcare.

We also reached out to our local medical community, and they are now helping lead our efforts. The Department of Pediatrics of the University of Maryland School of Medicine has developed a screening model for risk factors of child maltreatment and social determinants of health called Safe Environment for Every Kid (SEEK). Our local pediatricians have adapted the SEEK model for our community, and, together with the Community Foundation of North Louisiana, they are promoting the use of this model among their local peers.[7] This change is important because pediatricians are among the earliest touchpoints for children who are survivors of serious trauma or are at risk of trauma. Pediatricians at our local teaching hospital, Ochsner LSU Health Shreveport, have begun training on using the SEEK model to screen and make referrals to trauma-competent services as part of their routine well-check process. This is important because it is taking place at a teaching hospital with the capacity to bend the trajectory of pediatric practices for a generation of new doctors.

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Conclusion

There are a lot of moving parts to these efforts. It's hard, but it is not complicated and can be boiled down to a few concepts. Parents and caregivers need to know about the adverse effects of childhood trauma. Children who are survivors of severe trauma need to receive evidence-based, trauma-competent mental health services. We need to make those services available to families who want and need them.

These children need to receive nurturing, trauma-informed daily care from their parents and caregivers. To provide this, parents and caregivers of these children need training, support and encouragement. Parents and caregivers who are themselves survivors of serious childhood trauma also need to receive effective, trauma-informed treatment and interventions to prevent the recurrence of trauma to the children they care for and so that they can, in turn, provide the trauma-smart healing care that their children need.

This article is adapted from a presentation given at the American Probation and Parole Association at its winter meeting in New Orleans in January 2020.

FOOTNOTES

1. *www.wvlegislature.gov/Senate1/majority/poverty/ACEsinWashington2009BRFSSFinalReport%20-%20Crittenton.pdf.*

2. *See, e.g.*, Substance Abuse and Mental Health Services Admin., "Essential Components of Trauma-Informed Judicial Practice," p. 3, available at *www.nasmhpd.org/sites/default/files/DRAFT_Essential_Components_of_Trauma_Informed_Judicial_Practice.pdf.*

Interview with Judge Ree J. Casey-Jones, Louisiana's First STAR Court Judge

Interviewed by Hal Odom, Jr.

"You can be a rising star. You can be a shining star. You can even be a rock star!" This is the message Judge Ree J. Casey-Jones has for the girls (and a few boys) who come through her court, Louisiana's first STAR court, a specialty court established to help address the epidemic of human trafficking. Before the coronavirus lockdown, Judge Casey-Jones sat down to talk with the *Louisiana Bar Journal* about this innovative court section under her leadership.

Journal: What does STAR stand for?

Judge Casey-Jones: It stands for Succeeding Through Achievement and Resiliency. We got the idea, and the name, from the Los Angeles, Calif., County Court System, where they have developed it. I was able to go to Los Angeles and observe the system for about a week. It was an education. There are also similar courts in other major cities.

Journal: When did Caddo Juvenile Court begin the STAR Court?

Judge Casey-Jones: In March 2019. So, it's relatively new. In the first year, we have diverted 13 cases to STAR.

Journal: How do you divert cases to STAR?

Judge Casey-Jones: All our cases start out as delinquency cases, and most of them have been with girls. We look for juveniles who have started out with minor offenses, like fighting or disturbing the peace, but have progressed to more serious matters, like major theft, kidnapping or even homicide. We're trying to find out, what's causing this? What are the underlying issues? What can we do to move them out of juvenile justice?

Journal: Who selects cases for diversion?

Judge Casey-Jones: The Caddo Parish Office of Juvenile Services. The office's intensive probation officers evaluate the kids, starting with talking to them, their parents, their teachers, and any other significant persons in their lives. Most of them are already on probation, and moving their case to STAR Court is a condition of probation.

Journal: Is there an immediate effect?

Judge Casey-Jones: Our first goal is to make sure they have a place to stay, food to eat, and some security. Their safety is our Number One goal. Unfortunately, this sometimes involves moving them out of town, or even out of state.

Judge Ree J. Casey-Jones

Journal: Is human trafficking the thread running through most of these cases?

Judge Casey-Jones: Yes, in perhaps 90 percent of the cases. However, we never use the expression "human trafficking" or the word "prostitution." We try to focus on the positive aspect of improving each child's self-esteem, placing the children in a safe environment and giving them

3. *Id.*; Bessel van der Kolk, *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma*. London: Penguin Pub. Group, © 2015.

4. We use the TARGET model. See, *www.advancedtrauma.com/Services.html*.

5. As Dr. van der Kolk states, "Study after study shows that having a good support network constitutes the single most powerful protection against becoming traumatized. Safety and terror are incompatible." Van der Kolk, *supra*.

6. Shreveport was selected as a training site for TCU's international TBRI® practitioner training, set for September 2020.

7. *https://cfnla.org/aces/*.

Caddo Parish Juvenile Court Chief Judge David N. Matlock was elected in 1994. He earned his BA degree at Louisiana State University-Shreveport and his JD degree from Baylor School of Law. In his 26 years at the court, he has been instrumental in establishing the Trauma Competent Child In Need of Care program, Juvenile Drug Court, Family Preservation Court, Domestic Violence and Child Support Drug Court, Juvenile Mental Health Court, Truancy Court, Sex Trafficking Community Response Team, Intensive Probation Unit, on-site drug treatment clinic for children and parents, Teen Court Program and Good Support (a partnership with Goodwill providing employment counseling for individuals in Child Support Court). (dnmatlock@gmail.com; 1835 Spring St., Shreveport, LA 71101)

A. Michelle Perkins, judicial hearing officer for Caddo Parish Juvenile Court, graduated magna cum laude from Louisiana State University-Shreveport in 1991 with a BS degree in psychology and received her JD degree from the University of Colorado in 1994. She is a current member of the Louisiana State Bar Association's Children's Law Committee and the House of Delegates. She implemented the first Family Preservation Court in the state to assist parents with substance abuse problems who have pending domestic violence, child support and FINS cases in juvenile court. She also created Good Support Court, the first specialty court in the state to assist non-custodial parents find employment. She is the 2015 recipient of the Louisiana Outstanding Hearing Officer Award. (mperkins@caddo.org; 1835 Spring St., Shreveport, LA 71101)

incentives to stay out of trouble. That's why I always tell them, "You can be a rising star."

Journal: What kind of procedures do you have for that?

Judge Casey-Jones: You know, it's hard to believe, but many of these kids have never once had any person in their life tell them, "You're pretty," "I love you for who you are" or "I don't want anything out of you." This is the first step. Then, we use incentives. They can get a gift card to have their hair done or their nails. Some of them would like to have a prom dress; we've done that. We held a Christmas party for them, and some of them had never received a Christmas present before. It was a revelation to see their eyes when they got three, four or five presents!

Journal: Can you revoke their probation?

Judge Casey-Jones: Yes, that's a last resort, and I hate to do it, but we can always send them to Juvenile Detention.

Journal: Has the program been successful?

Judge Casey-Jones: Well, it's so new, as of February 2020, we have had only one person go all the way through and graduate. However, she is now doing okay, and it's an encouraging model moving forward.

Journal: What community resources have partnered with the STAR Court?

Judge Casey-Jones: Oh, there are many. First, the Office of Juvenile Justice and its individual employees. The employees have opened up their own wallets to help with incentives and been so involved. The Caddo Parish Commission has been a source of funding. Volunteers For Youth Justice are very involved. The District Attorney's Office is a great partner, lots of resources and personnel. Then, there's the Christ Center Church for work with girls. And too many individuals to name. I would also mention Alpha Kappa Alpha Sorority, an organization of which I have been a member for 20 years. They have really jumped in. And Jack and Jill of America, an African-American organization that has always helped mothers. You might not have heard of them, but they are important players.

Journal: From what you have seen, what are the underlying causes of human trafficking?

Judge Casey-Jones: Maybe not causes, but we always see two things: lack of self-esteem and absence of stability in the home. These are latchkey kids. Their situation makes them very vulnerable.

Journal: What have you learned from the STAR Court?

Judge Casey-Jones: When I first started, I didn't know the severity of the trafficking issues. It's shocking to me that a parent or grandparent could do this to a little girl. Through working with the girls, helping them, seeing them smile, building their self-esteem, I see they are learning for the first time that somebody wants them to succeed in life. I am overjoyed by giving back and helping someone. And it just makes an enormous difference.

Journal: Do you have any other comments about your experience at STAR Court?

Judge Casey-Jones: Juvenile court is not just for kids. It's to bring families back together, to give them all the tools they need to build, or rebuild, their family unit. Look, I am a parent, too. I can tell everyone in my court, "There's no parenting handbook. We're all going to learn by doing, and we can all make mistakes." But the message is, we are here to help. I'm going to give it everything I can, and so are our partners. This is a wonderful opportunity to pull these kids out of an awful situation.

Journal: I'm enormously impressed with all the layers of support right inside this building, and the strong networks you have developed. Thank you for taking time to talk with the *Journal*, and mostly for all you're doing to address trafficking and delinquency.

Judge Casey-Jones: You're most welcome. It's been my pleasure.

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