Addressing the Needs of People with Brain Injuries in the Justice System

November 2, 2022 | 2:00–3:30 p.m., ET | National Association of State Head Injury Administrators | Judy Dettmer, Rebeccah Wolfkiel
Presentation Outline

I. Overview and Introductions

II. Defining Brain Injuries: Severity, Complications, and Behavioral Health

III. Impact of Brain Injuries for People with Justice System Involvement

IV. Screening, Referral, and Support

V. Questions and Answers
Presenters

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- Maria Fryer, *Mental Health and Justice Systems Policy Advisor, Bureau of Justice Assistance, U.S. Department of Justice*
- Ethan Kelly, *Senior Policy Analyst, Behavioral Health, The Council of State Governments (CSG) Justice Center*
- Rebeccah Wolfkiel, *Executive Director, NASHIA*
The Council of State Governments Justice Center

We are a national nonprofit, nonpartisan organization that combines the power of a membership association, serving state officials in all three branches of government, with policy and research expertise to develop strategies that increase public safety and strengthen communities.
Justice and Mental Health Collaboration Program

The Justice and Mental Health Collaboration Program (JMHCP) promotes innovative cross-system collaboration and provides grants directly to states, local governments, and federally recognized Indian Tribes. It is designed to improve responses to people with mental health conditions and substance use disorders who are involved in the criminal justice system.
The U.S. Department of Justice Bureau of Justice Assistance

**Mission:** BJA’s mission is to provide leadership and services in grant administration and criminal justice policy development to support state, local, and Tribal justice strategies to achieve safer communities. BJA works with communities, governments, and nonprofit organizations to reduce crime, recidivism, and unnecessary confinement, and promote a safe and fair criminal justice system.

Visit the [BJA website](https://www.bja.gov) to learn more.
National Association of State Head Injury Administrators (NASHIA)

NASHIA is a nonprofit organization created to assist state government in promoting partnerships and building systems to meet the needs of individuals with brain injury and their families.
Areas of Focus for NASHIA

- Resources and Leading Trends
- Training and Professional Development
- Federal Advocacy
- Technical Assistance
- State Connections
Components of a Comprehensive Brain Injury Program
Presentation Outline

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Learning Objectives

- Gain an understanding of the prevalence of brain injury in the justice system.
- Learn about importance of screening and accommodating brain injury from a person-centered approach.
- Learn about resources available to support individuals with brain injury.
Brain Injury Defined

Acquired Brain Injury

- Traumatic Brain Injury
  - Ex: assault, fall, blast injury, motor vehicle accident
- External Forces
- Non-Traumatic Brain Injury
  - Ex: stroke, tumor, lack of oxygen, infection

Internal Event

Addressing the Needs of People with Brain Injuries in the Justice System
Classification of Severity

- **Mild**
  > Loss of consciousness 0–30 minutes (concussion)

- **Moderate**
  > Loss of consciousness 30 minutes–24 hours

- **Severe**
  > Loss of consciousness for over 24 hours
Mild Traumatic Brain Injuries (TBI): Complications

75 percent of TBIs are mild. TBI symptoms may appear mild but can lead to significant, life-long impairment affecting an individual’s ability to function physically, cognitively, and psychologically.

Symptoms may be subtle

- **90 percent** of concussions are **not associated with a loss of consciousness**.
- Concussive symptoms may develop over days or even months later.

Treated in non-hospital setting, not in ED, or not treated at all

- **90 percent** of TBI may go **unreported**.
- Often not visible on CT scan or MRI

Brain injury can **mirror** other disabilities or conditions.
Mild TBI: Complications

- Most individuals with one uncomplicated, mild brain injury will resolve back to baseline.
- Two significant reasons why mild brain injury can result in lasting impairment:
  1. Repeated exposure, e.g., abuse, intimate partner violence, combat, sports
  2. Underlying co-occurring conditions such as addiction or mental illness
# Possible Physical Changes

<table>
<thead>
<tr>
<th>Injury-related challenge</th>
<th>How it may affect a person functionally</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coordination</td>
<td>Unsteady gait, poor eye-hand coordination, slow or slurred speech, tremors, paralysis</td>
</tr>
<tr>
<td>Visual Deficits</td>
<td>Staring or poor eye contact, blurred or double vision, inability to follow an object with their eyes</td>
</tr>
<tr>
<td>Additional Physical Challenges</td>
<td>Seizures, deaf or hard of hearing, fatigue</td>
</tr>
</tbody>
</table>
## Possible Cognitive Changes

<table>
<thead>
<tr>
<th>Injury-related challenge</th>
<th>How it may affect a person functionally</th>
</tr>
</thead>
<tbody>
<tr>
<td>Memory</td>
<td>Trouble following directions, providing requested information, making appointments</td>
</tr>
<tr>
<td>Processing (receptive)</td>
<td>Understanding what is being said and reading</td>
</tr>
<tr>
<td>Processing (expressive)</td>
<td>Trouble putting thoughts into words—tip of the tongue syndrome</td>
</tr>
<tr>
<td>Problem-solving (related to frontal lobe and temporal tip injury)</td>
<td>Impulsive, easily frustrated, sexually disinhibited, verbally/physically combative, interpersonally inflexible, poorly organized</td>
</tr>
</tbody>
</table>
## Possible Emotional Changes

<table>
<thead>
<tr>
<th>Injury-related challenge</th>
<th>How it may affect a person functionally</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>Flat affect, lack of initiation, sadness, irritability</td>
</tr>
<tr>
<td>Unawareness</td>
<td>Unable to take social cues from others</td>
</tr>
<tr>
<td>Confabulation</td>
<td>“Making up stories”</td>
</tr>
<tr>
<td>Perseveration</td>
<td>Gets “stuck” on a topic of conversation or physical action</td>
</tr>
<tr>
<td>Post Traumatic Stress Disorder</td>
<td>Intrusive thoughts, sleep disturbance, hypervigilance</td>
</tr>
<tr>
<td>Anxiety</td>
<td>Can exacerbate other cognitive/behavioral problems</td>
</tr>
</tbody>
</table>
Behavioral Health and Brain Injury

**Suicide Attempts:**
- 28% with suicidal thoughts, 17% attempts
- Compared to 4% in general population

**Substance Use:**
- Post-rehabilitation for TBI:
  - 11.5% used an illicit substance since injury
  - 16.9% misused alcohol since injury

**Mental Health:**
- 1/3 of TBI survivors experience mental health symptoms after a TBI
- Compared to 26.2% in general population

See sources, slide 63
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TBI and Criminal Justice: Prevalence

- A meta-analysis found the prevalence of TBI in the justice population to be 60.25 percent vs. 8.5 percent of the general population with reported history of TBI.
- A meta-analysis found that approximately 30 percent of adjudicated youth have sustained a previous brain injury.
- In a Colorado study, women convicted of offenses reported a history of TBI at a rate of 97 percent.

See resources, slide 64
TBI and Criminal Justice: Negative Outcomes

- Increased utilization of services while incarcerated (health and psychological)
- Lower treatment completion rates and higher rates of disciplinary incidents
- Lower ability to maintain rule-abiding behavior during incarceration
- Higher number of prior incarcerations
- Higher rates of recidivism, 69 percent compared to 37 percent of peers without TBI
- Criminal behavior can increase after TBI (especially severe TBI)

# Psychosocial Vulnerabilities


<table>
<thead>
<tr>
<th>Condition</th>
<th>Incarcerated Population</th>
<th>General Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>History of Substance Use</td>
<td>95.2</td>
<td></td>
</tr>
<tr>
<td>History of Mental Illness</td>
<td>70</td>
<td></td>
</tr>
<tr>
<td>Attempted Suicide</td>
<td>39.2</td>
<td></td>
</tr>
<tr>
<td>Childhood Trauma</td>
<td>60.3</td>
<td></td>
</tr>
<tr>
<td>Adult Trauma</td>
<td>59.9</td>
<td></td>
</tr>
<tr>
<td>School Suspension</td>
<td>62</td>
<td></td>
</tr>
</tbody>
</table>
## Problems Worsen with Each New Injury

<table>
<thead>
<tr>
<th>COGNITIVE/THINKING</th>
<th>EMOTIONAL</th>
<th>PHYSICAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Memory and attention</td>
<td>Depression and anxiety</td>
<td>Unsteady gait, poor coordination</td>
</tr>
<tr>
<td>Comprehension of what is being read or heard</td>
<td>Reduced or lack of awareness of</td>
<td>Slow or slurred speech</td>
</tr>
<tr>
<td></td>
<td>functional impact of injury-imposed</td>
<td></td>
</tr>
<tr>
<td></td>
<td>challenges</td>
<td></td>
</tr>
<tr>
<td>Communicating thoughts verbally or in writing</td>
<td>Disinhibition and impulsivity</td>
<td>Sensitivity to noise or light</td>
</tr>
<tr>
<td>Problem-solving difficulties, impulse control and difficulty organizing thoughts,</td>
<td>Reduced frustration tolerance</td>
<td>Fatigue</td>
</tr>
<tr>
<td>words and actions (aka executive skills)</td>
<td>and irritability</td>
<td></td>
</tr>
</tbody>
</table>

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A Big Problem with Some Simple Solutions
The Sequential Intercept Map


Tangible Solutions

Train on brain injury → Screen for brain injury → Screen for impairment → Adjust supports to address impairment → Refer to community supports
The Importance of Screening for TBI

- The Commission on Safety and Abuse in America’s Prisons was established in 2005 to identify and recommend solutions to the most serious challenges facing America’s jails and prisons.

- Recommendations from the Mental Health Problems of Prison and Jail Inmates and the Commission on Safety and Abuse in America’s Prisons
  - Increased health screening, evaluation, and treatment for incarcerated people
  - Routine screening for TBI
  - Screening individuals with TBI for substance use disorders and co-occurring mental health diagnoses
  - Education for personnel about how to manage and support individuals with TBI

For sources, see slide 65.
Considerations for Selecting a Screening Tool

• Tools are best if they’re cost-effective and easy to administer.
• Best to use a validated tool.
• Tools to consider include the following:
  ▪ Ohio State University – Traumatic Brain Injury Identification Method
  ▪ Traumatic Brain Injury Questionnaire
  ▪ Brain Injury Screen Questionnaire
  ▪ Brain Check Survey
The Importance of Screening for Impairment

- Most of the lifetime history screening tools do not provide information about current impairment.
- Understanding both the history of injury and current impairment allows for effective adjustments/accommodations to be implemented.
- Identifying the current impairment will help increase the person’s ability to advocate for themselves.
Importance of Screening for Impairment

Tools are best if cost-effective and easy to administer

- Self-Report
- Neuropsychological screen
Neuropsychological Screening Tools

- Neuropsychological screening tools to consider include the following:
  - Automated Neuropsychological Assessment Metrics, Core Battery
  - Neuropsychological Assessment Battery – Screening Module
  - Repeatable Battery for the Assessment of Neuropsychological Status

- Self-Report screening tools to consider:
  - Adult TBI Protocol
  - Juvenile TBI Protocol
## Colorado Symptoms Questionnaire

<table>
<thead>
<tr>
<th>MEMORY CONCERNS</th>
<th>I do not experience this problem at all</th>
<th>I experience this problem but it does not bother me</th>
<th>I am mildly bothered by this problem</th>
<th>I am moderately bothered by this problem</th>
<th>I am extremely bothered by this problem</th>
</tr>
</thead>
<tbody>
<tr>
<td>Losing or misplacing important items (e.g., keys, wallet, papers)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Forgetting what people tell me</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Forgetting what I’ve read</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

Strategies Guidebook for Professionals

- Memory Problems
- Delayed Processing
- Inhibition Problems/Impulsivity
- Physical and Sensorimotor Problems
- Emotional Dysregulation

NASHIA Online Brain Injury Screening and Support System

Benefit to the client:
• Identify TBI and non-TBI history.
• Determine program eligibility.
• Identify impairment and share strategies regarding the associated symptoms.
• Provide strategies for professionals on how to support clients with brain injuries.
The “So What”: Adjusting/Accommodating

Framework for Support

We are NOT treating the brain injury; we ARE treating the behavioral health concern in the context of brain injury.

Demystifies brain injury for non-brain injury professionals.

Empowers individuals with brain injury and families to advocate for appropriate supports.
The “So What”: Adjusting/Accommodating

Strategies should be easy to implement and appropriate to the environment.

Strategies should be person centered; the person needs to be integral in:

1. Recognizing the need for a strategy
2. Developing a strategy
3. Monitoring progress
Understanding Brain Development

Higher Order Processes: Social/Emotional Competency, Executive Functioning

Intermediate Processes: Language, Learning, and Visual-Spatial Processes

Fundamental Processes: Memory, Processing Speed, Attention, Inhibition, Sensory-Motor

The “So What”: Adjusting/Accommodating

Impaired Attention

What it looks like:

- Fidgets, squirms in seat, can’t sit still
- Interrupts conversation
- Talks excessively
- Off topic
- Impulsivity (inability to inhibit)
The “So What”: Adjusting/Accommodating

Impaired Attention

Adjustments/Accommodations:

• Check to make sure you have the person’s attention before giving instructions.
• Work on one task at a time to avoid the need to divide attention.
• Reduce distractions; meet in a quiet environment.
• Keep instructions brief, simple, and to the point.
The “So What”: Adjusting/Accommodating

Short-Term Memory Loss

What it looks like:
• Can’t remember more than one thing at a time
• Can’t remember details
• Appears disorganized
• Appears to have an “attitude” problem
• Appears manipulative
The “So What”: Adjusting/Accommodating

Short-Term Memory Loss

Adjustments/Accommodations:

• Repeat and summarize information.
• Provide written summary.
• Review new information frequently.
• Stick to routine as much as possible.
• Keep information concise, tangible, and relevant.
Skill vs. Will (Can’t vs. Won’t)

If they think they have the skill but choose not to use it, likely to think punishment.

If they think they don’t have the skill, less likely to think punishment, more likely to think of teaching the skill.
Look for the Function of the Behavior

Problem Behavior

- Obtain/Get Something
  - Stimulation/Sensory
    - Adult
  - Social
  - Tangible/Activity
    - Peer

- Escape/Avoid Something
  - Get away with something... We feel manipulated
The Impact of Brain Injury on Brain Development

Looking at Behavior in the Primary Domains

Behavior: Non-compliance

School/Work
Home
Community
Strategies to Assist with Functional Behavior

Doesn't feel rules are fair and expresses feelings inappropriately: Expressive/Pragmatic Language

- Teach appropriate ways to express verbal discontent

Is off-task while reviewing expectations: Attention

- Make sure you have attention before reviewing expectations

Can't remember expectations: Memory

- Write out/draw out steps to compensate for memory
Strategies to Assist with Functional Behavior

- **Doesn't read visual cues: Visual-Spatial**
  - May need to teach facial cues, non-verbal cues

- **Doesn't understand expectations: Receptive Language**
  - Review expectations in visual, multimodal fashion

- **No problem-solving skills: Executive Dysfunction**
  - May need to teach cognitive behavioral therapy skills (CBT)
Psychoeducational Supports

• It is important to provide education about brain injury to the justice-involved individual and, when appropriate, their family.

• The screening process might be the first time they are identifying and understanding that they have a brain injury.

• Message needs to be that they are not “broken” and that there are ways to compensate for the deficits they experience.

• The person may not be able to recognize their deficits immediately. It is important to meet them where they are.
An Example from Colorado: Achieving Healing Through Education, Accountability, and Determination (AHEAD)

Seven Modules:

1. Understanding TBI/Symptom Recognition
2. Memory Skills/Goal Setting
3. Emotional Regulation
4. Communication Mastery
5. TBI and Anger
6. Stopping and Thinking
7. Grief

Brain Injury and Criminal and Juvenile Justice Initiatives

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V. Discussion with Panelists
Discussion with the Panelists

Please use the chat function to type your questions for the presenters.
Neuropsychological Screening Course

Neuropsychological Screening: Using Brain Injury and Cognitive Screening to Inform Treatment Planning Across Settings with Dr. Kim Gorgens

MODULE 1 - 3: FOR MASTERS-LEVEL CLINICIANS ($150)
MODULE 4: FOR SUPERVISORS ($150)
CONSULTATION HOURS AVAILABLE

SIGN UP TODAY
HCUSHEN@NASHIA.ORG

Learn more here.
Behavioral Health/Criminal and Juvenile Justice and Brain Injury Resources

NASHIA:
• Website Resources
  Criminal & Juvenile Justice
  Tip Card, Toolkit & Workbook, Advisory on Treating Brain Injury

• Leading Practices Academy
  ▪ Direct state TA and consultation
  ▪ Six Academy meetings per year
  ▪ Peer-to-peer support
  ▪ Online HUB with resources and community forum
  ▪ Annual Summit

Leading Practices Academy on Criminal and Juvenile Justice
Leading Practices Academy on Behavioral Health
Resources for the Field

• National Association of State Head Injury Administrators: https://www.nashia.org/

• NASHIA: Criminal and Juvenile Justice Best Practice Guide and Supporting Materials

• Brain Injury Association of America: https://www.biausa.org/

• United States Brain Injury Alliance: https://usbia.org/
Resources for the Field

- “Lifetime History Screening Tool”: Lifetime history screening tool chart

- Colorado Symptom Questionnaire: To obtain online access, contact Liz Gerdeman @ liz.gerdeman@state.co.us, Fillable Copy

- BrainLine: https://www.brainline.org/

- Model Systems Knowledge Translation Center: https://msktc.org/

- The Surprising Connection Between Brain Injuries and Crime
Resources for the Field

- Adult TBI Protocol: adult self-report and strategies

- Juvenile TBI Protocol: juvenile self-report and strategies

- More information about these screens can be found at this link and by clicking on “Neuropsychological Screening Batteries Chart”: Neuropsychological Screens
Resources for the Field

Accommodating the Symptoms of TBI Booklet PDF

Presented by:

Ohio Valley Center for Brain Injury Prevention and Rehabilitation

With contributions from Minnesota Department of Human Services State Operated Services

Developed in part with support of a grant from the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA) to Ohio Rehabilitation Services Commission and The Ohio State University.

Booklet order form PDF
Resources for the Field

Free Online Toolkit

Developed by researchers at the Department of Veterans Affairs, this toolkit is designed to assist providers in identifying TBI and associated co-occurring problems and determining potential need for further evaluation and/or mental health treatment modification.

Click here to access the toolkit. Click here and open the “Training Resources” menu for valuable slides from the initial training on this toolkit.

The goal is to offer providers working with clients who have a history TBI and mental health symptoms the following:

- Background information/Education
- Screening and Assessment Tools
- Interventions and Treatment Modification Suggestions
- Additional resources

Mental Health, Criminal Justice, and Brain Injury Toolkit
Cokids with Brain Injury
Sources: Slide 19


Sources: Slide 21


Sources: Slide 29


Contact Information

- Judy Dettmer, Director of Strategic Partnerships, NASHIA- jdetttmer@nashia.org

- Rebeccah Wolfkiel, Executive Director, NASHIA- rwolfkiel@nashia.org
Thank You!

Join our distribution list to receive updates and announcements:

https://csgjusticecenter.org/resources/newsletters/

For more information, please contact Ethan Kelly at ekelly@csg.org