

- **Ethan Kelly**

00:00:11 Hello! It is now two Pm. Eastern time. You have joined the Justice and mental health collaboration program Field Wide Webinar, on addressing the needs of people with brain injuries in the justice system

- 00:00:23 to allow for additional sign-ins past the hour. We will be starting this webinar in a few minutes.
- 00:02:14 Good afternoon. Thank you for joining today's justice and mental health collaboration program. Field-wide webinar on addressing the needs of people with brain injuries in the justice system
- 00:02:24 My name is Ethan Kelly, and I am a senior policy analyst At the Council of State Governments Justice Center.
- 00:02:30 I will be moderating today's Webinar, which is hosted by the Us. Department of Justice, Bureau of Justice, Assistance, Bja and the Council of State Governments Justice Center
- 00:02:46 to give you an over overview of today's Webinar. First, we will do introductions of our panelists and organizations
- 00:02:53 mit ctl, and you will hear a presentation on the prevalence of traumatic brain injuries in the justice system, the importance of screening and key resources and supports for people living with the brain injury, and towards the end of the Webinar We'll have time for questions and answers with today's presenters one hundred and fifty.
- 00:03:10 Any time during the Webinar you can ask a question by clicking on the Q. A. Button at the bottom of the screen and entering your question. This includes both technical and content-related questions.
- 00:03:22 We we will try to reply to technical questions in the chat as we go for the content, related questions. We'll keep a running list and address them at the end of the Webinar. We will do our best to get through as many questions as possible. If you encounter technical or audio problems during this Webinar, please click on the link that we shared within the chat.
- 00:03:41 And please understand that there are some technical issues that we may not be able to resolve. We are recording the Webinar, and we will post it along with the Powerpoint slides on our website within one to two weeks, three.
- 00:03:53 And now for our introductions,
- 00:04:01 Judy Debmer has been working in the field of brain injury for thirty years. Miss Dentmer is currently the director of strategic

partnerships and a technical assistance lead for the traumatic brain injury,

- 00:04:13 technical
- 00:04:15 assistance and resource center at the National Association of State Head Injury Administrators, or NASHA
- 00:04:23 Ms. Detmer has provided technical assistance to numerous States, including but not limited to screening on brain injury, developing infrastructure within State systems, such as departments of education, criminal justice, and a developing and managing advisory boards and councils.
- 00:04:41 Maria Fryer is a policy adviser for the U.S. Department of Justice Bureau of Justice Assistance.
- 00:04:47 She oversees the Justice and Mental Health portfolio, and collaborates with the Csg Justice Center to assist states, local governments and behavioral health organizations to better understand the relationship between the criminal justice system and mental health populations, and to help create policy and programming that meets the needs of municipalities and the citizens they serve.
- 00:05:09 Breyer previously worked at the North Carolina Governor's Crime Commission, where she advised the Governor's office on effectively addressing the needs of victims of violent crime.
- 00:05:19 In addition to working with families overcoming violence and instability in Coffee County, Alabama, Breyer worked in community corrections in Fayette, North Carolina, helping to develop intermediate and community-based sanctions for repeat offenders with drug addiction.
- 00:05:34 She also served in the United States Army as a member of the Military Police Corps.
- 00:05:41 Rebecca Wolfkel joined the National Association of State Head Injury Administrators.
- 00:05:47 Mitzvah,
- 00:05:59 in her role as an executive director, Rebecca is committed to representing the interest of State governments and supporting the unique and integral role they play within the service delivery system.
- 00:06:10 Rebecca has also worked with the former Pennsylvania, Governor Tom Ridge, at the Ridge Policy Group for ten years, where she formally represented Nashia as a government affairs adviser.
- 00:06:20 Thank you all for being in the Webinar Today
- 00:06:30 I'm going to give you some background on the Council State Government's Justice center

- 00:06:34mit Ctl and the Justice Center is a national nonprofit non-partisan organization that combines the power of a membership association representing State officials and all three branches of government with the expertise of a policy and research team focused on assisting others to attain measurable results. Our staff develops research, driven strategies to increase public safety and strengthening communities. One
- 00:06:55next slide,
- 00:06:58the justice and mental health collaboration program, or Jmhcp. Was established in two thousand and five, and is funding the training today for the field at large. Some of the attendees may currently have a J. Mecp. Award, or may have received one previously.
- 00:07:12And now I will turn it over to Maria Fryer to talk about Bj. A. Maria



### **Maria Fryer**

00:07:18great. Thank you, Ethan. And hello, everybody. Um, Thank you so much for attending today's webinar about the needs of people with traumatic brain injury in the justice system,

- 00:07:29and my name is Maria Fryer, and I'm. Sorry I'm not on camera. I'm having some video issues. Um, but I am the policy advisor overseeing the justice and mental health collaboration portfolio, which also includes the connecting protect program for about eight years. Now, Bja, where we partner with the Council of State Government Justice Center to provide training and technical assistance to the field,
- 00:07:54and many of you may be familiar with Dj. A. And have benefited from the Webinar such as this one, as you collaborate with your community partners and serve people in need of services.
- 00:08:06And as you do this work, feature a support you through grant programs, policy work, national initiative and resource development.
- 00:08:14We are so encouraged to have such great participation today from the field as we work together to improve public safety to justice and mental health partnerships. And thank you so much for being here again today. Enjoy the Webinar. That's you, even.



## Ethan Kelly

00:08:30 Thank you, Maria.

- 00:08:36 Okay. Now I'm going to turn it over to the National Association of State, Henry Head. Injury administrators for the presentation.



## Rebecca Wolfkiel

00:08:45 Thank you so much, Ethan, and thank you. Everyone at Csg. And Bj. A. For partnering with um Nasa on this Webinar. We're very excited to talk to uh your community today. My name is Rebecca Wolfkill, and I am the executive Director of Nasa,

- 00:09:05 and our organization is a State Trade association that represents State government programs that are supporting people with brain injury across the country.
- 00:09:17 We were founded over thirty years ago, Um. By State employees who were building systems in their States to meet the needs of people living with brain injury and their families, and we've continued to grow since then.
- 00:09:32 Next slide, please.
- 00:09:35 We provide um several services to meet the needs of um, the community and and State government programs. Um. First and foremost, we really are a resource and um, We provide best practices and new information to not only State governments, but the partners that they work with to serve the community. Um, I hope you'll check out our website. Um! We have a comprehensive list of resources um to support
- 00:10:04 people working within the justice system, um, and other and other systems as well, that are supporting people with brain injury. We provide a lot of training and technical assistance as well and really help connect. Folks connect people
- 00:10:19 in States um connect brain injury programs to um other state programs. Um. And and also state to state to allow States to learn from one another. And um really build on those best best practices. And um we do um as my bio um reference. We do have Federal advocacy arm and um, that's really focused on um trying to advocate for additional

- 00:10:46funds and resources for those States to be able to meet the needs of of individuals with brain injury living within their communities. Next slide, please.
- 00:10:58And so I think you know you'll hear today. Um! That really brain injury, and individuals who have been impacted by brain injury are everywhere within the community. And and really, whether or not that individual even recognizes it or not.
- 00:11:12Um! There are, you know, millions of individuals that are living with the impacts of a brain injury, and they
- 00:11:20receive services through a variety of systems. Um, many times it's not through the brain injury program right away. Um! That family may understand that they need services, and they may enter a State government program through the employment through the Vr program. They may um enter it um through the veteran state program. Um, And then, of course today we'll talk mostly about individuals that are entering the government um through the criminal justice program.
- 00:11:50Um, But what we really try to do is make sure that those brain injury programs in each State um
- 00:11:56are available and understand that they are um they partner with um those other State agencies, so that um The criminal justice system, the employment system, the veteran systems. They all are able to support those folks. Um in a brain injury informed way
- 00:12:14next slide, please.
- 00:12:16So with that I am very pleased to turn it over to my colleague, Judy Dettmer, who is going to um speak more um comprehensively about how to better um identify and serve folks living within your communities that you're you're serving. Thank you.



## **Judy Dettmer**

00:12:32Thank you. It's great to be here with all of you. Um. As Rebecca said, we'll be covering a lot of different things. But um! I just want to say from the from the start that if you have questions

- 00:12:45that we can't get to or you want more training. Please just reach out because we're always happy to chat with you. All this is a particular area of passion for us at Nasa and me personally. So um. Our learning objective today is to help you gain an understanding of the prevalence of brain injury in the justice system, specifically

- 00:13:04 learning about the importance of screening and accommodating for brain injury, using a person-centered approach and learning about resources available to help um. You support individuals with brain injury within your system next slide.
- 00:13:18 So let's just start by getting us all on the same page about definitions, because there's several definitions of brain injury out there. Um acquired brain injury is kind of that umbrella term that covers both traumatic and non traumatic mechanisms of brain injury. So a lot of times we hear the term traumatic brain injury, but there is also mechanisms of brain injury that are non traumatic um in nature by definition, and those would be like a stroke, a tumor, lack of oxygen to the brain,
- 00:13:48 or an infection as examples
- 00:13:51 traumatic is really about that external force. So this the data that we have tend to be focused primarily on traumatic brain injury. So you hear data. Just know that there's also more uh than what the data would reveal, because we do not, at a national level have great mechanisms for data collection for non traumatic brain injury. I'll just be using all the terms interchangeably So just uh know where that's coming from next slide.
- 00:14:17 The other terms that we hear a lot with a brain injury are the terms mild, moderate, and severe. These are classifications of severity that are assigned at the time of injury.
- 00:14:27 Um, So you do not have to lose consciousness to have a mild brain injury. You have to have altered mental status, but you do not have to lose consciousness, and this is often referred to as concussion. So most people are very familiar with the term concussion. There's been a lot of
- 00:14:44 recognition around concussion, both with Um, the latest complex and and war, as well as obviously through football. But uh concussions can be sustained in in many, many ways,
- 00:14:56 and then moderate is loss of consciousness thirty minutes to twenty up to twenty-four hours. Anything over twenty-four hours is a severe brain injury, and you hear the term coma that's a severe brain injury. Um, and I just want to say a caveat, and you'll kind of gain an understanding of this as we go through the presentation. People often
- 00:15:15 say, Oh, it's just a mild brain injury. Therefore there's no W. You know no reason to be concerned, or to think about long term consequences.

- 00:15:24 True that a lot of people will recover fully from a mild brain injury. But uh, some will not. And um! I just want to caution you against kind of correlating these terms with outcomes, because that's not really what they're meant for next slide.
- 00:15:41 So as I, we're going to talk a lot about mild brain injury, actually, because those are the ones that go undetected um unidentified and undiagnosed. And they're the ones that oftentimes you're seeing in a justice setting, because there was not maybe proper support in place
- 00:15:57 so seventy-five percent of TBIs are mild. Given all TBIs that are identified
- 00:16:03 uh ninety percent of concussions are not even associated with loss of consciousness. So that's that part I was talking about earlier, and the other thing that's tricky is that sometimes symptoms develop later. Um, And so people have kind of lost track that it could be related to that brain injury.
- 00:16:20 Additionally, people are not often treated in an emergency department or at all. Uh ninety percent of my TBIs I will go on to report it. And the other thing is that it's not visible on a CT scan or an MRI um
- 00:16:35 concussion, or my brain injury is a chemical interaction. It's not something that you can see. Often, if you see it on a CT scan or MRI, it's because there's a brain bleed or a hemorrhage of some sort um or hematoma
- 00:16:50 um. The other issue around brain injury is probably all of you have experiences that it can mirror other disabilities and conditions, and we'll talk a lot uh in a bit about can that co-occurring concern with brain injury and behavioral health specifically next slide.
- 00:17:09 So, as I mentioned most individuals with one uncomplicated mild TBI. So uncomplicated means that there wasn't a bleed or hematoma uh they'll go back to Baseline, and so a lot of people listening to this presentation, myself included, have likely had mild
- 00:17:25 brain injuries. Concussion is very common. Um. So if you play sports, if you're active for millions of reasons we can sustain brain injury in our aging population. It's Falls.
- 00:17:37 A lot of us will be able to go back to Baseline um. So we're concerned about identifying those who have long term effects from brain injury. Although understanding the history of brain injury, whether there was an effect from the first one or not
- 00:17:51 uh is important as well, because people who sustain brain injury often will sustain the second or third.

- 00:17:58 So two significant reasons why my brain injury can result in lasting impairment. Aside from the hematoma or bleed, as I mentioned before, is repeated exposure. So think of individuals who have experienced intimate partner violence abuse. Maybe we're in combat
- 00:18:15 uh played sports. Those are folks who have maybe had repeated exposure and multiple mild brain injuries. And when we have multiple mild. Oftentimes we see um issues more long lasting.
- 00:18:27 And then the other piece is the co-occurring conditions such as addiction or mental illness, and those of you working in the justice system out there. This is so many of your your folks, as you know. So oftentimes those things all go hand in hand next slide.
- 00:18:45 Um! There's a couple of slides here that just give you a little overview of what it What can kind of change after brain injury? I just want to again a caveat here to say that these are hallmarked symptoms. They are not. Not. Everybody's going to have all of these things.
- 00:19:00 Um! But just to give you an idea of what we can see, following brain injury in terms of physical changes, You can see coordination, visual deficits, or do um other physical challenges. So maybe unsteady gate, for
- 00:19:15 I hand coordination um for eye contact, blurred or double vision seizures or depa party hearing. And I I just want as I go through this list, think about people who are undiagnosed, who are in your systems because oftentimes the
- 00:19:31 output of brain injury, the behavioral effects of brain injury.
- 00:19:36 Get people in trouble, Um, you know, if we think about law enforcement, someone who has flirt or slow speech or an unsteady gate can sometimes get misinterpreted as having um being drunk, or having some kind of substance on board. So just kind of have that lens as I go through this next slide.
- 00:19:54 Some of the cognitive changes that you might see are short term memory loss uh typically long term memories intact. But when we have memory loss we have trouble following directions, providing requested information, making appointments, et cetera
- 00:20:09 um processing in terms of what you're taking in. So understanding what's being said and expressive in terms of being able to say what you being able to communicate what you're thinking and trying to, uh get across, so that tip of the tongue kind of syndrome
- 00:20:24 problem solving um. So this is a big piece as we look at here, or excuse me, the justice system. We see impulsivity easily frustrated, Sexually dishibition uh verbal physical combat being combative,



interpersonally inflexible and then poorly organized. So a lot of these things can lead to issues with justice system. Next slide

- 00:20:50 same with the emotional um changes that follow brain injury. Oftentimes people, after following brain injury will have the depression such as flat affect, lack of initiation, sadness, or irritability,
- 00:21:02 they may be unaware. So one of the issues that people run into is that part of the brain is injured. They really do not see themselves as others see them. So it's very challenging to give feedback at times, and sometimes it's very challenging for them to read social queues.
- 00:21:18 At times people have confabulation where they make up stories, they perseverate. Um, maybe have post-traumatic stress disorder as a co-occurring condition and anxiety can follow brain injury. Next,
- 00:21:34 So these are some data just around those co-occurring conditions, and this is in a general brain injury, population, and you'll see kind of what this looks like in the justice population in a minute. But you can see that is pretty
- 00:21:46 much higher for even a general brain injury. Population in terms of as we look at suicide attempts with twenty-eight um with suicidal thought, seventeen percent with attempts
- 00:21:57 compared to four in the general population same with substance use. We don't have the general population uh data here, but you can see kind of the kind of high rates of substance use in a general Tbi population and mental health. Um, where we have significant mental health issues following brain injury compared to the general population, which is already high
- 00:22:19 the next slide.
- 00:22:22 So this I just want to talk about the impact of brain injury for those in the justice system.
- 00:22:28 Next slide
- 00:22:30 some of the data that we have show, and this is a meta analysis that was performed around sixty um of those involved in the justice system
- 00:22:40 reported a lifetime history of brain injury, and that's compared to eight point. Five of the general population, so that number is alarming. Um, when you're working in a justice system so very high prevalence of brain injury, at least in terms of reported lifetime history in that justice system.

- 00:22:59 And then that's for adult. And then for youth. Uh, we see around thirty, and there is a new study that has not been published yet that has that closer to forty-six percent.
- 00:23:10 Um! And then women. This is in a Colorado study
- 00:23:14 that looked at female offenders, and it was ninety-seven percent endorsed a lifetime history of brain injury, and that is largely as we did a secondary study on that largely due to intimate partner violence. That's the mechanism of injury for the females that we're incarcerated. So. Um! You can just see that it's a pretty significant issue
- 00:23:35 next one.
- 00:23:38 Why, this matter is this because we see um negative outcomes for those involved in the justice system, I mean, obviously being involved in the justice system is a negative societal outcome. But in terms of being within the system we see increase utilization of services while incarcerated, lower treatment, completion rates and higher disciplinary incidences,
- 00:23:59 lower ability to maintain rule abiding behavior, higher number of incarcerations, higher rates of recidivism which you can see is actually significantly higher, with sixty-nine percent compared to thirty-seven without Tbi,
- 00:24:14 And then, just in general, we know criminal behavior can increase after traumatic brain injury Next, slide.
- 00:24:22 There's particular some studies in this again out of a Colorado research project that I was engaged in. Um, there's particular psychosocial vulnerabilities that we see um. And we talked about this co-occurring but in a justice population, as I mentioned, it's much higher. So if you think of history of substance use in this study, it was ninety-five percent endorse a history of substance use. And this was through diagnosis actually same with mental illness. Seventy-six! And you the gray bar is what the
- 00:24:51 general population is. Um! Thirty-nine percent had attempted at suicide. Sixty percent had experienced childhood trauma,
- 00:25:00 sixty had experienced adult trauma, and then sixty. Two had experienced school suspension. I see the slide, and I see opportunity in terms of thinking about early intervention. When we know people have um some concerns, especially around you. Think about childhood, trauma, adult trauma and school suspension. There are opportunities to identify at that point and help get people the support they need, so that they may be can not divert from the criminal justice system
- 00:25:30 next slide.

- 00:25:33Um, So this slide it's it doesn't show this very well with this particular layout, but what we know is that each brain it with each new brain injury problems worsen.
- 00:25:45And so, um just kind of giving you an example with depression. If you have no brain injury, um, you're likely how to do having depression is thirty, If you have one
- 00:25:57brain injury that goes up to forty-five, and if you have more than one brain injury, then it's up to fifty-eight. And it kind of goes across all of these issues that you're seeing in the in the boxes that are laid out for you so that perfect kind of dose response next slide.
- 00:26:16Next, I want to talk a little bit about screening referral and support



### Unknown Speaker

00:26:21next,



### Judy Dettmer

00:26:22so I know it can be overwhelming to think of brain injury and working and supporting people with brain injury, because it does seem very complicated, and also it lives in kind of a medical paradigm, but the reality is um! We all have.

- 00:26:36We all have training. We all have solutions that we can, and strategies that we can employ that will help these individuals, and I hope that this next section illustrates that
- 00:26:45next.
- 00:26:48So um the sequential intercept map which I i'm sure most of you are familiar with um that was developed by policy research associates is such a great tool. Um, It helps us
- 00:27:00in brain injury. Understand the criminal juvenile justice setting and think about? What are those points of intercept in which we could be providing support for things like screening and supporting people with brain injury.
- 00:27:14Hopefully in the justice setting. It helps you all think through to. If you're at intercept zero, what are the things that you could be

doing differently, maybe to support someone who you may be engaging with, who has a brain injury? Um! All the way up through community corrections and and re-entry. So there's just

- 00:27:33as we walk through kind of these strategies, thinking about whichever point of this intercept model, that you might be sitting within um as a way to think about. What of these strategies could you implement in those settings next slide?
- 00:27:48So the solutions that we have related to supporting some of the brain injury? It starts with things like this, where you're being trained. On what brain injury is we talk about screening for brain injury, and hopefully, that reason is somewhat clear. After you see those data, a lot of people go on diagnose
- 00:28:07screening for impairment. So you understand how to support the person, and the key is to adjust those supports to address the impairment.
- 00:28:15And then there are referrals you can be making to community supports related to brain injury. So I know again thinking about that intercept model. Not every intercept can implement all of these solutions, but hopefully every intercept model or every intercept in the model can implement some of these solutions
- 00:28:34next slide.
- 00:28:37So i'm gonna start with screening. And um, you know It's just I've been in brain injury a long time as was mentioned in my bio, and it's not a new new discovery that we need to be screening for brain injury in the justice setting.
- 00:28:51But it is very slow to be happening, and so hopefully, that starts to increase. But, um! It was recognized in two thousand and five, the need for screening. And in addition to that, as we mentioned those co-occurring conditions,
- 00:29:05so it's not only screening for brain injury, but screening for substance use disorder, co-occurring mental health diagnosis within that brain injury population, and vice versa. So if you know you're working with someone who has a substance, use disorder, or has mental illness, it would be wisest screen for brain injuries, especially in the justice setting, because that co-occurrence is so significant.
- 00:29:26Um! And then educating so that was one of the first solutions that we talked about is educating personnel for how to manage and support individuals with Tbi, and we'll we'll kind of walk through how you do that on later slides next.

- 00:29:43 So um screening tools. And when we talk about screening, we're not talking about diagnosing brain injury. I want to be really clear about that. Um, Really, it is literally just screening for potential of brain entry um, and screening for that lifetime exposure to brain entry. So there are various tools out there uh our recommendation are to use those tools that are cost effective and easy to administer. Given the book financial resource constraints,
- 00:30:12 and also just in general time, resource constraints in the system. So some of the tools that you consider to consider excuse me, is Um, the Ohio State University traumatic brain injury, identification method. This is the one that is most widely used in the justice system.
- 00:30:28 There's also the traumatic brain injury, questionnaire, brain injury, screening questionnaire and brain check survey, and that one. The last one is specific for youth uh five to twenty-one later in the uh Powerpoint slides, there is a link to where you can find these. So. Um! That'll be provided later, and you you all will be getting a copy of these slides so that'll be available to you



### Unknown Speaker

00:30:51 next.



### Judy Dettmer

00:30:54 So the lifetime history screen is really the first step, and the thing about that is that most of them do not get into any information about current impairment. It. They literally simply give you a picture of. Has someone sustained a brain injury in their lifetime?

- 00:31:11 So we often recommend that you do a screen for impairment in addition to that lifetime history screen, so that you have a sense of what you can do to adjust to support that person.
- 00:31:22 Um, and then it's also helpful for that individual to understand what they're struggling with. Um, when we do screening in a justice system specifically oftentimes
- 00:31:34 when we finish that screen, if they're positive for lifetime. History screen. That's the first time they're even understanding. They

had a brain injury, and so their ability to understand what to do with that, how to advocate for themselves how to adjust and support themselves. Is not there yet so doing in a screen for impairment helps you think, through those

- 00:31:53 those supports that could be offered next.
- 00:31:58 So again, the same thing as in lifetime history screen, we, we really focus on tools that are um cost effective and easy to administer.
- 00:32:07 Um. There's two approaches to screening for lifetime history. The first one that I mentioned here is self report, and i'll talk about a tool that can get to that. And then the second is neuro psychological screening, not evaluation, but screening, which is much um
- 00:32:24 more cost-effective and much briefer than a full neuropsychological evaluation and a good first step before you would refer for a full evaluation. Um, next.
- 00:32:37 So neural psychological screening is um
- 00:32:42 focus on again. It's kind of the objective way to look at. What are the impairments the person is struggling with some of the instruments that have been used in um In justice settings are the automated neuropsychological assessment metrics, the Core Battery,
- 00:32:58 the neuropsychological Assessment battery screening Module and the repeatable battery for assessment of neuropsychological status to our bands one hundred and fifty.
- 00:33:08 It depends on which instrument you're using in terms of what level of education and qualification you need to implement those. But these are pretty accessible uh neuroscience screening tools that are used
- 00:33:21 in terms of self-report uh mine source brain injury connections in Colorado department of human service developed a self report screening tool. There's both an adult and a juvenile protocol. And again, there's a link to those later in the presentation that you can look at at your your convenience, but next slide.
- 00:33:44 So just to give you a quick glimpse of it. Um! It takes those hallmark areas of brain injury and ask questions to kind of get at Is this person struggling with any of these issues? Um, like memory concern problem, solving organization, those kind of things? Um.
- 00:34:03 So you can see how those questions are asked. So they're putting lay people's terms.
- 00:34:07 And I just want to focus on that. This is really met. I mean people with brain injury are not the best sorry about that. Can't knock something down or not. The best self reporters often, but they are um

This tool will help you think about where they are, with their thinking about their own impairments.

- 00:34:26 And you, as a practitioner or someone supporting someone with the brain injury, eventually might say to them, I know you didn't notice that you had this impairment, but I just want to point out this is what I'm seeing and help them get there eventually. But this is a great place to start. It's a very person-centered approach.
- 00:34:41 So thinking of memory concerns the questions go uh, as you can see losing or misplacing important items. I do not experience this problem at all.
- 00:34:51 I do experience this problem, but it really doesn't bother me. I'm mildly bothered. I'm moderately bothered, or I'm extremely bothered, and once this is completed, what happens is uh next slide. I could send here anyway.
- 00:35:06 Um! What you'll get in return. So this is automated on a website, and that link is also later. Um! But if you need any more, if you have any more questions about it feel free to reach out to me
- 00:35:16 the person completing it will get strategies related to how to address their memory problems. Um, Any problems that were identified in that screening, and they're met. They're written in terms that are um accessible for someone. I think it's up to a sixth grade level um and their tip sheets. They're all research-based strategies. And then there's a strategy guidebook for professionals that covers the same kind of information. So you as a professional know how to
- 00:35:46 adapt and then adjust what you're doing for that individual
- 00:35:50 next slide.
- 00:35:52 Um, I just want to bring up that we at Nasa are developing an online brain injury, screening and support system we call Ovis Um.
- 00:36:01 It's the same kind of concept. It takes a lifetime history screen and couples it with the screen for impairment. But it's done in a self report. Self administered way online. Um, So same kind of idea, though, that the person would get back to strategies. We're partnering with Ohio State University to use the traumatic brain injury, identification, method, and mindsource Colorado to um use the symptoms questionnaire So that's just an automated way to do it. If you have questions about that again,
- 00:36:31 free to reach out
- 00:36:32 next slide.
- 00:36:35 So I guess the big thing is the So what? Um. So we know someone has a brain injury. What are we going to do about it? And as

you can tell, just based on what i'm talking about these steps kind of lead up to each other. So you now understand some of the lifetime history you're screening for impairment,

- 00:36:52 and the idea then, is to adjust and accommodate, based on what their impairments are to help them to do better. And I think the big mission that we have is to demystify brain injury for non brain injury, professionals.
- 00:37:06 The key is that we're not treating brain injury. We're not asking you to treat brain injury. But what we're asking is that Um, We support them in the context of their brain injury. And you'll see some of the simple strategies we talk about, and how that will empower you as a professional, but also empowers individual with the brain injury. Their family and their families to, you know, be able to support themselves
- 00:37:30 next slide.
- 00:37:33 So the key to the strategy that that they should be easy to implement and appropriate to the environment. I mean, you you all represent folks working in justice systems from the most restrictive environment to the least restrictive environment. So the strategies have to reflect your own environment and what's feasible to implement
- 00:37:53 uh they should be person centered. And um! As I talked about with that kind of person centered approach with the symptoms questionnaire, the person needs to be integral and recognizing the need for the strategy, helping to develop what strategy is going to work for them and monitoring their own progress.
- 00:38:11 Um! So thinking about or excuse me develop developing a strategy. If I am someone who uses my calendar on my phone for everything and reminders in my phone that should be part of my strategy if I have a short term memory problem.
- 00:38:27 If i'm a person who write stuff down and i'm very inept with using my phone, or I don't have a phone or I don't care about a phone. Then you should use a paper pencil strategy. So that's just a simple um example of that next slide.
- 00:38:42 Um! There are building blocks to how our brain develops, and that website that is on this slide is a great one to go. Take a look at, and you can see the building blocks of brain development.
- 00:38:56 Our brains all develop in a similar fashion. We have the fundamental processes which are memory, processing, speed, attention, processing, speed, attention, inhibition, and sensory motor. Those are your



- 00:39:08space in terms of. If you look at it as a building block formation on top of that. Once you learn those, then you start to learn in immediate processes like language, learning visual spatial processing. But you need to have the foundation to build on to do the intermediate, and then you end at higher order processing,
- 00:39:27which is all about that executive functioning. Um.
- 00:39:31The mistake people make, because executive functioning deals with everything like impulse, control problem, solving organization, all of those
- 00:39:39really challenging things that get people in trouble if they're not doing those. Well, if they have executive dysfunction,
- 00:39:47people tend to go right there to try to address that problem instead of looking at what are some of the underlying fundamental processes, or an immediate processes that might be affected that are impacting their ability to do higher order processing. So, um! I just give you that is a bit of a framework to think about.
- 00:40:05If you take out something like attention.
- 00:40:08Um or yeah, memory in terms of those fundamental processing, you're going to be left with kind of a shaky building block. Set. Our goal as professionals is to help with compensatory strategies,
- 00:40:22help someone to mitigate the impact of those
- 00:40:27issues or impairments that have resulted from the brain injury.
- 00:40:31We are not going to cure their attention problems, but we are going to give them support and compensatory strategies to help them. Um be able to shore that up and be able to go on to do the other processes next slide.
- 00:40:44So give you an example of what this looks like, because it really is quite simple when we think about how we can support people with brain injury. Um! And you all can do in in any setting that you're working within.
- 00:40:59So first it's It's important to understand what you're seeing. So oftentimes it's not like you're gonna get somebody in front of you who says I have impaired attention. They they won't. Have that language you won't Have any kind of information helping with that. But what you'll have are behavioral things like they fidget or squirm, and their seat Um! They interrupt conversations.
- 00:41:19They're off topic, et cetera, and then you can start to think about. Does this person have an underlying attention deficit issue next slide?

- 00:41:31 And again, thinking about simple strategies, which is what we focus on with. This is um, And these are really universal strategies. As I read through these, you're going to say that could work with almost everybody that i'm interacting with, which is true.
- 00:41:44 Um, and it can, and it's helpful for anybody. It's critical for people with brain injury to be successful, but helpful for everybody. So these are really universal strategies.
- 00:41:54 So for impaired and attention as example. Um, you want to make sure you have the person's attention before giving instructions. That sounds very simple, but oftentimes we don't do that, working on one task at a time to avoid the need for divided attention. Reduce distractions uh thinking about that physical space is really
- 00:42:14 really key things that would not maybe be distracting to you. Think about it from the lens of a person with a brain injury, keeping instructions brief, simple, and to the point or another example
- 00:42:26 uh next slide.
- 00:42:29 So again, looking at another example of this short term, memory loss uh what it looks like is that maybe the person can't remember more than one thing at a time. They appear as organized
- 00:42:41 sometimes. What happens when people have a brain injury is that they get kind of put into a box of having behavior problems because they can appear manipulative. They can appear like they have an attitude problem when it's really underlying deficits, and we'll get to kind of a camp versus what model in a minute next slide.
- 00:43:01 So again, thinking about really easy adjustments and accommodations, just repeating information and summarizing information, thinking about providing a written summary. Um, We work, you know, in the court system and in having judges
- 00:43:16 help. Take the time for someone to say, Write this down so that they are writing down what's being asked of them so they can remember. That's just an example sticking to routine as much as possible to minimize the need to remember things, or it helps to build in that long term memory
- 00:43:33 and keeping information, concise, tangible, and relevant. Next slide.
- 00:43:39 So I mentioned Kant versus won't or skill versus Will. This is really an important concept when we think about the criminal and juvenile justice setting

- 00:43:48any setting quite honestly, but especially in the criminal and juvenile justice setting. If we, as professionals interacting with someone, think that they have the skill,
- 00:43:58but choose not to use it. We're likely to think of punishment
- 00:44:02If we think they don't have the skill we're less likely to think of punishment, and more likely to think of teaching the skill. And i'll illustrate that in the next couple of slides next.
- 00:44:13So when you think about the function of behavior. There's two things you're trying to do next.
- 00:44:19One is to get social status, and if that's what we're perceiving there after, then we feel manipulated. Next
- 00:44:28the other is to get away with something again. Our response as professionals to feel manipulated. Now, if we put in the paradigm of um the kind of building block structure that I talked about. You're gonna start looking at this with a different lens next.
- 00:44:44So again, thinking about uh those fundamental processes and intermediate processes that I mentioned earlier. If someone um has an impairment to their attention, their memory or learning processes, we're going to start approaching. How we address this differently in a skill building approach versus a punishment approach. Next,
- 00:45:06you want to think about these across all the environments that they're interacting like are these consistently happening across environments? And if they are, then then you know, this is probably a skill deficit. Next.
- 00:45:18So again, putting this in the context of skill deficit. If you feel like someone doesn't follow rules or or um rules, or excuse me, doesn't feel rules are fair and expressed feelings inappropriately,
- 00:45:32or it's off task or can't remember. Your strategies are going to be different next,
- 00:45:38and you can do all three of these, these two more. Um. So again thinking about the rules where you're going to teach them appropriate ways to express verbal discontent, and it's going to be something that you have to
- 00:45:50kind of repeat with them. It's not going to be automatic that they learn that you're going to make sure you have their attention before reviewing expectations. You're going to write out or draw out steps to compensate for the memory. Um next,
- 00:46:04and you can go ahead and put up the other three. So same kind of thing with some of these other areas, just to give you these examples about when you can see and identify what that skill deficit is

- 00:46:15 instead of punishment. What we're trying to do is teach the skill. Um. And then what you want to do is repeat and let uh ensure that they can actually demonstrate that they have the skill once they do that consistently, and i'll use an example if I am a probation officer and i'm working with someone,
- 00:46:33 and they show up to their appointment after we develop a calendar system, et cetera. Um. Then once we know they have that skill because they're showing up consistently month after month.
- 00:46:47 Then, if they fail to show up, then you might be thinking about okay with this willful behavior. And now is there a consequence that we need to uh to put into place, because they will fully did not show up for their appointment so hopefully that that's making sense. Next slide
- 00:47:05 um the last piece, too, When we think about well, it's not necessarily the last piece. But when we think about support for people with brain injury, I mentioned earlier that especially in a justice system. But for people with mild brain injuries who are struggling, oftentimes screening is going to be that first time that they recognize they have a brain injury, and that first time that they're going to be faced with. Okay, what does this mean for me?
- 00:47:29 So when we think about screening and uh adjusting supports A piece of that is providing those psycho educational supports.
- 00:47:37 And the big message we want to give to people is that they're really they're not a broken person. Um! There are ways for them to compensate for the deficits they're experiencing, and it's really meant to be empowering for them, so that they can then
- 00:47:53 take that information and start making change in their life. But um! It's, it's not going to be an immediate. Oh, I get it. I have a brain injury. This is what that means for me, because this is the first time they're really understanding what even a brain injury is so uh kind of implementing psychoeducation ports is critical. Next
- 00:48:12 again, I mentioned mind source brain injury network in Colorado. Um. This is an example of a psycho educational curriculum, and you can see the url down below in the slide. If this
- 00:48:26 on that Url is a facilitator guide for this curriculum, and it goes over things like understanding. Tbi symptoms. Um, having understanding memory skills and goal setting emotional regulation, communication, mastery, Tv and anger, stopping and thinking, and then grief and um reef as a
- 00:48:47 tricky concept when it comes to brain injury, because it's not well. Grief isn't linear for most things. It's definitely not linear when we

talk about brain injury. So we often want to talk about what that means for someone who's understanding. They have our brain injury. So if you were interested. You can go take a peek at that as a kind of a tangible tool for you next

- 00:49:09um. I want to say that in the time that I've been doing brain injury, this map would have been a lot greater uh, even just a few years ago. But now we have many states that are addressing it, taking some steps to address needs with or for people with brain injury and the justice system. So this map just kind of gives you at least to date my knowledge, and if someone knows if something else, please let me know um. I want to give a shout out to Desiree with the Protection Advocacy program
- 00:49:37in North Carolina. She is the one who really pulled this information together. She surveyed States to find out what they are doing in this space with ah justice and brain injury.
- 00:49:48And so you can see where there's some initiatives going on. And if you want to have more information about a state that you might be in or interested in. Please contact me, and I can connect you to the folks that are doing um the work in that in that state um, or connected to des right, who will have more information than I will.
- 00:50:09So uh, next slide.
- 00:50:13So lastly, we want to have um opportunity for you all to be able to answer your questions. Um. So as I kind of go through this re my resources, which are the very end of this. Um, maybe you know, be putting your questions in the Q. A. Part or little bubbles down below
- 00:50:33um next slide.
- 00:50:36Oops next slide. Sorry, I said said that in advance. Um, I do want to walk through some of these resources real quick, and then I promise you i'm gonna leave you time to ask questions. Um,
- 00:50:47but I want you to be aware that because you know I leave you with this information, and and hopefully, it's been helpful. But there are so many resources out there for you in terms of supporting your journey and working with people with brain entry. So i'll walk through a few of these uh, rather quickly, and then leave time for questions.
- 00:51:07So um one thing that Nasa developed in partnership with Dr. Kim Gorgons is a neuro psychological screening course. So remember, I talked about two ways that you can identify impairments, neurological screening being one of those ways.
- 00:51:22So if you are a Master Level clinician, and are interested in gaining skills for, uh screening for impairment, for people with brain

entry. You can take these courses, Um. And if you have questions about that. You can visit our website, or or chat with Hayley next.

- 00:51:39Um. Our website also has several guides and tools for you in terms of supporting your understanding about how to work with people with brain injury. I've listed a few here and there's a few further into the slides.
- 00:51:54We also lead Um, or we also have a leading practices Academy on Brain injury, and some of the States that we're in color. There are part of our leading Practices Academy.
- 00:52:04So if you are in a State, and you want to develop infrastructure for screening and supporting individuals with brain injury within a justice system, you can take part in our leading practices. Academy. We have one that'll start up in January. They start every January, and it's uh people continue for the next year or several years. Um, anyway. So if you're interested in that, please do take a look at our website



### Unknown Speaker

00:52:29next.



### Judy Dettmer

00:52:32Um, there's our website, for example, and we have the best practice on criminal juvenile justice Guide. That is helpful. It's written in terms of a State brain injury program, but would be useful to anybody who wants to look at that other resources. Um. Most States have either a brain injury, association, or a brain injury alliance within their state. They are tremendous resources in your states.

- 00:52:58So that referral piece um in terms of once someone's identified. Maybe they're leaving and going into community re-entry. Maybe they're in probation uh the brain, injury, associations, or alliances in your State can be such a great resource for resource, facilitation, and other informational support. And if you go to those websites. You'll find the one in your State



## Unknown Speaker

00:53:20next slide.



## Judy Dettmer

00:53:23Um The lifetime screen screening to a history screening tool chart that I mentioned earlier is here. The information for the Colorado symptoms. Questionnaire is here

- 00:53:34another couple of just general and great resources. Our brain line um all kinds of information about brain injury. There the model systems knowledge translation center. So in our country we have
- 00:53:48model systems uh for traumatic brain injury, and they do a great deal of research and come up with evidence-based practices and the model system Knowledge Translation Center post where those lie. So anyway, that's a great resource uh for fact sheets and other things.
- 00:54:05Um next slide.
- 00:54:08So this is the uh symptoms questionnaire that I mentioned. So if you're interested, you can go to those links uh to find those, and then the neural psychological screening batteries are found at this link. Next slide.
- 00:54:25Dr. John Corrigan, who developed the Ohio State University Traumatic brain injury. Identification method is a huge um pioneer in the field of brain injury and mentor to me. He developed this, accommodating the symptoms of Tbi Booklet. Um. So if you think about those kind of universal approaches to supporting someone with the brain injury, this book that has them all broken down. So it takes all those hallmark areas, and there's uh
- 00:54:54corresponding strategies for each of those areas in this booklet. You can go online. Um, there's an order form. If you want a hard copy. There's a way to download the Pdf. If you don't need the hard copy. Next slide
- 00:55:08um the myrick in Colorado for vision. Nineteen. So the Rocky Mountain regional network for the Va. They developed an online mental health and criminal justice, brain injury, toolkit.
- 00:55:21That is also a great resource. It helps walk through kind of what There's um information specific for veterans. There's information

specific around criminal Juvenile justice gives you background and education on brain injury talks more in depth about screening and assessment tools.

- 00:55:37Um talks about treatment, modifications, and suggestions. So those of you who are a clinical. There are some great suggestions there, and has just additional resources. So yet another great uh resource for you all. Next slide.
- 00:55:53If you're working with you with brain injury, I highly recommend you go take a look at Co. Kits with brain injury. If you go into the educators and professional tab you'll find those building blocks of brain injury that I refer to. Um. There's also a whole breakdown in terms of
- 00:56:11um
- 00:56:12area of impairment. What kind of assessments could be helpful in assessing for sure that they have that impairment. And then what kind of strategies would be helpful in terms of some of those practical strategies
- 00:56:25that um that we talked about in those couple of examples. So that's a great resource, especially if you're working with you next slide.
- 00:56:35So the last few slides are just really more about the sources. So if you want to learn more about where those data come from, or any of the research as out there, you can go to those citations and take a look.



### **Ethan Kelly**

00:56:47Yeah, Excellent. Thank you, Judy. Um, You know, while we're on resources, and I know there were a couple of folks who are asking about training, and how they can go about requesting training. So I don't know if you want to just talk a little bit about that. So people have an idea of where to look.



### **Judy Dettmer**

00:57:07Rebecca. I'll let you take that one





## Rebecca Wolfkiel

00:57:10great Uh: Well, yeah, please go to our website. Um at nasa dot org um on our home page. We have our upcoming trainings. Um, We also love to partner with organizations like this one. Um, and give specific

- 00:57:28trainings. Um. So if you email, Judy or I. We can talk to you about um specialized trainings that we can do in your State or your county Um, or in partnership with this group and others



## Ethan Kelly

00:57:47excellent. Thank you.

- 00:57:49Um. So we'll start with some questions.
- 00:57:53So
- 00:57:55let's see. How can you tell later on, if there are effects from a minor brain injury.



## Judy Dettmer

00:58:03That's such a good question. Um, And that's a tricky part about brain injury is that the diagnostics, unless it's right after the entry, or if it's moderate or severe, really tricky. So there's a few ways that you can tell that one is by doing the screening that we've mentioned. It's not going to be a perfect. You can't say for sure

- 00:58:23that history of hitting their head or having those concussions led to these behaviors and these impairments, but it helps you build that puzzle so you can kind of put those pieces in place and say, Oh, it looks like, maybe, that there
- 00:58:38there could be a history of brain injury, and maybe their memory impairments related to that. It's an imperfect science, but it at least gets you started in the right direction of figuring out what are the supports the person is going to, need, because really what it comes down to is whether short-term memories caused by a brain injury, or

caused by chronic alcoholism, or caused by some other issue. There has to be strategies put in place to help them compensate for those things.

- 00:59:03Um. So that's one way. The other more sophisticated ways are looking at those neuroscience screening um and a neural psychological evaluation is the gold standard in terms of understanding what impairment someone is struggling with, following a potential brain injury even years down the road, because it really looks at
- 00:59:22kind of those cognitive impairments, behavioral issues that come up later that excuse me, maybe come up immediately, but are being identified later,



### Ethan Kelly

00:59:35and actually so as in a follow up to the neuro psychological evaluations. Um Person asked whether the the evaluations themselves are enough to support placing clients or or having them be accepted by assisted living, nursing homes, utilizing any outcome or diagnosis.



### Judy Dettmer

00:59:53That question depends on the system itself. Unfortunately, um, it it depends on what the requirements are for each system. But yeah, typically like all i'm going to use division, vocational rehabilitation. If someone comes in with a neural psychological evaluation

- 01:00:10that says that they had a history of brain injury, and they have these impairments. They're going to be eligible for those supports. Most places, if you have a neuropsychological evaluation will accept that um in lieu of a medical diagnosis. If you weren't, I identified or diagnosed at the time of impairment,
- 01:00:29it gets a little trickier, I think, around um screening neuros like screening. So, for example, Dr. Gorgons, who uh I partnered with in Colorado around the neuroscience screening was also very uh always very cautious to say, you can't really use this screening as a way to say,
- 01:00:47Um, I need soul security, disability, income, or some of those eligibility criteria that a little harder. But it is a way to clinically drive your practice. So

- 01:00:59it did. I hate to. I hate the answer. It depends, but it really does on what system or settings. Specifically you're talking about. But neural psychological evaluation is really that gold standard again for, and it should be acceptable as terms of eligibility for a lot of programs
- 01:01:16and many programs like, I think, about our brain injury, alliances or associations, or some of the other community based programs. We'll accept um Osu Tbi screening or a lifetime history screen coupled with um self report, impairment, or a neural psychological screen. So
- 01:01:33if I didn't answer your question, please reach out to me and i'll get into the weeds with you a little bit more um on particular settings, and help you find people in your state that can help guide that answer.



### Ethan Kelly

01:01:51Excellent. Here's another question. So from a medical standpoint, what follow up is typical or needed for someone with severe Tbi

- 01:02:00um. Should the follow up be on going, even if they are not exhibiting clear symptoms. And what resources should family members be given at the time of discharge if their loved one is suffered a Tbi.



### Judy Dettmer

01:02:13Okay, let's see if I can remember all that. That's my I can. I can repeat, if you need me, to let me know.

- 01:02:30But if they've had a severe brain injury, meaning they experience coma or um. We're unconscious for twenty four hours or more. Oftentimes
- 01:02:38they're identified. The support is going to be in place. So um, what that can look like is um working with neurologists working with rehabilitation specialists having medical doctors um on board on your team to really monitor and provide that support as they recover from their brain injury.
- 01:02:58A lot of people with severe brain injury will have lifelong impairments that may require medical attention. Sometimes there is

- paralysis or other physical disability that a company brain injury. Um. And what we also know about severe brain injury is, is, is a chronic
- 01:03:14 considered a chronic condition, or it's becoming more aware that this is a chronic condition
  - 01:03:20 and not a static condition. So if someone has a severe brain injury, and maybe they've done rehab. Maybe they plateau in terms of where they're at and uh function. But as they age with brain injury. Oftentimes we see a decrease. So then you bring in. You have to kind of keep monitoring and supporting someone with those kind of medical needs and Re rehab needs lifelong um the challenges, and i'm not going to get into a political thing here. But I will mention
  - 01:03:50 that insurance doesn't tend to cover lifelong support. It really looks more at that acute rehabilitation. But so if I have a family member who has a brain injury, i'd be advocating for that kind of support, and that monitoring um ongoing.
  - 01:04:06 So it was there parts that I might have missed Ethan.



### **Ethan Kelly**

01:04:11 Um,

- 01:04:12 I i'm not sure if you into this The other part, I see, is in terms of family resources. Did you answer that?



### **Judy Dettmer**

01:04:18 Um, I didn't say family resources, but the brain, injury, alliances, and associations are great resources for family members. Um.

- 01:04:27 Also, I think you know, if you're working with the rehabilitation team ensuring that the rehabilitation team is communicating with the family and bringing them into the treatment, because family members tend to be that ongoing support once someone's being discharged from acute settings.
- 01:04:45 But I would say the brain injury. Alliances and associations are a pretty significant support for family members, and we have centers often have social workers and family. Um
- 01:04:57 uh people who support their family as well.



## Ethan Kelly

01:05:04 Excellent. Thank you. So here's another question that has to do with um tbi, and people who are found not competent.

- 01:05:13 Um, and
- 01:05:16 the struggle is with individuals, with Tbi, who need supports um place with upon release, with serious charges who are found not confident and not likely to be restored;
- 01:05:26 and whether or not anyone is doing anything innovative around this population.



## Judy Dettmer

01:05:32 I'm. Hoping that there's people in the audience who might be able to chime in in the chat on this. Um! It is such a tricky, tricky area around that competency piece. Um, I do know that

- 01:05:46 a few years ago I i'm in Colorado, and so a lot of my references tend to be from Colorado. But a few years ago Um Colorado underwent a pretty big overhaul in terms of how they look at behavioral health supports,
- 01:06:01 and there was some work specifically to look at what are the best practices around competency and brain injury. Now I can see if I can get my hands on the information that resulted from that kind of feast or that kind of report. Um,
- 01:06:18 I don't know of people specifically, who are looking at competency. A lot of the States that I mentioned
- 01:06:26 in that map are looking at people once. They're in the system. So It's something that I would love us on a national level to get ahead of um and look at What are the competence of what? What do we want to do with that? What? How can we support people who are looking at that? Um!
- 01:06:45 There are some states that are focusing on doing training with their behavioral health systems, so that would include training for those who do competency, restoration, type things and looking at brain injury

- 01:06:57and um competency. But I can't give you a a specific example of top my head, but i'm happy to dig into that a little bit more. It's such an important issue.



### **Ethan Kelly**

01:07:09Certainly, thank you, and I mean just to follow up. I know the the Council, State governments and the National Center of State courts have both put out. We both put out resources around competency stand trial again. It's focusing on a population that has a mental health diagnosis. And so I I guess there would be differences here, Judy.



### **Judy Dettmer**

01:07:26Um, there there would be. But again, I think

- 01:07:29the likelihood of them having a mental health diagnosis in addition to brain injury, is so significant. So then it would be thinking about. What does the brain injury do to make this more complex for somebody with a mental health diagnosis? Um, So I think both have to be looked at.
- 01:07:45I I am seeing the chat pop up here, and Mj. Thank you for putting in the chat. She Mj's from Pennsylvania. She put in some information about that in uh Philadelphia. I think it was so kind of scroll through your chat if you're not because i'm hoping that some of our brain injury Folks out there are putting in some suggestions as well.



### **Ethan Kelly**

01:08:08Excellent um. So you mentioned that criminal behavior increases with Tbi just a point for clarification, Judy. So you know what the prevalence is with of this behavior being violent,



## Judy Dettmer

01:08:21 I don't have a a statistic on that, although, uh, There is just a general data point, and Adam Piccolino, out of Minnesota Department of Corrections, has done some research in this area

- 01:08:33 to say that there is increased violent uh offenses in a brain injury. Population. I don't know the data specifically, though. Um, The work we did in Colorado also show that in terms of offenses.
- 01:08:47 The people that we were identifying as a brain injury were classified as um
- 01:08:54 higher risk than those without brain injury and higher risk for violent uh fences. Um. So there is a correlation. Unfortunately, I don't have a specific data point for you.



## Ethan Kelly

01:09:16 Okay, we have um. Another question. Can you talk about the correlation of tbi and addiction as well as any specialized therapy to help with this co-occurring issue



## Judy Dettmer

01:09:27 Yeah, absolutely. Um. And Rebecca. Maybe you could put in the chat, and because I don't know if I put it in there the toolkit uh that we did so. Um,

- 01:09:38 Again, there's a a high correlation of addiction. And some of the research shows up to eighty. Something percent of people in the justice system who have been diagnosed with addiction also have brain injury. Um. So
- 01:09:52 each data point uh becomes the prevalence becomes much higher in a justice system than even in a general population. But it's high in the general population as well in terms of addiction, following the brain injury
- 01:10:04 or addiction prior to brain injury, causing brain injury. It's kind of a chicken or egg issue. Uh when it comes to addiction and mental

health issues. But um! So in terms of treatment uh Rebecca put in the chat a great resource. So we collaborated with um.

- 01:10:22The uh diction technology transfer centers to develop in partnership with Dr. Caroline Lamski, a toolkit for addiction uh for addiction counselors to work with people with brain injuries,
- 01:10:36and then subsequently we partnered with Carolyn to develop a workbook um for people with brain injury and addiction settings to figure out how to work their way through addiction programs, because there are things that should be modified in terms of like twelve step programs. And how you think about
- 01:10:56um. The steps people work through through addiction because of issues related to memory issues related to kind of that problem. Solving can interfere with their success in those settings, so I highly recommend taking a look at that um toolkit. I think you'll find all kinds of support there if you're an addictions. Counselor



### **Ethan Kelly**

01:11:23Um, Judy, here's a question. Um, In what circumstances should we refer? Someone to a neurologist?



### **Judy Dettmer**

01:11:31Um. Before I answer that, I see uh my, my scorel approach here because I saw a chat pop up from Dr. Nagel through Nagle. Uh thank you, Drew, for putting that in there, too. So um again. Just be scrolling through your chat because you've got some great resources here in addition to what i'm offering up.

- 01:11:49Um Sorry say that again, because I wasn't. Well, i'm back on track now. No problem. Um it. The question was that at what point would um they need to refer to, or a neurologist
- 01:12:01Um, immediately following brain injury? You should likely see a neurologist, but especially if you have ongoing headaches. If you have seizures or something physiological of that nature going on
- 01:12:13where you might need medication to help control and support those uh Co. Uh co-occurring conditions from the brain injury.



- 01:12:25When it comes to behavior I just want to say this point, because a lot of people uh
- 01:12:30think of neurologists versus neuro psychologists
- 01:12:33for the wrong reason. So um neurologists is really looking at the physiological piece to brain injury, and they're an important player in terms of that kind of immediate, like neural surgery, neurology,
- 01:12:44immediate recovery, and um treatment of especially moderate or severe brain injury, and then they're also an important player in terms of like I mentioned seizures, headaches, those kind of things
- 01:12:56where they're not. As
- 01:12:58this not their role is to look at kind of those behavioral outputs of brain injury that I've been talking about today. So um in terms of thinking of short term memory loss problem solving um organization. A neurop psychologist is going to be a really good resource
- 01:13:16for those kind of things, or a trained clinical psychologist who understands brain entry. Um. So I just want to make that distinction because oftentimes people want to go to a neurologist for those kind of things when a neuro psychologist might be a better route.



### **Ethan Kelly**

01:13:41Um, here's one more question from earlier Judy or somebody who is asking about any um organizations or supports for that help people navigate the criminal justice such as specifically the court process,



### **Judy Dettmer**

01:13:54and how complicated that could be.

- 01:14:13But again, I would suggest your brain injury, alliance, or association would be a great place to start. Um, and if you are in a particular state, and you want to know your resources, and that say, please do follow up with me because I can see.
- 01:14:28Uh, if there's someone in your State that can help navigate that. But the brain injury. Alliances and associations have advocates.

They have resource facilitators who can help navigate some of those systems.

- 01:14:41 What about the P. And A's Judy? Oh, that's a great point. Um. Uh protection and Advocacy Organization Center State. So um a lot of them are referred to as disability rights organizations. They're another one who are very savvy about court systems, and can help navigate some of those with people as well. Thanks, Rebecca.



### Ethan Kelly

01:15:19 Um. Any tips for dealing with the confabulation aspects of Tbi during treatment.



### Judy Dettmer

01:15:26 I really want to put someone on the spot who I know is listening because I am not a psychologist. Um

- 01:15:33 through. And Mj: I know the two of you are in the audience because I've seen your chats pop up. Would you mind putting in the chat some suggestions on that? I mean my kind of more lay persons. Um understanding of that would be to really
- 01:15:48 help them like if they're uh. If you find that's happening, help them with the narrative, and reminding them about what the story is. Um! And I see that through hopped in here. Thank you, Jerome.
- 01:16:01 So he was saying. Think of confabulation
- 01:16:05 on uh compatibility as well. I've got like I get my thing bigger. Here, take a capabulation as a form of memory impairment. The brain just tries to fill in for missing information. So this kind of what I was saying like. If you know what their stories you can help them, remember what that is, because um,
- 01:16:24 they're filling in the blanks. Uh, It's not like they're intentionally confabulating or lying to you. It's just their brain working to fill in the blank. So thanks through. I appreciate that,
- 01:16:34 and then Mj. Put something in as well.



## Unknown Speaker

01:16:39So



## Judy Dettmer

01:16:40there you go.

- 01:16:42It takes a team,



## Ethan Kelly

01:16:49and we have one more question here that um came up about. What did someone do if they've never had a traumatic brain injury? But it is, but is exhibiting memory problems, tension issues, restlessness, et cetera, and since we've had some psychiatrists on the line um,

- 01:17:03you know, I don't know if somebody wants to chat something in. But I guess you know I don't know if what comes up. If the an official or a um a validated screening for a brain injury has ever been done.



## Judy Dettmer

01:17:15Well, I will. I will say this: if if you do a lifetime history screen for brain injury, and it comes up negative.

- 01:17:22Um, but they There is really no incident that they've reported. There's no history of exposure to brain injury, and they're having some of these issues that were just described, like memory or attention or other things
- 01:17:34do not bark up the brain injury tree because there are many other issues that can cause that someone might have. Um. You know Alzheimer's or dementia or attention, deficit disorder, or different issues that can cause some of the same like we talked about earlier um effects.

- 01:17:53 You really have to have that reported history of brain injury to go down the um rabbit hole of brain injury. So I would say, a clinical psychologist is a good resource for understanding why there might be these underlying issues or concerns
- 01:18:11 in. If there's no history of brain injury, and even it's always challenging because we're relying on self report and The problem with self report is, you have to remember the soft report and part of the problem. Brain injury is that you can't You're in a good, soft reporter.
- 01:18:24 So a good clinical psychologist, a very a good neuro psychologist, especially if you can have access to a neuro psychologist can help kind of
- 01:18:33 it out a little bit if there might be something degenerative going on. That's my that's the concern I have is that Um! If there's a generative process going on. You'll want to know It's degenerative if that makes sense.



### Ethan Kelly

01:18:56 Um. Another question. So any tips. So this is about uh memory problems being seen or viewed as non compliance, particularly in court, and any tips um that you want to point to specifically that can help with that executive function, memory issue.



### Judy Dettmer

01:19:11 Yeah. And um we can.

- 01:19:15 Well, actually, if you go to the national website, you'll find that
- 01:19:19 um guide for, uh, clinicians and criminal juvenile justice professionals about strategies for how to support these different areas.
- 01:19:29 Again, it's really thinking about um
- 01:19:32 applying strategy. So if someone has memory issues not, i'm going to use the probation appointment example. Again,
- 01:19:39 I would say, sometimes I've heard that people feel like they're doing too much handholding, or they're helping the person too much, and that they're not invested in the work that they're doing, because

they're not taking this seriously because they don't remember it, or they don't come to the appointments.

- 01:19:53Um. In reality, If someone does have short-term memory loss, you might have to write down their appointments. You'll want to schedule the appointments at the same time in the same location as much as possible.
- 01:20:08Repetition helps build short-term memory into long-term memory, which is going to be what helps them get through without, you know, missing appointments, et cetera. You might have to call them actually and say, Don't, forget you have an appointment coming up, and I know that that
- 01:20:24again can be resource heavy, and it can feel like you're helping too much. But if someone truly has short-term memory, loss, it might take that
- 01:20:31um and then the last piece, as I mentioned earlier, is just thinking about what memory aids would be helpful to that person specifically. So. A lot of people don't use calendars, or you know whatever. And then that might be a new thing for them to really understand how to use some a system like that.
- 01:20:51So you you want to work with them on how to use. Write it down. Put it in a calendar set reminders for themselves. Um, if they're good with kind of electronic devices
- 01:21:02uh, all of those things will help in terms of those memory issues. And then again, there's a the whole guidebook on our website. Um, that you can take a look at as well.
- 01:21:14I think it's also linked in the Powerpoint.



### **Ethan Kelly**

01:21:20And one more question uh Judy, for in terms of resources for law enforcement and their interaction with people at Tbi. Any training topics that would be helpful for police officers.



### **Judy Dettmer**

01:21:30 Yes, um! And this is something that we at Nasa have been kind of working to promote training in this area. So we're happy to um chat with you about that, if you, if you would like training um

- 01:21:45 in terms of that. But there are some States who have also integrated brain injury training into the crisis intervention training, so that there's um an awareness about what brain injury is
- 01:21:57 some of those, really some, I think, law enforcement that intercept is particularly um tricky, because you're having to react so fast in a crisis situation. It's not like. You can sit down and hey, let's do the Ohio State University traumatic brain and your identification method. That's not what you're going to be doing. What you're going to be doing is looking for signs and symptoms like
- 01:22:17 um. Maybe they have a trick scar. So they had a tracheotomy, and they have a scar here on their neck. Um, maybe they're stumbling. But you're not smelling alcohol. You're not seeing signs that uh alcohol or drugs are involved.
- 01:22:30 These are kind of physical queues that you can use to think about. Maybe something's going on here, but at minimum, just thinking about um, how, if someone's not responding to you. Is it that they're not processing the information,
- 01:22:47 or is it that they will fully, just not responding to you and taking that step back. So I guess, in terms of training. We'd be happy to do any training uh related to that. There are resources in your state. Maryland is specifically very strong and
- 01:23:02 doing training for law enforcement. North Carolina has done that. Colorado has done that. There are several others. I believe that Um, the crew in Pennsylvania has done some law enforcement training.
- 01:23:12 Um there when we'd be i'd be happy to send you powerpoints and different things that we've used in that area. So it's a It's a good area to start looking at. We would love that area to be strong, so we prevent people from escalating up in the system.



### **Ethan Kelly**

01:23:40 I don't see any other questions right now. I'm not sure if I missed anyone's.

- 01:23:46 Please feel free to type it in or take yourself off mute.



### Judy Dettmer

01:23:55Um, Ethan, will these uh chats be available to me because i'm seeing people wanting to coordinate in their own states. And

- 01:24:04or I guess if you're if you're putting that in the chat. Our emails are right here, if you want to. Uh reach out to Rebecca or I or both of us, go ahead and do that. And then i'm happy to connect you with people in your state, because that's
- 01:24:17that is definitely one of the roles Nasha plays this uh understanding kind of Who are the players within each of the States that we can connect you to?
- 01:24:28And Judy? Yes, the chat is recorded, so we do have them for you.



### Ethan Kelly

01:24:41Well, I want to do Want to say a big thank you to our presenters today, and to certainly to all of you who attended today. We know people are busy. So thank you so much for uh spending some time with us this excellent Webinar.



### Judy Dettmer

01:24:54Thank you. I echo that. Thank you. I really appreciate that, You know. I know there's kind of information overload going on with Webinars at times. So really appreciate all of you being a part of this, and it's such an important topic. We're we're gracious to you all for hosting this with us.



### Unknown Speaker

01:25:09 Excellent, Thank you.



**Ethan Kelly**

01:25:16 Well, if that's all we can. We can wrap up and thank you all again.



**Rebecca Wolfkiel**

01:25:21 Thank you so much.