
HOUSE COMMITTEE AMENDMENTS

2023 Regular Session

Amendments proposed by House Committee on Administration of Criminal Justice to Original House Bill No. 55 by Representative Selders

AMENDMENT NO. 1

On page 1, line 6, after "a" and before the semicolon ";" change "multi-disciplinary service team" to "certified correctional officer peer specialist program"

AMENDMENT NO. 2

On page 3, delete lines 12 through 23 in their entirety and insert the following:

"(5) Post-traumatic stress disorder" means any of the following:

(a) Exposure to actual or threatened death, serious injury, or sexual violence including any of the following:

(i) Directly experiencing a traumatic event.

(ii) Personally witnessing the traumatic event as it occurred to others.

(iii) Learning that the traumatic event occurred to a close family member or close friend in a manner that was violent or accidental.

(iv) Experiencing repeated or extreme exposure to aversive details of traumatic events, including first responders collecting human remains and police officers repeatedly being exposed to details of child abuse. The provisions of this Item shall not apply to exposure through electronic media, television, movies, or pictures unless this exposure is work-related.

(b) The presence of any of the following intrusion symptoms associated with a traumatic event, beginning after the traumatic event has occurred:

(i) Recurrent, involuntary, and intrusive distressing memories of the traumatic event.

(ii) Recurrent distressing dreams in which the content or effect of the dream is related to the traumatic event.

(iii) Dissociative reactions, commonly referred to as flashbacks, in which the individual feels or acts as if the traumatic event is recurring. Such reactions may occur on a continuum, with the most extreme expression being a complete loss of awareness of present surroundings.

(iv) Intense or prolonged psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.

(v) Marked physiological reactions to internal or external cues that symbolize or resemble an aspect of the traumatic event.

(vi) Persistent avoidance of stimuli associated with the traumatic event, beginning after the traumatic event occurred, as evidenced by any of the following:

(aa) Efforts to avoid or avoidance of distressing memories, thoughts, or feelings regarding or closely associated with the traumatic event.

(bb) Efforts to avoid or avoidance of external reminders such as people, places, conversations, activities, objects, or situations, that arouse distressing memories, thoughts, or feelings regarding or closely associated with the traumatic event.

(c) Negative alterations in cognitions and moods associated with the traumatic event, beginning or worsening after the traumatic event has occurred, as evidenced by at least two of the following:

(i) Inability to remember an important aspect of the traumatic event that is due to dissociative amnesia, and not due to other factors such as head injury, alcohol use, or drug use.

(ii) Persistent and exaggerated negative beliefs or expectations about oneself, others, or the world.

- 1 (iii) Persistent, distorted cognitions about the cause or consequences of the
- 2 traumatic event that lead the individual to blame himself or others.
- 3 (iv) Persistent negative emotional state such as fear, horror, anger, guilt, or
- 4 shame.
- 5 (v) Notably diminished interest or participation in significant activities.
- 6 (vi) Feelings of detachment or estrangement from others.
- 7 (vii) Persistent inability to experience positive emotions such as the inability
- 8 to experience happiness, satisfaction, or loving feelings.
- 9 (d) Marked alterations in arousal and reactivity associated with the traumatic
- 10 event, beginning or worsening after the traumatic event occurred, as evidenced by
- 11 at least two of the following:
- 12 (i) Irritable behavior and angry outbursts with little or no provocation that
- 13 are typically expressed as verbal or physical aggression toward people or objects.
- 14 (ii) Reckless or self-destructive behavior.
- 15 (iii) Hypervigilance.
- 16 (iv) Exaggerated startle response.
- 17 (v) Problems with concentration.
- 18 (vi) Sleep disturbance such as difficulty falling, staying asleep, or restless
- 19 sleep.
- 20 (e) When the duration of the disturbance in Item (b)(vi) of this Paragraph and
- 21 Subparagraphs (c) and (d) of this Paragraph is more than one month.
- 22 (i) The disturbance causes clinically significant distress or impairment in
- 23 social, occupational, or other important areas of functioning.
- 24 (ii) The disturbance is not attributable to the physiological effects of a
- 25 substance such as medication or alcohol or a medical condition.
- 26 (f) The experience of persistent or recurrent symptoms of depersonalization
- 27 or derealization that are manifested through dissociative symptoms and in response
- 28 to a stressor.
- 29 (i) For purposes of this Subparagraph, "Depersonalization" means persistent
- 30 or recurrent experiences of feeling detached from, and as if one were an outside
- 31 observer of, one's mental processes or body.
- 32 (ii) For purposes of this Subparagraph, "Derealization" means persistent or
- 33 recurrent experiences of the unreality of surroundings.
- 34 (iii) The dissociative symptoms provided in this Subparagraph shall not be
- 35 attributable to the physiological effects of a substance or a medical condition."

36 AMENDMENT NO. 3

37 On page 5, line 8, after the comma "," and before "either" insert "including incarcerated

38 people meeting diagnostic criteria for post-traumatic stress disorder,"

39 AMENDMENT NO. 4

40 On page 5, delete lines 10 through 28 in their entirety and delete pages 6 and 7 in their

41 entirety and on page 8 delete lines 1 through 19 in their entirety and insert the following:

- 42 "(2) The department shall create a certified correctional officer peer
- 43 specialist program to train officers in trauma-informed care and the recognition of
- 44 symptoms associated with all forms of trauma, including but not limited to
- 45 post-traumatic stress disorders, childhood trauma, or adverse childhood experiences.
- 46 (3) The department shall create a certified peer specialist program to train
- 47 currently incarcerated people in trauma training to provide support services in an
- 48 effort to increase support to incarcerated people who have experienced trauma that
- 49 continues to impact their lives.
- 50 (4) The department shall contract with an independent mental health agency,
- 51 peer specialist, or a qualified mental health professional to provide ongoing training
- 52 to correctional officers and certified peer specialists on trauma-related methodologies
- 53 and interventions.

1 (5) The department shall screen for symptoms of post-traumatic stress
2 disorder during initial intake into the department and once a year, screen all
3 incarcerated people within the department for post-traumatic stress disorder
4 symptoms. The department may use one or a combination of industry-standard
5 surveys or questionnaires to screen for trauma symptoms.

6 (6) The department shall administer further evaluations to any incarcerated
7 person identified as needing additional services to determine the best interventions
8 and methodology options available to meet the dynamic needs of the incarcerated
9 person suffering from trauma-related symptoms.

10 (7) The department shall review the trauma screenings and results with every
11 incarcerated person at least one year after completing the trauma screening. This
12 review shall be included in the incarcerated person's overall rehabilitation goals,
13 treatment plans, or reentry plan on a voluntary basis, subject to review and change
14 by the incarcerated person in consultation with appropriate medical personnel and
15 with the consent of the Louisiana Department of Health or other appropriate
16 department. No incarcerated person shall be subject to disciplinary action for
17 refusing to participate in treatment plans or discuss his trauma-related history.

18 (8) The department shall provide treatment services to incarcerated people
19 suffering from trauma-related symptoms. These services may include a range of
20 interventions and methodologies designed to meet the dynamic needs of the
21 incarcerated person suffering from trauma symptoms and to teach healthy coping
22 skills and how to effectively regulate his emotions.

23 (9) The department shall provide educational outreach programming to
24 encourage incarcerated people to seek treatment that will have a positive and lasting
25 impact on their lives."