



Helping Others in Trying Times Webinar Series

Traumatic Brain Injuries in Correctional Settings


Hosted by David Prescott
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A TBI is an acquired injury that can disrupt functioning. Traumatic Brain Injury can occur due to a bump, blow, jolt, or penetration to the head.



WHAT IS A TBI? A TRAUMATIC BRAIN INJURY
Occurs when a sudden trauma or head injury disrupts the function of the brain.

1.7 MILLION PEOPLE IN THE US suffer from a traumatic brain injury each year, and 45% of those injuries result in permanent disability.

RECOGNIZE CAUSES: Falls, motor vehicles, sports, assault, and other accidents.

RECOGNIZE EFFECTS: Headaches, dizziness, memory loss, mood swings, and changes in personality.

NO TWO TBIS ARE THE SAME: Recovery varies significantly based on the severity of the injury and the individual's health.

SEE THE SOURCE: Visit our website for more information: www.thecrashreel.com

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More Common Than You Think

Acquired Brain Injury (ABI)
An injury to the brain that is not hereditary, congenital, degenerative, or induced by birth trauma. The injury results in a change in normal activity which affects the physical integrity, the metabolic activity, or the functional ability of nerve cells in the brain.

THERE ARE TWO TYPES OF BRAIN INJURY

- Non-Traumatic Brain Injury**
Often referred to as an acquired brain injury, non-traumatic brain injuries occur as a result of oxygen deprivation to the brain, pressure from a tumor, etc.
- Traumatic Brain Injury**
An alteration in brain function, or other evidence of brain pathology, caused by an external force. There are two primary mechanisms of TBI: direct impact to the head; traumatic events, such as shaking or falling, which affect the brain; or gunshot wounds.

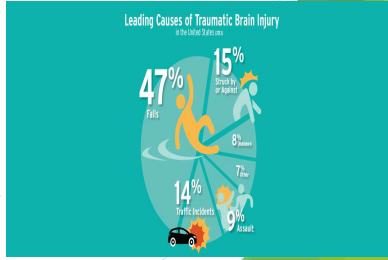
CAUSES OF BRAIN INJURY

ACQUIRED BRAIN INJURY			
FOCAL		DIFFUSE	
TRAUMATIC IMPACT	TRAUMATIC HEMATOMA	TRAUMATIC IMPACT	NON-TRAUMATIC
Stroke	Subdural Hematoma (SDH)	Concussion	Stroke
Skull Fracture	Epidural Hematoma (EDH)	Skull Fracture	Skull Fracture
Brain Contusion	Subarachnoid Hemorrhage (SAH)	Skull Fracture	Skull Fracture
Skull Fracture	Chronic Subdural Hematoma (SDH)	Skull Fracture	Skull Fracture
Skull Fracture	Chronic Subdural Hematoma (SDH)	Skull Fracture	Skull Fracture
Skull Fracture	Chronic Subdural Hematoma (SDH)	Skull Fracture	Skull Fracture

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Mechanisms

- ▶ Falls.
- ▶ Vehicle-related collisions.
- ▶ Violence.
- ▶ Sports injuries.
- ▶ Explosive blasts and other combat injuries.



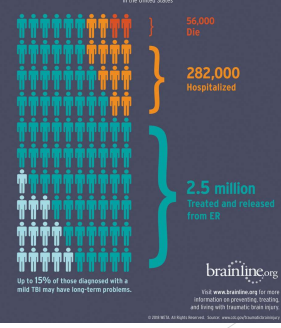
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Prevalence: General Population

- ▶ In 2014, there were 2.87 million TBI-related emergencies, hospitalizations, and deaths in the United States (Centers for Disease Control and Prevention [CDC], 2019).
- ▶ Corrigan et al. (2012) estimated that 3 to 5 million people are living with a TBI-related disability.
- ▶ CDC considers TBI a serious public health issue with a prevalence rate in the general population reported to range from 2% to 8.5% (CDC, 2016).

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2.8 Million Traumatic Brain Injuries a Year



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Prevalence in Criminal Justice

- ▶ The rate of TBI history is reported to range from 23% (McKinlay & Albicini, 2016) to 60% (Shirama et al., 2010) to as high as 87% (Slaughter et al., 2003) or 88% (Diamond et al., 2007).
- ▶ Recently, a Pennsylvania study reported the prevalence of TBI history in maximum-security prison setting to be 76% (Nagele et al., 2019).
- ▶ In a Colorado study, female offenders endorsed a history of TBI at a rate of 97% (Gorgens et al., 2021).

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Probation/Community Corrections (Gorgens et al., 2021)

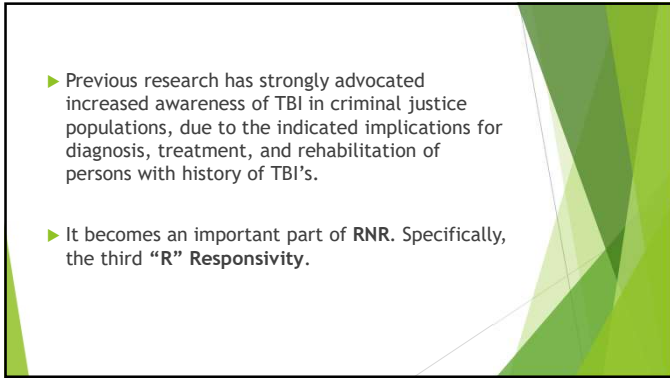
- ▶ 47% of persons on probation report TBI.
- ▶ People on probation with TBI also had comorbid behavioral health conditions like mental illness, substance abuse, trauma history, and attempted suicide.
- ▶ They were more likely to be determined to be high risk by probation officers,
- ▶ Had a higher rate of felony convictions,
- ▶ Had lower rates of successful probation completion, and
- ▶ Were significantly more likely to re-offend.

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Why Is This Important

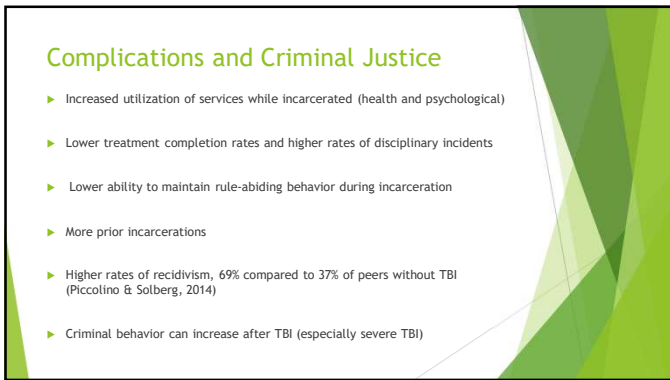
- ▶ As many of us who work within the field of criminal justice know, Adverse Childhood Experiences (ACEs) that occur during the developmental period, have been well researched and recognized as having lasting impacts on functioning in adulthood. As such, we assess for the presence of and target ACEs with clients.
- ▶ Similarly, TBI, particularly when mild in severity, can also impact functioning. Therefore, it is one of those “invisible injuries” that needs to be included in the assessment, treatment, and management of risk.

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- ▶ Previous research has strongly advocated increased awareness of TBI in criminal justice populations, due to the indicated implications for diagnosis, treatment, and rehabilitation of persons with history of TBI's.
- ▶ It becomes an important part of RNR. Specifically, the third "R" Responsivity.

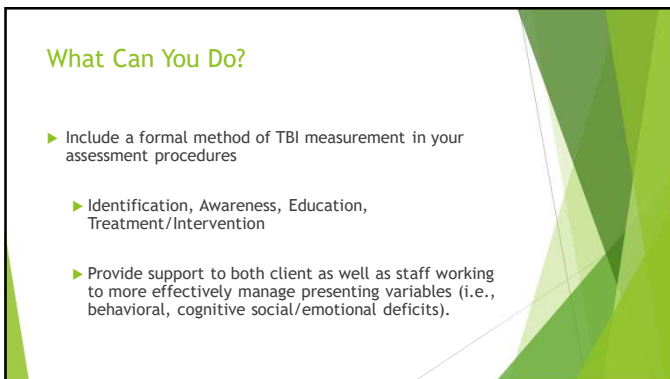
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Complications and Criminal Justice

- ▶ 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
- ▶ More prior incarcerations
- ▶ Higher rates of recidivism, 69% compared to 37% of peers without TBI (Piccolino & Solberg, 2014)
- ▶ Criminal behavior can increase after TBI (especially severe TBI)

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What Can You Do?

- ▶ Include a formal method of TBI measurement in your assessment procedures
 - ▶ Identification, Awareness, Education, Treatment/Intervention
- ▶ Provide support to both client as well as staff working to more effectively manage presenting variables (i.e., behavioral, cognitive social/emotional deficits).

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Integrating Best Practices Protocol: Another Tool for the Toolbox

(National Association of State Head Injury Administrators/NASHIA/Colorado TBI Model)

- 1) Screening for lifetime history of brain injury ("Risk")
- 2) Screening for current impairment (identifying "Need")
- 3) Provide strategies to support adjustment/accommodation and compensating for impairment ("Responsivity")
- 4) Training and education for justice-involved individuals
- 5) Refer those who continue to struggle for NPSY screen
- 6) Provide training to criminal justice staff

Criminal and Juvenile Justice Best Practice Guide and Supporting Materials:
<https://www.nashia.org/resourceslist/ultvlaicnk140k1f0prgqvh104f-8wlr>

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Resources

- ▶ <https://www.nashia.org/cj-best-practice-guide-attachments-resources-copy>
- ▶ https://static1.squarespace.com/static/5eb2bae2bbaf12ca7ab9f12/t/5f66c8e7902e0625b91eb71f/1600571625059/STRATE_2.PDF
- ▶ <https://www.brainline.org/resource-directory/state/WI>
- ▶ https://www.cdc.gov/traumaticbraininjury/pdf/Prisoner_TBI_Prof-a.pdf
- ▶ https://www.mirecc.va.gov/vsn19/tbi_toolkit/justice/screening_assessment.asp#ImpactTreatment
- ▶ <https://mindsourcecolorado.org/ahead/>
- ▶ <https://www.blausa.org/public-affairs/media>
- ▶ www.ohiovalley.org

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