



Becoming Traumatic Brain Injury Informed

A Partnership Between
National Association of
State Head Injury
Administrators and
DuPage County Probation



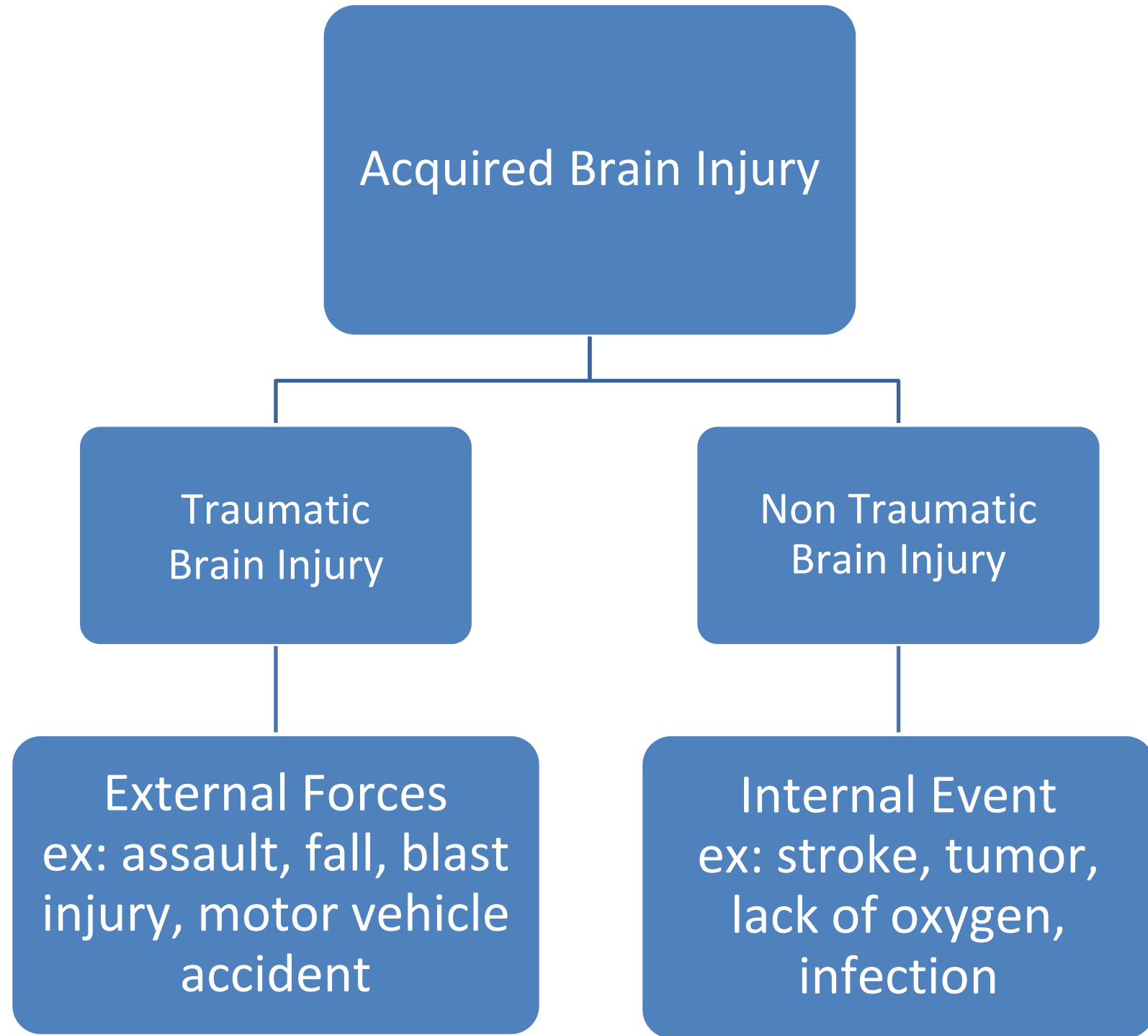
- The following slides are courtesy of NASHIA, one of the nation's leaders in the field of Traumatic Brain Injury.
- My intent today is to share how we became connected with NASHIA; to lay a foundation as to the importance of being TBI informed; and to identify parts of our grant that may be of interest to other probation and court systems.
- **DISCLAIMER:** I am not a subject matter expert in TBI. I am an interested party who has had the fortune of working closely with a number of talented and dedicated people at NASHIA and their partner agencies.



Brain Injury Overview



Brain Injury Defined



- Falling and hitting head
- Motor vehicle crashes
- Blows to the head with any object
- Strenuous shaking of body
- Acceleration/Deceleration
- Body/equipment contact-sports
- Being pushed against wall/solid objects
- Blasts
- Use of firearms



Causes of TBI



Classification of Severity



- Mild > Loss of consciousness 0-30 minutes (Concussion)
- Moderate > Loss of consciousness 30 minutes to 24hrs
- Severe > Loss of consciousness for over 24 hours



Mild TBI - Complications

75% of TBIs are mild. MTBI 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% 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% of mTBI may go **unreported**
- Often not visible on CT scan or MRI

Brain Injury can **mirror** other disabilities or conditions



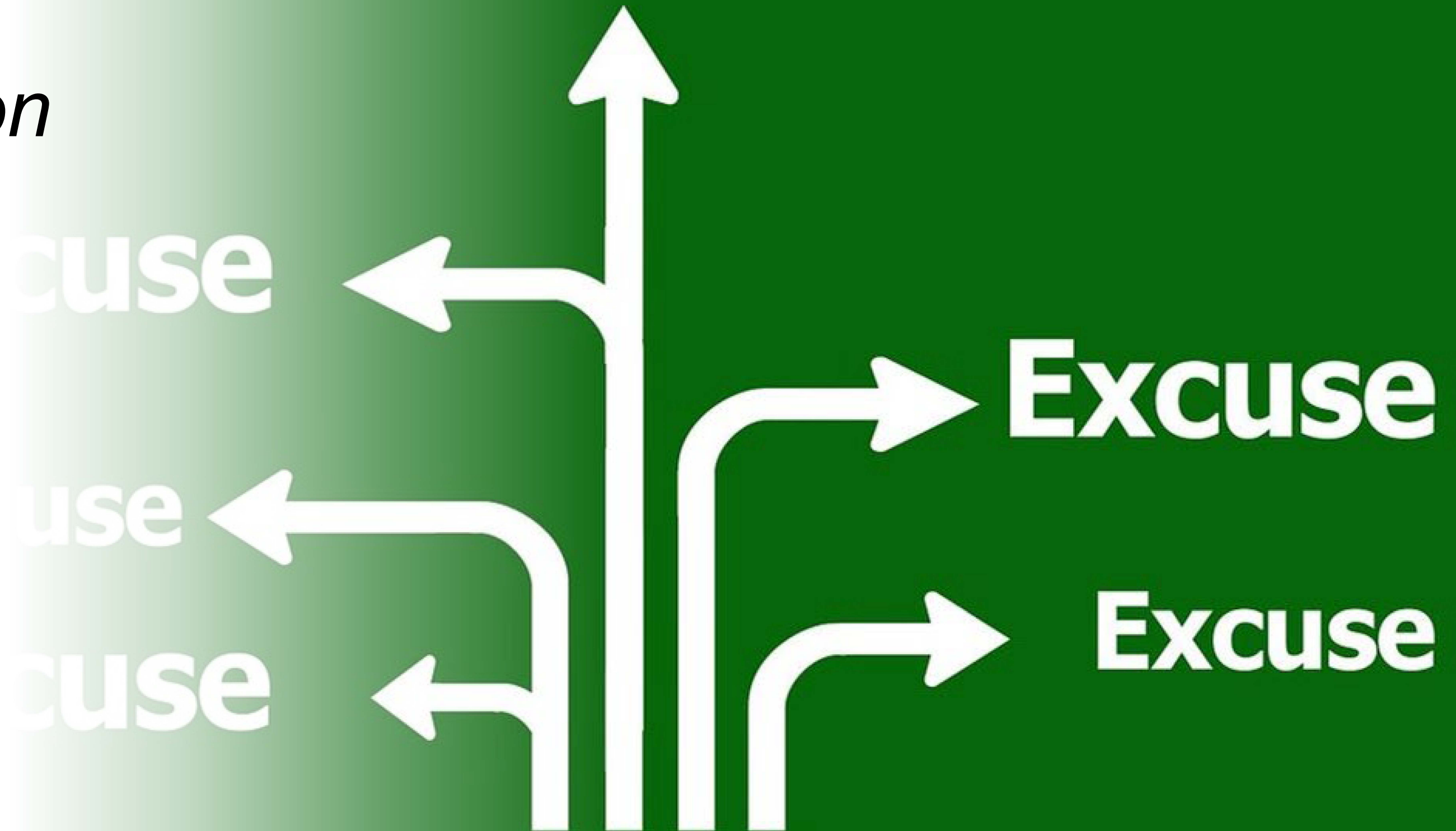
Mild TBI - Complications

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



No Excuses

This information helps explain behaviors, not excuse them!



Possible Physical Changes

Injury-related problem	How it may affect a person functionally
Coordination	Unsteady gait, poor eye-hand coordination, slow or slurred speech, tremors, paralysis
Visual Deficits	Staring or poor eye contact, blurred or double vision, inability to follow an object with their eyes.
Additional Physical Challenges	Seizures, deaf or hard of hearing, fatigue.



Possible Cognitive Changes

Injury-related problem	How it may affect a person functionally
Memory	Trouble following directions, providing requested information, making appointments.
Processing (receptive)	Understanding what is being said and reading.
Processing (expressive)	Trouble putting thoughts into words – tip of the tongue syndrome.
Problem solving (related to frontal lobe and temporal tip injury)	Impulsive, easily frustrated, sexually disinhibited, verbally/physically combative, interpersonally inflexible, poorly organized.



Possible Emotional Changes

Injury-related problem	How it may affect a person functionally
Depression	Flat affect, lack of initiation, sadness, irritability.
Unawareness	Unable to take social cues from others.
Confabulation	“Making up stories.”
Perseveration	Gets “stuck” on a topic of conversation or physical action.
Anxiety	Can exacerbate other cognitive/behavioral problems.



Vulnerable Populations

Population	TBI with LOC	Mod/Sev TBI
General Population	22%	5%
SUD TX Settings	53%	17%
Criminal Legal Systems	50%	14%
People experiencing Housing Insecurity	47%	25%
Psychiatric Inpatient	36%	20%

Source: SAMHSA Advisory: Treating Patients with TBI



Veterans and Brain Injury

- During peacetime, over 7,000 annually admitted to military and veterans' hospitals with diagnosis of TBI (IOM, 2009)
- 80 percent of TBIs since Sept. 11, 2001, have been non-combat related
- More common among non-combat military personnel than in the general population:
 - High concentration of service members in the highest incidence age groups (18 – 44)
 - Greater risk for injury associated with non-combat military duties
 - Greater consumption of alcoholic beverages by military personnel



Individuals Experiencing Homelessness

- 43% (n over 2,000) of respondents reported a history of TBI with the mean age of first injury being 15
- Individuals with TBI become homeless at a younger age and are more likely to report mental health diagnoses, substance use, suicidality, victimization, and difficulties with activities of daily living
- 51% reported sustaining their first injury prior to becoming homeless or at the same age as their first homelessness episode. (Mackelprang, Harpin, Grubenhoff, & Rivara, 2014)



Brain Injury & Intimate Partner Violence

- As many as 23,000,000 women in the United States who have experienced intimate partner violence also live with brain injury
- The CDC estimates that at least 158,000 TBI-related deaths, hospitalization and emergency Department visits in the US each year are related to assaults
- The rates of TBI in women who are seen in the emergency room or in a domestic violence shelter are between 30-74 percent. Most of these injuries occur from a direct blow to the head or from strangulation, which can result in loss of oxygen to the brain
- Only 34 percent of the people injured by intimate partners receive medical care for their injuries



TBI & Criminal Justice: Prevalence

- A meta-analysis found the prevalence in the justice population to be 60.25% (Shiroma, Ferguson, & Pickelsimer, 2010) vs. 8.5% of the general population with reported history of TBI (Wald, Helgeson, & Langlois, 2008)
- A meta-analysis found that approximately 30% of juvenile offenders have sustained a previous brain injury (Vaughn, Salas-Wright, Delisi, & Perron, 2014)



TBI & Criminal Justice: Prevalence

- Criminal behavior appears to increase after TBI (Farrer & Hedges, 2011; Brooks et al., 1986; Fazel et al., 2011; Mclsaac et al., 2016; Timonen et al., 2002; Elbogen et al., 2015)
- In a Colorado study, female offenders endorsed a history of TBI at a rate of 97%
- Rate of TBI is 3 to 8 times higher among juvenile offenders (Hughes et al., 2015)
- Half of youth offenders have a history of loss of consciousness, with repeat injuries being very common (Davies et al., 2012; Koba et al., 2013)



Psycho-Social Vulnerabilities in a Justice Population

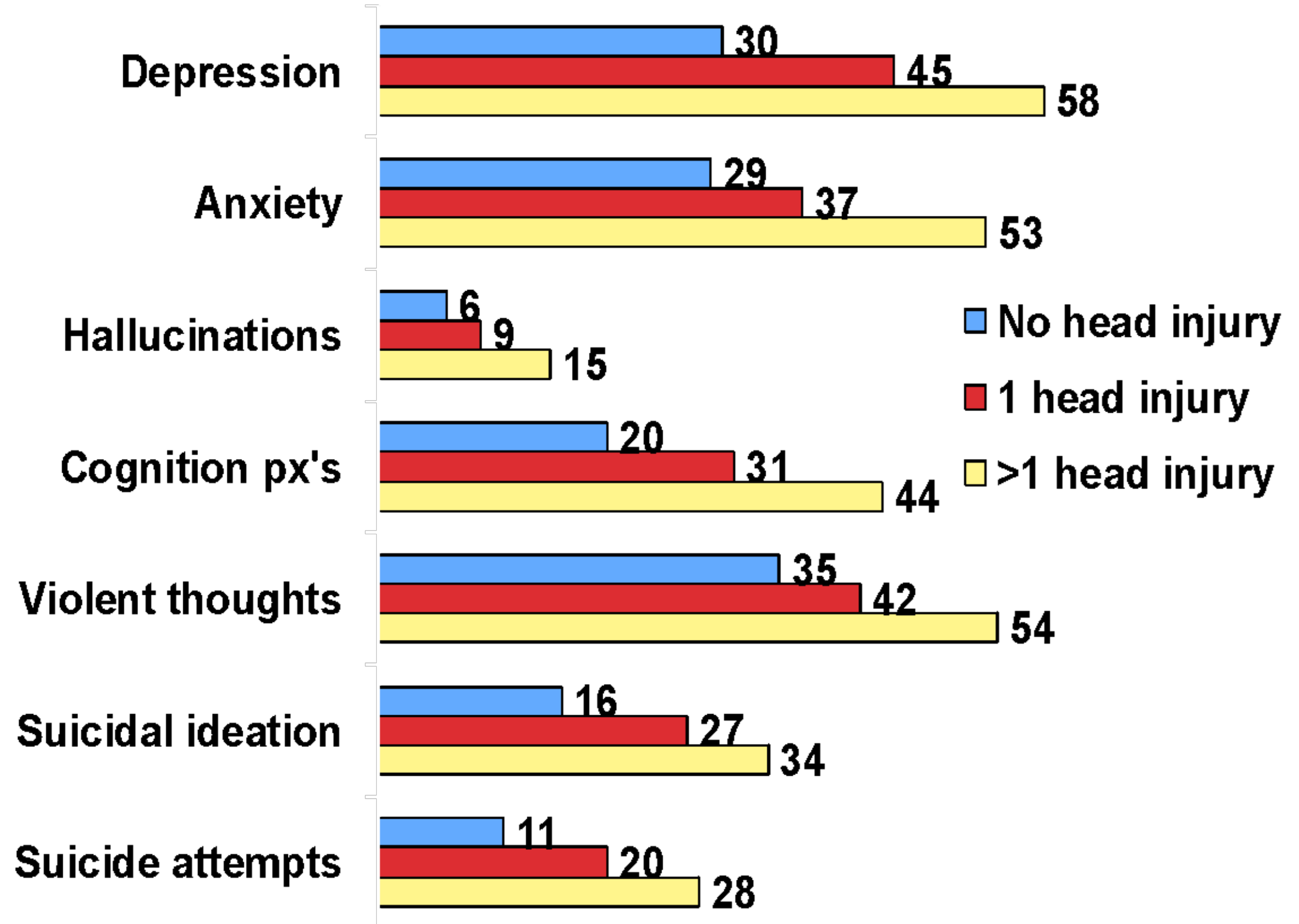
Childhood Violence	School suspension	Adult Victimization	Substance Abuse	Mental Health	Suicide Attempts
<ul style="list-style-type: none">• 60% cohort• 10% general population	<ul style="list-style-type: none">• 54% cohort• 26% men; 15% women general population	<ul style="list-style-type: none">• 62% cohort• 2% general population	<ul style="list-style-type: none">• 93% history of abuse / misuse cohort• 7% general population	<ul style="list-style-type: none">• 75% at least one diagnosis in cohort• 19% general population	<ul style="list-style-type: none">• 39% at least one attempt cohort• 4% thoughts, 1% plan in general population

Data from Colorado Pilot Program
University of Denver 2014-2018



Problems Worsen With Each New Injury

Behavioral Health Symptoms in
Kentucky Prisoners
(Walker, Hiller, Staton, &
Leukefeld, 2003)





Brain Injury & Risk, Need, Responsivity



Criminogenic Need (1 of 2)

- **Low Self Control:** arrested at a young age, large number of prior offenses, rule violations on conditional release
- **Pro-Criminal Companions:** association with Pro-Criminal others, isolation from pro-social others
- **Pro-Criminal Cognitions:** identification with criminals, negative attitudes towards law and justice system, belief that crime will yield rewards, rationalizes crime
- **Anti-Social Personality Pattern:** impulsive, adventurous, pleasure-seeking, generalized trouble in multiple settings, callous disregard for others, lack of empathy, anger problems



Criminogenic Need (2 of 2)

- **Dysfunctional Family / Marital:** poor communication, significant conflict (parent-child or spouse-spouse), criminal involvement, lack of appropriate behavioral expectations and rules
- **Alcohol / Drug Problem:** continued use despite significant life disruptions, increased tolerance to drugs / alcohol, increased use over time, inability to stop use
- **Lack of Education / Employment:** low levels of performance and involvement, low levels of rewards and satisfaction
- **Lack of Prosocial Leisure / Recreation:** low levels of involvement and satisfaction



TBI and Correctional Services

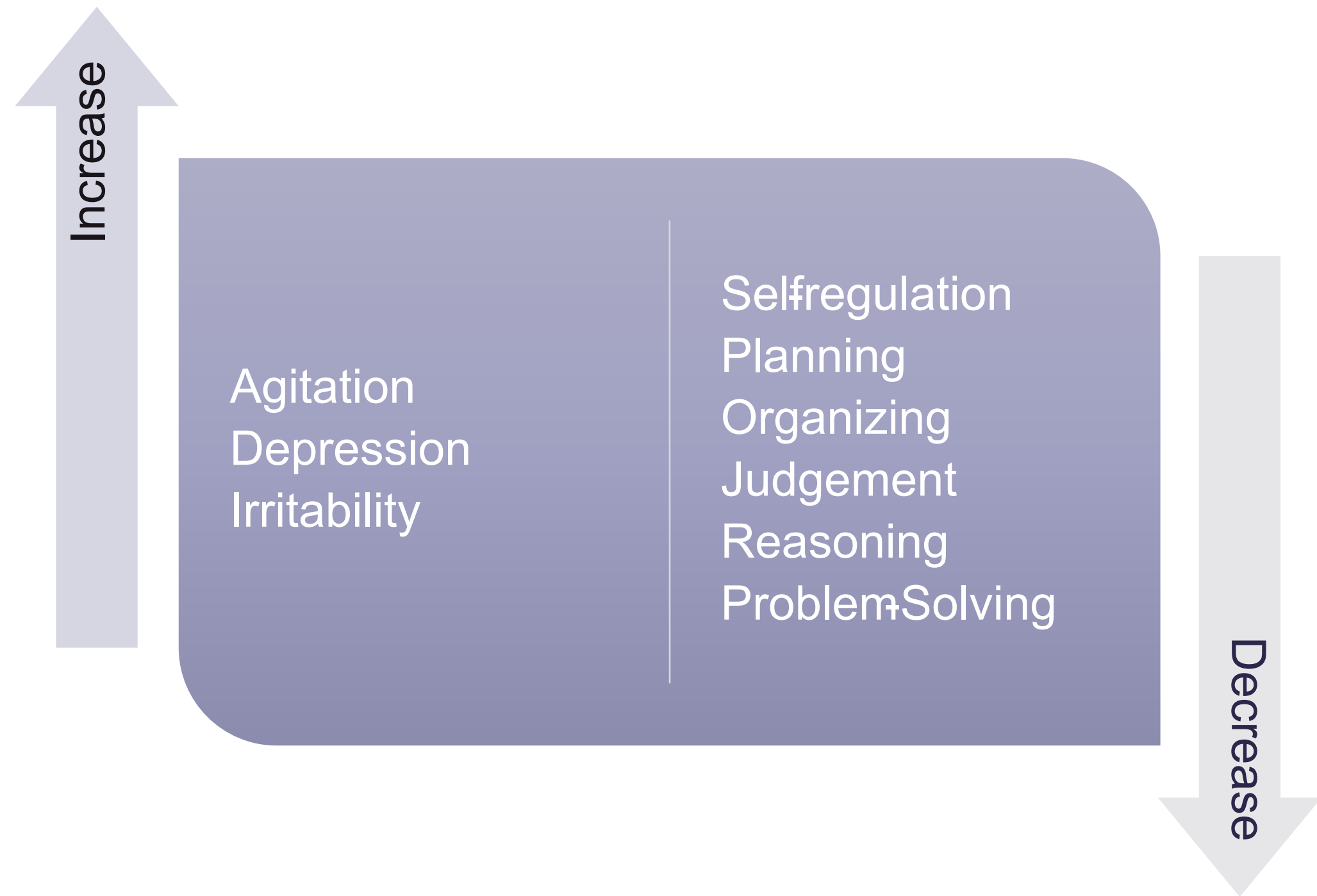
- Increased utilization of services while incarcerated (*health and psychological*)
- Lower rates of treatment completion
- Higher rates of disciplinary incidents
- Lower ability to maintain rule-abiding behavior during incarceration
- More prior incarcerations
- Higher rates of recidivism (50% higher than those with no reported TBI)
- Higher levels of AOD use preceding their current incarceration

Criminogenic Risk and Brain Injury

Piccolino & Solberg, 2014



TBI's can....



Trauma Informed Screening

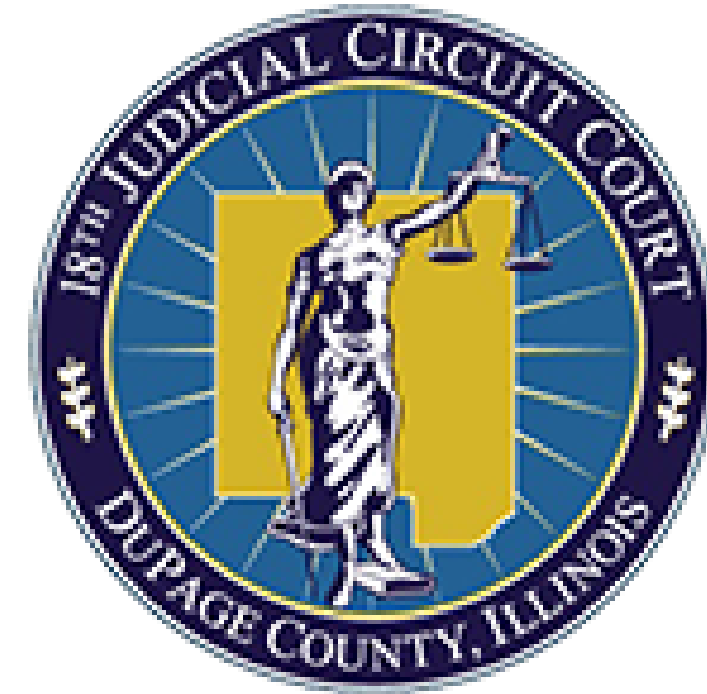
- Begin by giving the client an overview of the types of questions they can expect to be asked when screened using the OSU or other tool.
- Reassure the client they only need to share information that will help us identify the type of severity of injury, and do not need to share any information they are uncomfortable disclosing.
- Share that after the screening, results will be explained. If results indicate injury history, there will be next steps to identify symptoms.
- Strategies to address those symptoms will be shared. Referrals for resources will be discussed and those agreed upon will also be made to start addressing any areas of concern.

*See handouts: Trauma Informed Approach to the Online Brain Injury Screening and Support System & Quit TIP CARD



Veterans Treatment Court Innovations Program

- Team attendance at NASHIA's State of the State's conference with a Criminal Legal System Track-Eugene, OR.
- Two, 90 minute online, on demand trainings.
- 3-year subscription to NASHIA's Online Brain Injury Screening and Support System (OBISSS)
- 20 Scholarships for community treatment providers to access NASHIA's neuropsychological screening course
- Creation of a brain injury informed Motivational Interviewing Guide



ATIRise

Justice for Vets


Training Opportunities-NASHIA

On January 7, 2025 NASHIA conducted a live virtual 90 minute training geared towards Criminal Justice personnel in working with TBI-impacted clients. A taped version of the training is now available and can be shared. COPE credit has been requested. Please contact Bill Blundell or Tim McGavin.


A second 90 minute training will be held live virtually on March 26, 2025. This training will be geared towards Veteran Peer Mentors and Coordinators, recovery coaches, peer specialists and others in supportive roles. A link to the training will be made available and can be shared.



NASHIA



Online Brain Injury Screening and Support System (OBISSS)





NASHIA Online Brain
Injury Screening and
Support System

OBISSS

NASHIA OBISSS

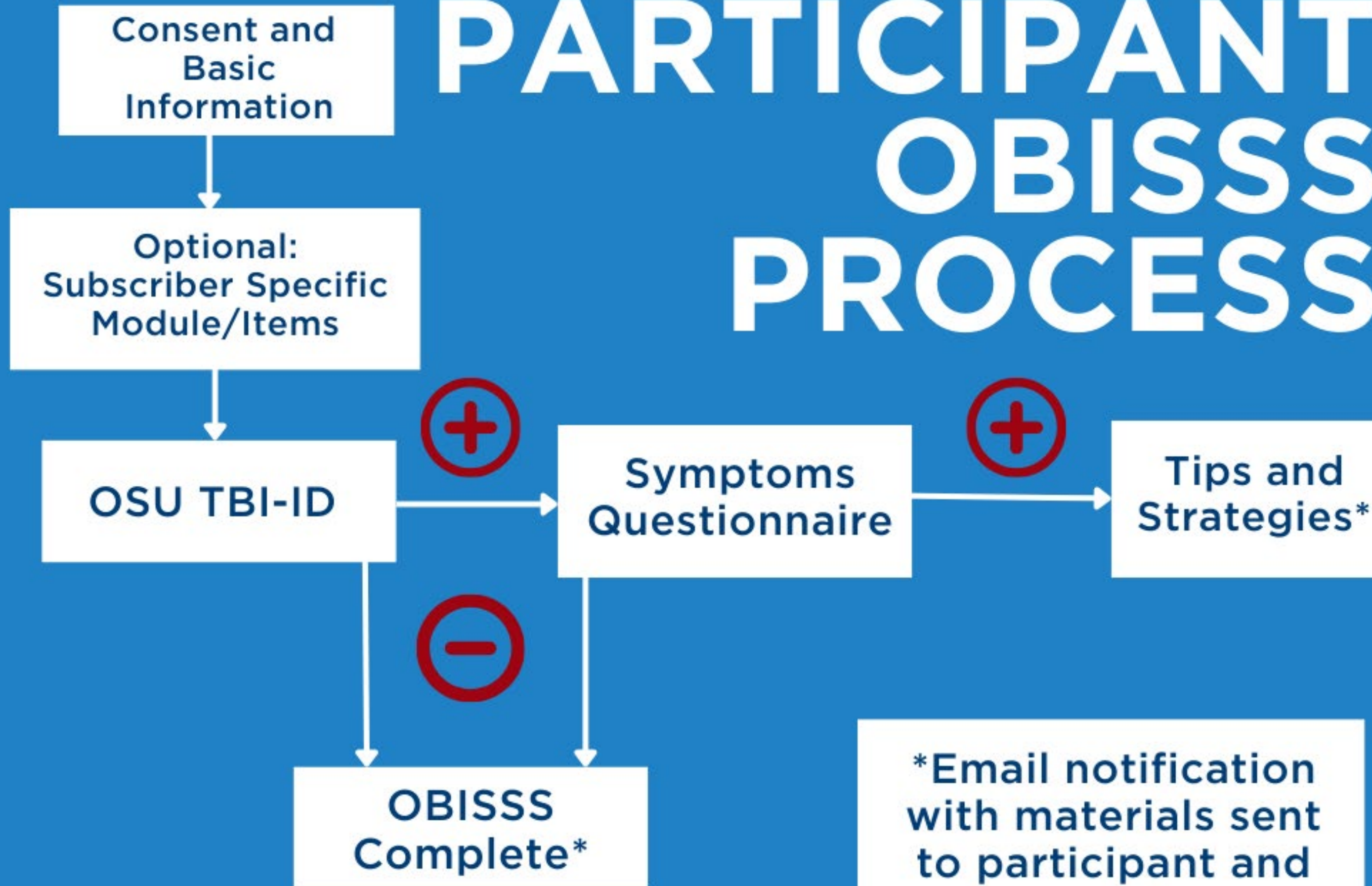
The OBISSS is an online screening system to determine the likelihood of brain injury and to identify associated challenges that may be present for youth and adults.

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 for how to support their client with a brain injury



PARTICIPANT OBISSS PROCESS



*Email notification with materials sent to participant and provider



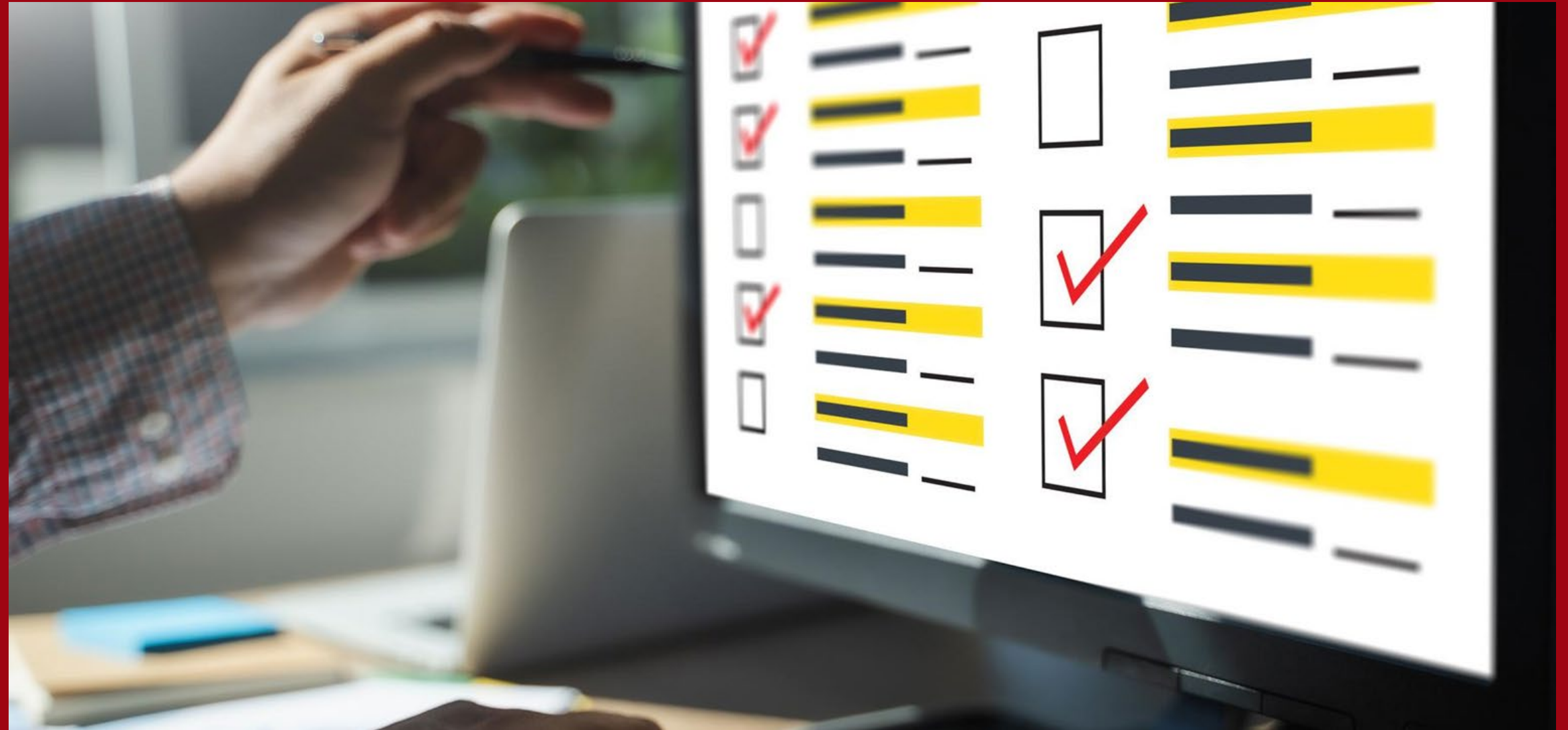
THE OBISSS:

USES ESTABLISHED TOOLS:

THE OHIO STATE UNIVERSITY TBI-
IDENTIFICATION METHOD
(OSU TBI-ID)

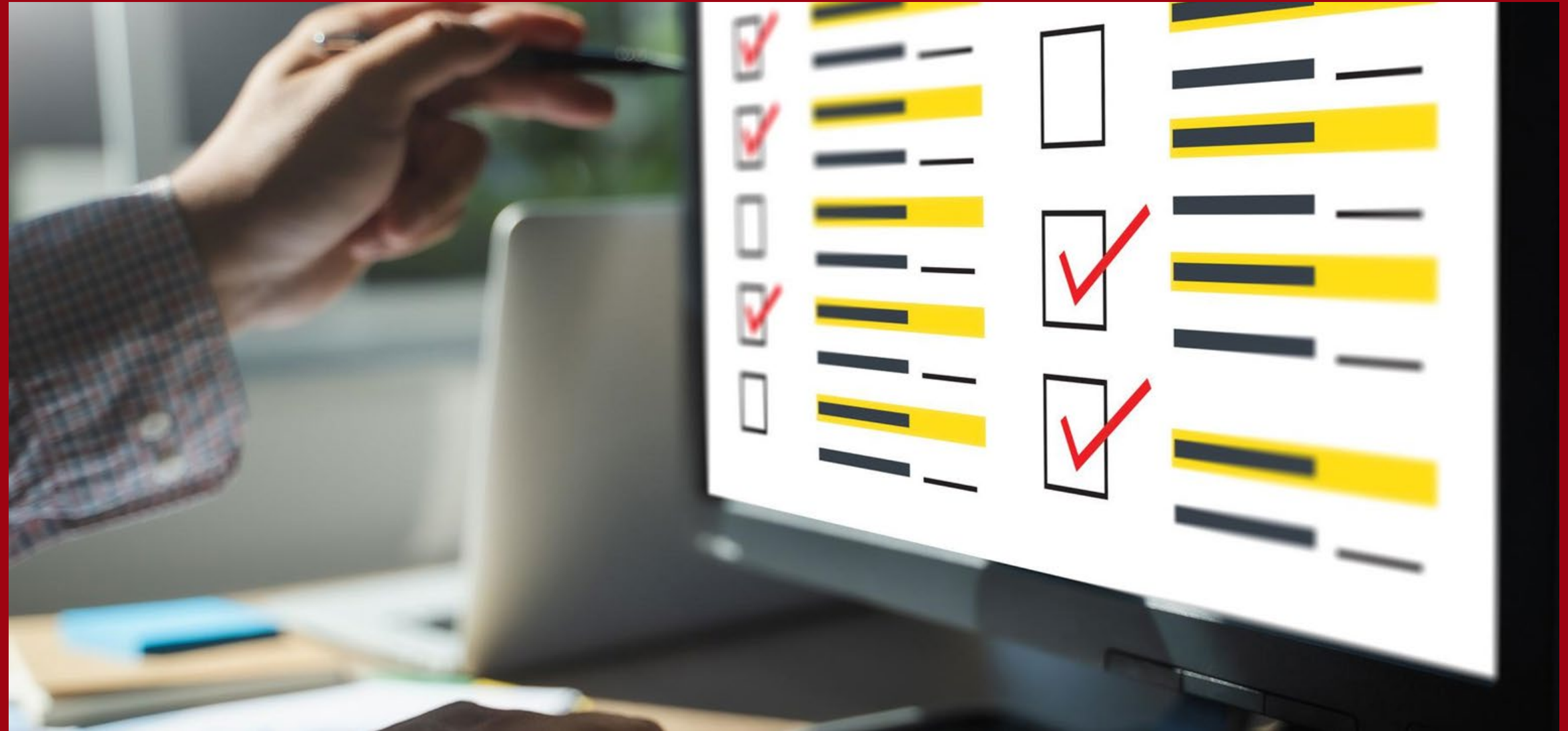
SYMPTOMS QUESTIONNAIRE FOR BRAIN
INJURY (SQBI)

THE OSU TBI-ID METHOD:



PROVIDES A WAY TO ESTIMATE IF THERE IS A LIKELIHOOD THAT CHALLENGES OR CONSEQUENCES EXIST FROM ONE'S LIFETIME EXPOSURE TO BRAIN INJURY.

THE SQBI ASSESSES THE FOLLOWING AREAS:



- MEMORY
- PROCESSING
- ATTENTION

- INHIBITION
- PHYSICAL AND
SENSORIMOTOR
CHALLENGES
- LANGUAGE

- ORGANIZATION
- MENTAL
INFLEXIBILITY
- EMOTIONAL
DYSREGULATION



THE OBISSS GATHERS:

USEFUL DEMOGRAPHIC DATA
TO MAKE COMPARISONS AND
INFORM PROGRAMS



THE OBISSS PROVIDES:

TIP SHEETS THAT INCLUDE STRATEGIES
TO ASSIST WITH CHALLENGES
ASSOCIATED WITH BRAIN INJURY

THE TIP SHEETS ARE
GIVEN TO THE PARTICIPANT AND
THE PROVIDER

MULTIPLE LEVELS OF DATA

INDIVIDUAL DATA

- Helps identify someone with a potential brain injury.
- Helps improve services and service delivery for individuals to reduce intervention time, frustrations, and service barriers.

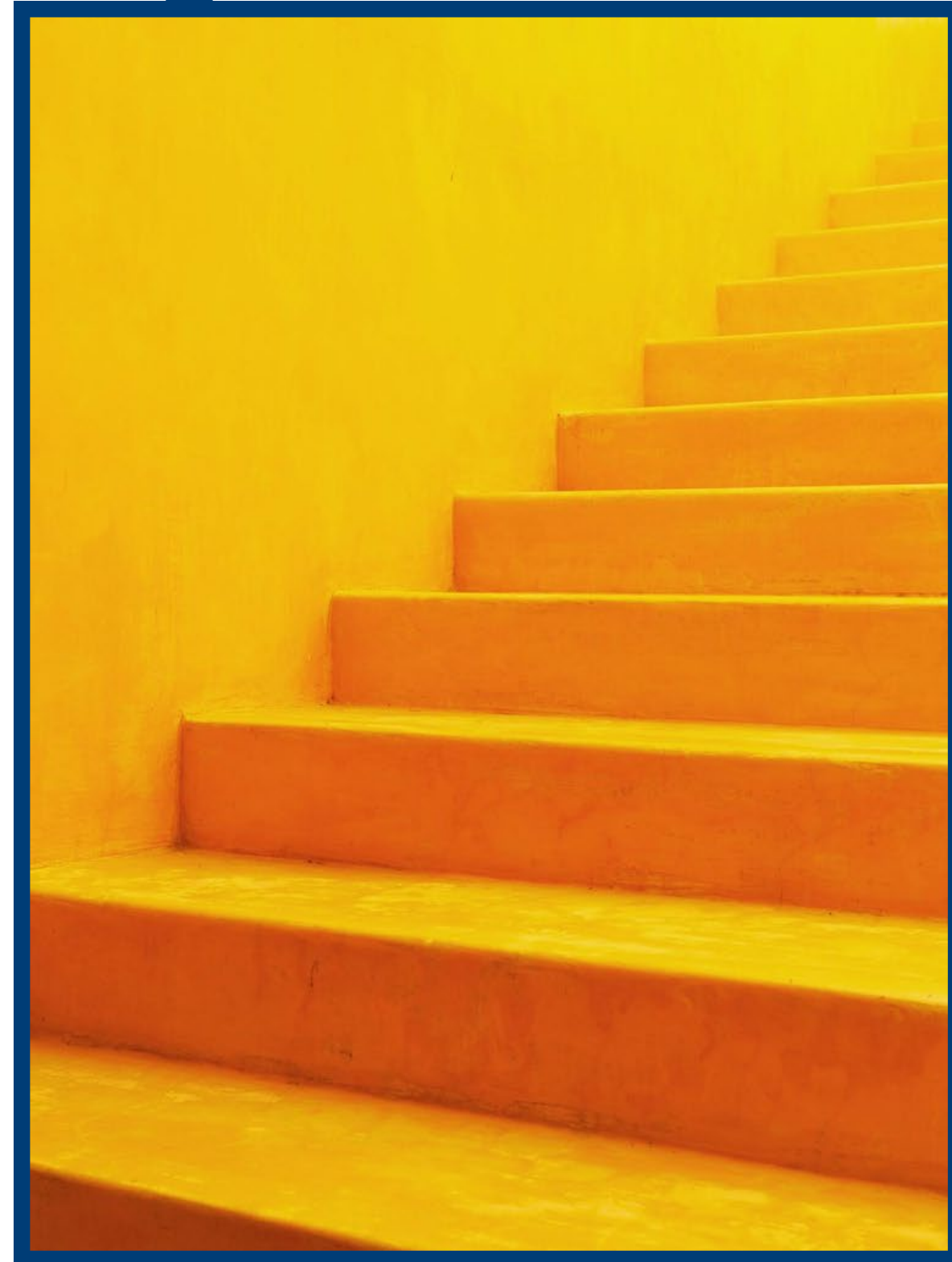
SUBSCRIBER DATA

- Assists in improving programming and indicates state-wide or organization-wide needs.

NATIONAL DATA

- Helps determine where resources are needed.
- Compares program data to other participating programs.

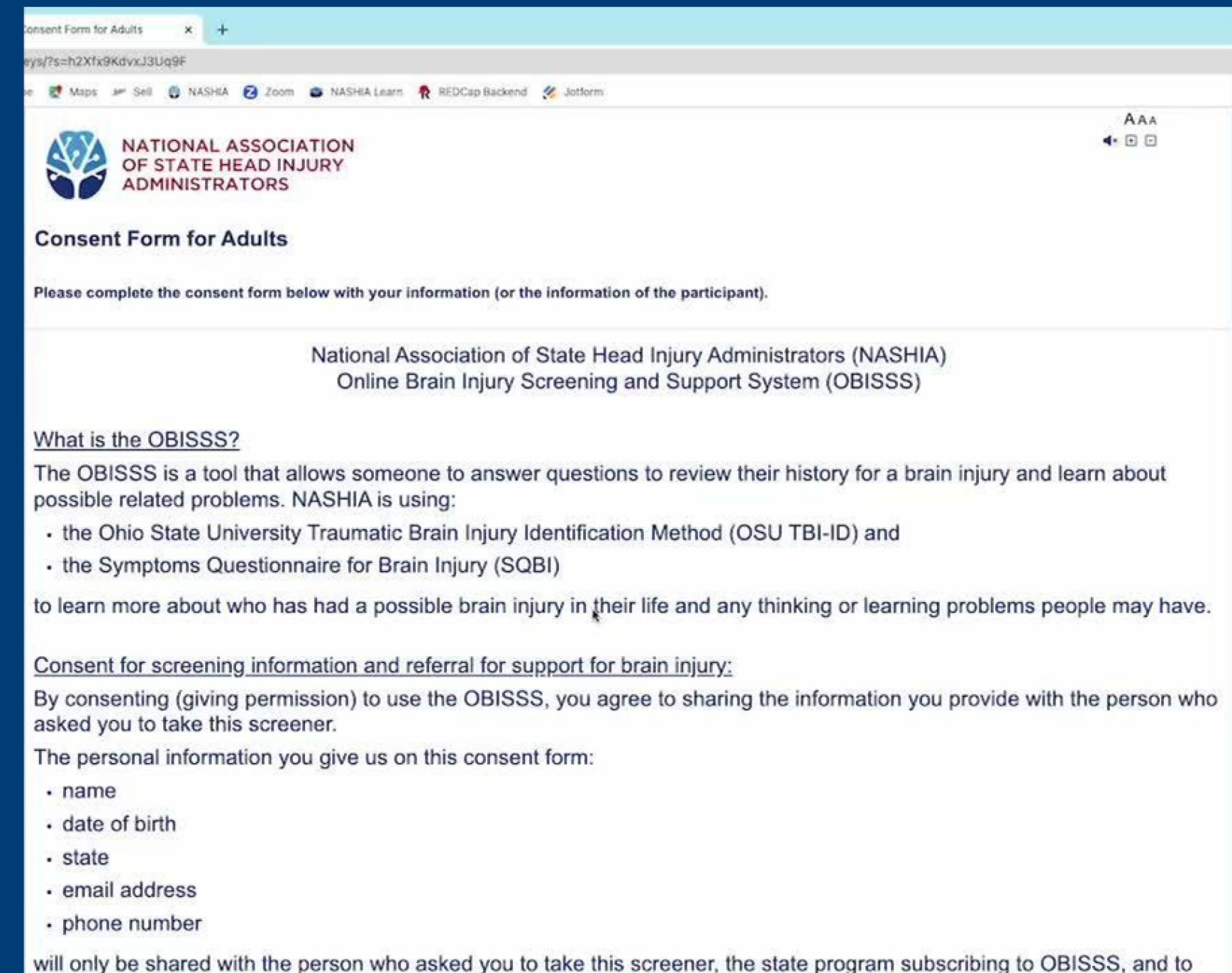
STEPS TO THE OBISSS



STEPS TO THE OBISSS - 2

CONSENT FORM AND DEMOGRAPHIC QUESTIONS

- THE PARTICIPANT WILL READ AND COMPLETE THE CONSENT FORM
- THE PARTICIPANT WILL THEN ANSWER QUESTIONS ABOUT THEMSELVES



The screenshot shows a web browser window displaying the "Consent Form for Adults" for the National Association of State Head Injury Administrators (NASHIA) Online Brain Injury Screening and Support System (OBISSS). The page includes the NASHIA logo, the title "Consent Form for Adults", and instructions for completion. It defines OBISSS as a tool for reviewing brain injury history and lists the methods used: OSU TBI-ID and SQBI. It also details the personal information collected, such as name, date of birth, state, email address, and phone number, and states that this information will be shared with the screener, the state program, and the screener.

Consent Form for Adults

Please complete the consent form below with your information (or the information of the participant).

National Association of State Head Injury Administrators (NASHIA)
Online Brain Injury Screening and Support System (OBISSS)

What is the OBISSS?
The OBISSS is a tool that allows someone to answer questions to review their history for a brain injury and learn about possible related problems. NASHIA is using:

- the Ohio State University Traumatic Brain Injury Identification Method (OSU TBI-ID) and
- the Symptoms Questionnaire for Brain Injury (SQBI)

to learn more about who has had a possible brain injury in their life and any thinking or learning problems people may have.

Consent for screening information and referral for support for brain injury:
By consenting (giving permission) to use the OBISSS, you agree to sharing the information you provide with the person who asked you to take this screener.

The personal information you give us on this consent form:

- name
- date of birth
- state
- email address
- phone number

will only be shared with the person who asked you to take this screener, the state program subscribing to OBISSS, and to

STEPS TO THE OBISSSS - 3

OSU TBI-ID TOOL

- NOW IT IS TIME FOR THE PARTICIPANT TO ANSWER QUESTIONS ABOUT A POSSIBLE HISTORY OF BRAIN INJURY
- THE PARTICIPANT WILL NEED TO ANSWER THE BEST THAT THEY CAN

© 2024 NASHIA

The screenshot shows a web browser window displaying the OSU TBI-ID survey tool. The browser's address bar shows the URL: nashia.org/surveys/?s=Q3pvGdL3wS7VpaAC. The browser's tab bar includes icons for YouTube, Maps, Sell, NASHIA, Zoom, NASHIA Learn, REDCap Backend, and Jotform. The page header features the NASHIA logo and the text "NATIONAL ASSOCIATION OF STATE HEAD INJURY ADMINISTRATORS". The main content area is titled "OSU TBI-ID" and includes a speaker icon and the instruction: "Please complete the survey the best that you can. These questions ask about injuries that may have occurred anytime in your lifetime." The survey consists of three visible questions, each with a speaker icon, a question text, and two radio button options: "Yes" and "No". Each question is followed by a "reset" button. The first question is: "In your lifetime, have you ever been hospitalized or treated in an emergency room following an injury to your head or neck? Think about any childhood injuries you remember or were told about." The second question is: "In your lifetime, have you ever injured your head or neck in a car accident or from crashing some other moving vehicle like a bicycle, motorcycle, or All-Terrain-Vehicle (ATV)?" The third question is: "In your lifetime, have you ever injured your head or neck in a fall or from being hit by something (for example, falling on ice, being hit by a rock, playing sports, or on the playground)?" Each question has a red asterisk and the text "* must provide value" below it. The "Yes" and "No" options are currently unselected.

STEPS TO THE OBISSS - 4

YES?

- IF A PARTICIPANT SCREENS POSITIVE (+) TO A POSSIBLE BRAIN INJURY, INFORMATION WILL BE EMAILED TO THE PROVIDER AND THE PARTICIPANT (IF THEY INCLUDED AN EMAIL ADDRESS)
- THE PARTICIPANT WILL THEN ANSWER QUESTIONS ABOUT CHALLENGES THEY MAY BE HAVING

NO?

- IF A PARTICIPANT SCREENS NEGATIVE (-) TO A POSSIBLE BRAIN INJURY, INFORMATION WILL BE EMAILED TO THE PROVIDER AND THE PARTICIPANT (IF THEY INCLUDED AN EMAIL ADDRESS)
- THE PARTICIPANT IS NOW DONE WITH THE OBISSS
- THE PARTICIPANT WILL PRESS SUBMIT AND CLOSE THE SCREEN

STEPS TO THE OBISSSS - 5

SYMPTOMS QUESTIONNAIRE FOR BRAIN INJURY (SQBI), ADULT OR YOUTH

- NOW IT IS TIME FOR THE PARTICIPANT TO ANSWER QUESTIONS ABOUT POSSIBLE CHALLENGES RELATED TO A BRAIN INJURY
- THE PARTICIPANT WILL NEED TO ANSWER THE BEST THAT THEY CAN

Symptoms Questionnaire for Brain Injury - Adult (SQBI-A)

Please complete the questions below the best that you can.

SECTION 1: In recent weeks, how much have you been bothered by the following problems?

	I do not have this problem at all.	I have this problem but it never bothers me.
I lose or misplace important items (keys, wallet, papers). <small>* must provide value</small>	<input type="radio"/>	<input type="radio"/>
I forget what people tell me. <small>* must provide value</small>	<input type="radio"/>	<input type="radio"/>
I forget what I have read. <small>* must provide value</small>	<input type="radio"/>	<input type="radio"/>
I lose track of time. <small>* must provide value</small>	<input type="radio"/>	<input type="radio"/>

STEPS TO THE OBISSS - 6

YES?

- IF THE SQBI INDICATES CHALLENGES, THE PROVIDER AND THE PARTICIPANT (IF EMAIL PROVIDED) WILL GET AN EMAIL WITH TIP SHEETS FOR SUPPORT
- THE PARTICIPANT WILL THEN PRESS SUBMIT AND CLOSE THE SCREEN
- THE OBISSS IS NOW COMPLETE

NO?

- IF THE SQBI INDICATES NO CHALLENGES, THE PROVIDER AND THE PARTICIPANT (IF EMAIL PROVIDED) WILL GET AN EMAIL WITH THAT INFORMATION
- THE PARTICIPANT WILL THEN PRESS SUBMIT AND CLOSE THE SCREEN
- THE OBISSS IS NOW COMPLETE

WHY USE THE OBISSS?

KNOWING ABOUT THE EXISTENCE OF BRAIN
INJURY AND WHAT STRATEGIES TO USE...



**SAVES TIME
THROUGHOUT ONE'S
WORK WITH A
PARTICIPANT**



**ELIMINATES
FRUSTRATIONS FOR
BOTH PROVIDER AND
PARTICIPANT**

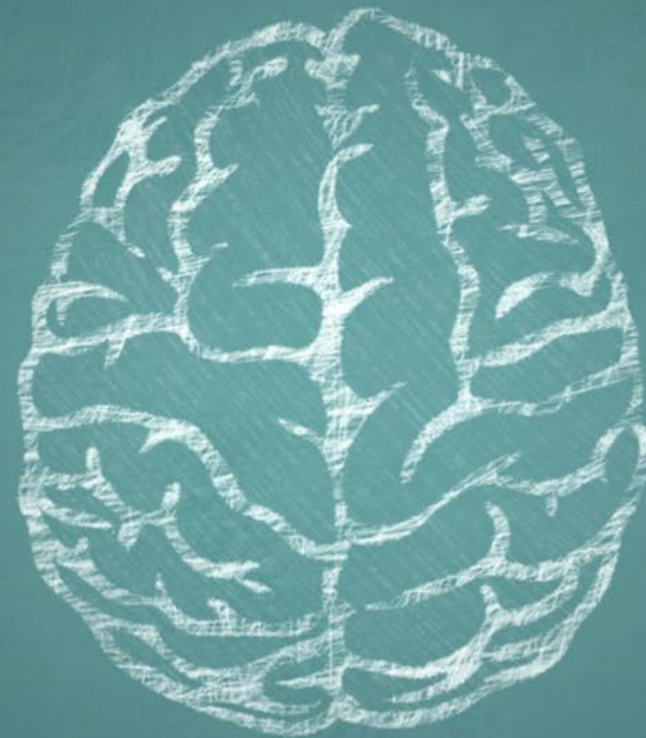


**IMPROVES
COMMUNICATION
AND SERVICES**

© 2024 NASHIA



Professional Guidebook: Strategies for Managing Brain Injury Challenges in Adults



Adapted for use by the National Association of State Head Injury Administrators with permission by
MINDSOURCE Brain Injury Network, 2022

© 2024 National Association of State Head Injury Administrators, All Rights Reserved.

- 1 Strategies for Memory Challenges/Ways to Remember Information
- 2 Strategies for Delayed Processing/Ways to Understand Information
- 3 Strategies for Challenges with Attention/Ways to Help with Attention
- 4 Strategies for Impulsivity/Ways to Think Before Acting
- 5 Strategies for Physical and Sensorimotor Challenges/Ways to Manage Physical and Sensory Changes
- 6 Strategies for Language Challenges/Ways to Understand and Use Language
- 7 Strategies for Organizational Challenges/Ways to Organize Time and Activities
- 8 Strategies for Mental Flexibility Challenges/Ways to Think and Respond
- 9 Strategies for Emotional Dysregulation/Ways to Manage Emotions
- ✓ Checklist for Better Sleep

4

Strategies for Impulsivity/ Ways to Think Before Acting

Impulsivity is the conscious or unconscious inability to suppress or refrain from engaging in an action or thought. Impulsive behaviors are unplanned, may be risky or dangerous, and are often carried out without thinking about the consequences. Individuals with impulsivity challenges may appear inconsiderate, thoughtless, or sensation seeking. They may have difficulty following instructions when completing tasks, may interrupt others when speaking, or may dominate conversations in both individual and group settings. The use and repeated practice of the following suggestions can be helpful:

1. If the participant appears distracted or unfocused, you can use a grounding exercise to return their attention to the room. For example, ask the participant to describe the chair they are sitting in (or some other small object from the room) in great detail for 60 seconds. Have them tell you about the texture, shape, temperature, and physical features of the chair or object.²¹
2. Make paper available during meetings and encourage the participant to write down their comments and questions instead of blurting them out. Encourage them to use this practice to avoid talking out of turn. Repetition and reinforcement will build the skill and make it consistent over time.²²
3. To minimize conversational disruptions in group settings, ask the participant to silently repeat question(s) to themselves before offering an answer.²³
4. Breathing techniques can help to relax or de-escalate the participant when they are feeling out-of-control. A simple exercise that you can do with the participant is have them focus on their breathing for 60 seconds. Instruct the participant to breathe in through their nose, hold their breath for 6 seconds, and then breathe out through their mouth.²⁴
5. When giving the participant any assignment, prompt them to create a checklist or write down step-by-step instructions to take home with them.²⁵
6. You can use brief mindfulness exercises during your meetings to help the participant fight off urges that may be caused by stress. For example, use the “Five Senses Exercise” and have the participant do the following: find five things in the room that you can see; find four things in the room that you can feel; notice three things in the room that you can see; identify two things in the room that you can smell; focus on one thing in the room that you can taste.²⁶
7. Poor sleep can contribute to impulsivity. You can review the attached sleep checklist with the participant to help promote better sleep habits.

Compiled by E. Halbert, K. Janicke, & T. Morgan March 11, 2019.

²¹ Farrell, D., & Taylor, C. (2017). The teaching and learning of psychological trauma – A moral dilemma. *Psychology Teaching Review*, 23(1), 63-70.

²² LaCount, P., Hartung, C., Shelton, C., & Stevens, A. (2018). Efficacy of an organizational skills intervention for college students with ADHD symptomatology and academic difficulties. *Journal of Attention Disorders*, 22(4), 356 – 367.

²³ Colorado Department of Education. (2018). *Brain injury in children and youth: A manual for educators*. Denver, CO: Colorado Department of Education.

²⁴ Hoffman, S. G., & Gómez, A. F. (2017). Mindfulness-based interventions for anxiety and depression. *Psychiatric Clinics of North America*, 40(4), 739-739.

²⁵ Colorado Department of Education. (2018). *Brain injury in children and youth: A manual for educators*. Denver, CO: Colorado Department of Education.

²⁶ Ackerman, C. (2019). 22 mindfulness exercises, techniques, & activities for adults. Retrieved from <https://positivepsychologyprogram.com/mindfulness-exercises-techniques-activities#mindfulness-interventions-techniques-worksheets>.

4

Ways to Think Before Acting

Impulsivity is when you find it hard to think before you act or say something. You might notice yourself cutting someone off before they finish talking or doing the first thing that comes to mind. You may also find it hard to control your emotions and show them in a way that others will understand. Even though these behaviors are not on purpose, it can be frustrating if you find yourself getting in trouble for your actions. Using and practicing the following suggestions can be helpful:



1. Stop → Think → Act! When you notice yourself acting on the first thing that pops into your mind, STOP and count to 3 while you think about the possible outcomes of what you are about to do before you do it.
2. Breathing techniques can help you relax when you are feeling out-of-control. A simple exercise that you can do is focus on your breathing for 60 seconds. Breathe in through your nose, hold your breath for 6 seconds, and then breathe out through your mouth.
3. Wait until others have finished talking before sharing your thought. If you find yourself disrupting conversations, try silently repeating the question(s) to yourself before offering an answer. This can help you avoid cutting others off when they are speaking.
4. If you find it hard to stay focused in any setting, physical or mental breaks can help. For example, try going for a short walk to take a break and refocus.
5. When working with others in a group setting, bring a notepad with you to write down your thoughts as they pop into your head. This can help avoid any interruptions that may have been caused by speaking out of turn.
6. Write down step-by-step instructions or create a checklist to help yourself complete tasks or instructions.
7. Poor sleep can contribute to impulsivity. You can review the attached checklist for better sleep to help promote better sleep habits.

Compiled by E. Halbert, K. Janicke, & T. Morgan March 11, 2019.

Importance of Screening for Impairment (1 of 2)



- Just screening for lifetime history does not provide you information about current impairment
- Understanding both the history of injury as well as current impairment allows for effective adjustments/accommodations to be implemented
- Identifying the current impairment will help increase the persons ability to advocate for themselves



Importance of Screening Impairment (2 of 2)

Tiered Approach:

1. Self-report
2. Neuropsychological Screen
3. Neuropsychological Evaluation



Neuropsychological Screen

- When compensatory strategies are not working, consider going to the next tier, neuropsychological screen
- Provides objective information on cognitive impairment
- Can provide insight into other psychological concerns
- Neuropsychological Screening Tools to consider include:
 - Automated Neuropsychological Assessment Metrics, Core Battery
 - Neuropsychological Assessment Battery – Screening Module
 - Repeatable Battery for the Assessment of Neuropsychological Status

More information about these screens can be found at this link and by clicking on “Neuropsychological Screening Batteries Chart”:
[Neuropsychological Screens](#)



Neuropsychological Screening Course: [Learn more here](#)

Neuropsychological
Screening:
Using Brain Injury
and Cognitive
Screening to Inform
Treatment Planning
Across Settings

with

Dr. Kim Gorgens



NATIONAL ASSOCIATION
OF STATE HEAD INJURY
ADMINISTRATORS

**MODULE 1 - 3: FOR MASTERS-LEVEL
CLINICIANS (\$150)**

MODULE 4: FOR SUPERVISORS (\$150)

CONSULTATION HOURS AVAILABLE

SIGN UP TODAY

HCUSHEN@NASHIA.ORG

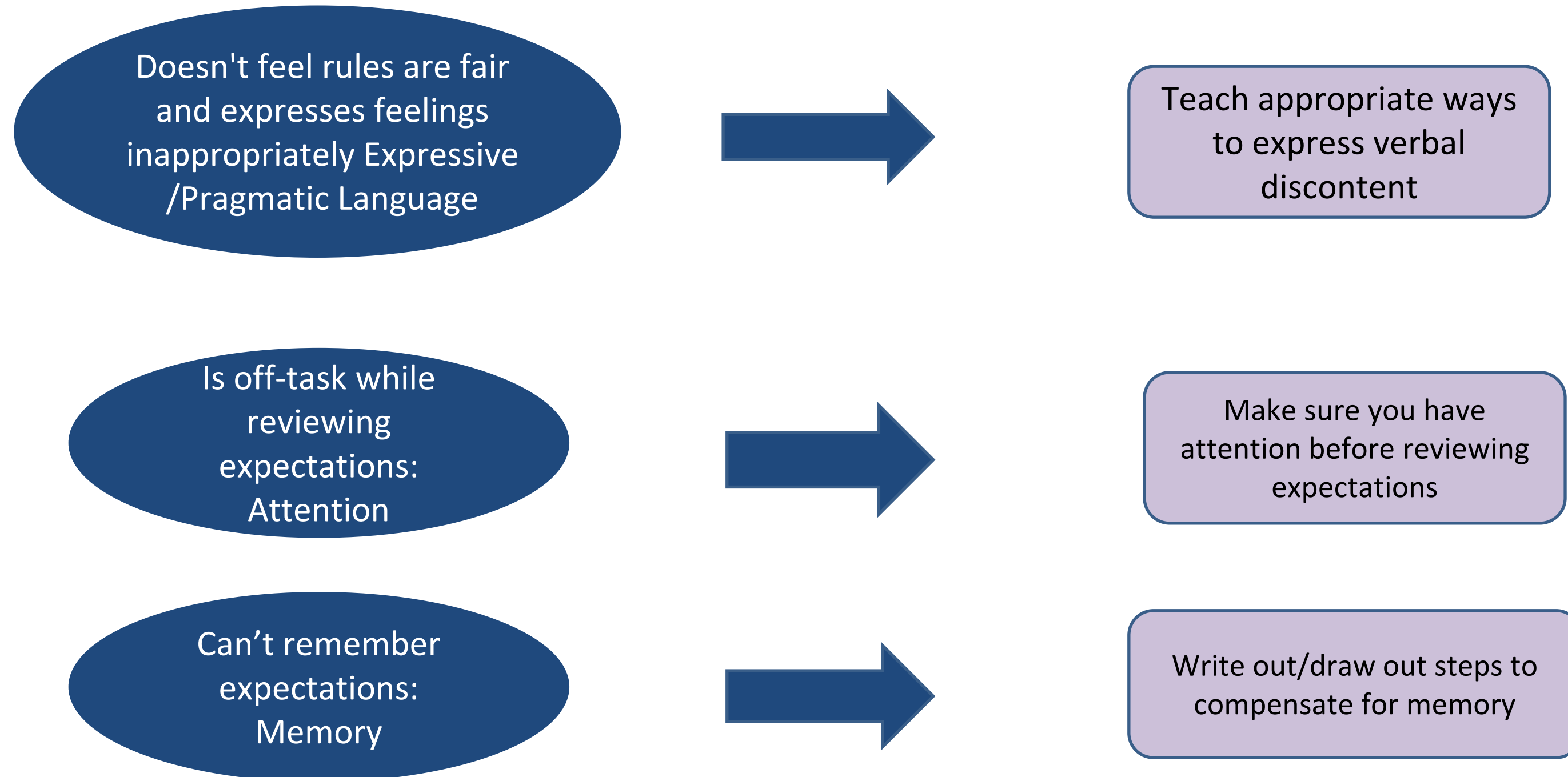


Neuropsychological Evaluation

- When neuropsychological screening does not provide enough guidance to improve outcomes, consider a neuropsychological evaluation
- Neuropsychological evaluation is the gold standard for assessing neuro-cognitive and other impairment associated with brain injury
- Barriers for obtaining a neuropsychological evaluation are cost and availability
- Fortunately, the first two levels of screening typically are enough to guide support for individuals with brain injury engaged in the criminal legal system



Strategies to Assist with Functional Behavior



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, multi-modal fashion

No problem-solving skills:
Executive Dysfunction




May need to teach Cognitive
Behavioral Therapy skills
(CBT)





Adapting Motivational Interviewing for Brain Injury



Motivational Interviewing and Brain Injury

“MI is a collaborative, goal-oriented style of communication with particular attention to the language of change. It is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person’s own reasons for change within an atmosphere of acceptance and compassion.” (Miller & Rollnick, 2013, p. 29)

A Guide related to Motivational Interviewing and Brain Injury is in the works!



The Spirit of Motivational Interviewing: PACE

- **Partnership**
Collaborative process.
People are the experts of their own lives.
- **Acceptance**
Nonjudgmental stance; seek to understand.
Express empathy.
- **Compassion**
Support the person's needs and prioritize well being.
Validate efforts.
- **Evocation**
Spotlighting the person's priorities, values and personal wisdom to explore reasons for change.



The Spirit of MI Through a Brain Injury Lens

- **Partnership:** The post injury trajectory is unique and not linear. The individual is the only one who can convey their thoughts and feelings; they are the expert in their own journey.
- **Acceptance:** The individual may be struggling with learning to accept differing skill levels. Being nonjudgmental is critical to building a partnership. Reinforcing that ambivalence is normal is key to engagement, including feelings of uncertainty about life after their injury.
- **Compassion:** Prioritizing the person's well being is particularly important. You may be helping them come to new realizations about what their well being needs are. Believe people when they say they can't; they may have the will but not the skill. Empathy in and of itself is an evidence based therapeutic approach.
- **Evocation:** What if the person has the will but not the skill? Change may be related to the acceptance of supports and implementation of strategies to navigate life after injury.



MI Core Skills Through a Brain Injury Lens: OARS

Open Ended Questions: Good for announcing a topic. May help to define the person's level of awareness of the impact of their injury.

Affirmations: Opportunities to provide person centered specific positive feedback. Use to foster a sense of accomplishment and support skill building and practice.

Reflections: Promote self awareness. Use to help the person possibly clarify their thoughts and intent.

Summaries: Excellent for setting context and supporting people with memory challenges.



BH and BI Tip Card

What Providers Need to Know: Behavioral Health and Brain Injury

What is Brain Injury?

Acquired brain injury (ABI): injury to the brain that is not hereditary, congenital, degenerative, or induced by birth trauma. ABI includes both of these injury types:

Traumatic Brain Injury:

alteration in brain function, or other evidence of brain pathology, caused by external force, such as falls, assaults, motor vehicle crashes, sports injury

SAMSHA Publication, NO. PEP21-05-03-001, 2021

Non-Traumatic Brain Injury:

damage to the brain by internal factors, such as lack of oxygen, stroke, or brain tumor

Brain Injury Association of America, www.biausa.org

What are Common Symptoms?



Motor and Sensory Effects:

- Dizziness, lightheadedness, or vertigo
- Fatigue or lethargy
- Changes in walking and coordination
- Headaches and other pain symptoms



Emotional/Behavioral Dysregulation:

- Increased likelihood of concurrent mental health issues (anxiety)
- Increased likelihood of behavioral problems (anger, irritability, socially inappropriate behavior)



Cognitive Impairment:

- Slowed thinking (inability to process information efficiently)
- Memory challenges (inability to remember things in the past)
- Issues in attention/concentration (knowing what to do in the present)
- Difficulties multitasking
- Impairments of language and communication



Traumatic Brain Injury and Substance Use Disorders, Lemsky C., 2021, attcnetwork.org
<https://attcnetwork.org/sites/default/files/2021-11/TBI%20%20SUD%20Toolkit%20FINAL%2011.05.2021.pdf>

What About the Intersection with Substance Use and Behavior?

Having one or more brain injuries with loss of consciousness is associated with greater risk for behavioral health problems, including problematic substance use beginning in adolescents and more psychiatric symptoms and a significantly elevated risk of suicide.

Traumatic Brain Injury and Substance Use Disorders, 2021, attcnetwork.org.

2 to 4

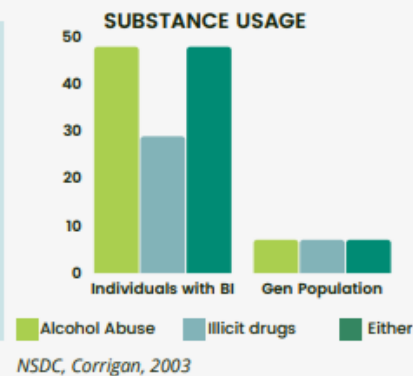
People with brain injury of any severity have 2 to 4 times the risk of attempting or having a death by suicide.

Dreer, L.E. et al. 2018

33%

One-third of individuals with brain injury experience mental health problems 6 months-1 year post injury.

Fazel, et al. 2014



Approximately one in five American adults have sustained a TBI severe enough to result in some loss of consciousness.



The vast majority of injuries are mild, with more than 90% released from emergency departments. Most will recover from a mild brain injury. However, there is evidence to suggest that individuals with co-occurring behavioral health conditions often have poorer outcomes following injury than those who do not.

Traumatic Brain Injury and Substance Use Disorders, Lemsky C., 2021, attcnetwork.org

Not only does brain injury cause behavioral health problems, but associated deficits can also affect the effectiveness of behavioral health treatments. Identifying and supporting those with brain injury can lead to more successful outcomes.

SAMSHA Publication NO. PEP21-05-03-001, 2021

What About Screening for Brain Injury?

Unless an individual has been hospitalized with a severe brain injury, they may not be aware they have a brain injury and that it could be affecting their functioning. A person who has compromised functioning in the frontal areas of the brain (common after TBI):

- Adapts less well in new or stressful situations
- Has greater problems following through on recommendations from professionals
- Has more difficulties making lifestyle changes, particularly when rewards are in the future

Ohio Valley Center for Brain Injury and Rehabilitation:
<https://wexnermedical.osu.edu/neurological-institute/departments-and-centers/research-centers/ohio-valley-center-for-brain-injury-prevention-and-rehabilitation/osu-tbi-id>

Several brief, easy to use, reliable, valid, and standardized methods are available for screening for brain injury. This information will ensure the clinician is aware of potential consequences that can affect treatment:

- ✓ The Ohio State University TBI Identification Method (OSU TBI-ID) is the most widely used screening tool, typically requiring 5-7 minutes. It can be administered by any staff with interviewing skills after brief training that is available free, online: [OSU TBI ID](#)

- ✓ For children and youth, Colorado State University's Life Outcomes after Brain Injury Research Center developed the Brain Check Survey to screen for brain injury in children aged 5-21. This tool is a brief screen which is intended to be completed by a parent or guardian on behalf of the youth. This tool is available free online: [Brain Check Survey](#)



For more info:

<https://attcnetwork.org/centers/mid-america-attc/traumatic-brain-injury-sud-series>

What Now?

There are simple adjustments that can be made to help support an individual with a history of brain injury.

Framework of Support:

- You are not treating the brain injury; you are treating the behavioral health concern in the context of brain injury.
- Your aim is to demystify brain injury for non-brain injury professionals.
- The goal is to empower individuals with brain injury and families to advocate for appropriate supports.



Strategies for Support Should be:

- Easy to implement and appropriate to the environment
- Person centered; the person needs to be integral in recognizing the need for a strategy, developing the strategy, and monitoring progress

Example Strategies



Initiation

Looks like: appears unmotivated, needs constant cueing
Tips: Provide small tangible steps, help the person get started, use checklist and calendars



Delayed Processing Speed

Looks like: appears confused, slow to respond, doesn't follow instructions
Tips: Additional time to review, be concise, check for understanding



Short Term Memory Loss

Looks like: can't remember details, disorganized, appear manipulative
Tips: Provide written reminders, stick to routine, summarize discussion



Sensory Motor Skills

Looks like: appears overwhelmed, emotional melt downs, irritable
Tips: Meet in a quiet, calm environment, schedule breaks, encourage rest



SAMHSA Advisory: Treating Patients With TBI



TREATING PATIENTS WITH TRAUMATIC BRAIN INJURY

Each year in the US traumatic brain injury (TBI) results in approximately 2.8 million emergency department visits, hospitalizations, or deaths.¹ TBIs account for almost 2% of all emergency department visits, and more than one-quarter million Americans are hospitalized each year with a TBI. Heightened public awareness of sports-related concussions and TBIs incurred in combat in Iraq and Afghanistan have contributed to a marked increase in emergency department visits over the past two decades; however, the greatest increase has been in the rate of fall-related TBIs among older adults. Potentially hundreds of thousands more individuals sustain TBI each year but are not included in the data sets used to form these estimates because they do not seek medical treatment or because they are treated in physicians' offices, urgent care clinics, or Federal, military, or Veterans Affairs hospitals.²

Public awareness of TBI has shifted dramatically since it was dubbed "a silent epidemic" in 1980; however, appreciation of its effects has not garnered the attention of professionals outside of medical rehabilitation. Particularly among behavioral health specialists, a gap remains in knowledge about TBI, understanding its implications for behavioral health conditions (i.e., mental illness and substance use disorders), and active consideration of treatment implications.³ This Advisory briefly summarizes key elements of TBI and describe its relevance to behavioral health, including recommendations for how behavioral health professionals can better meet the needs of patients who have a history of TBI.

Key Messages

- Traumatic brain injury (TBI) is a common neurological condition that results from an external force altering normal brain function, whether temporarily or permanently.
- TBIs vary greatly in severity, which concomitantly creates tremendous variability in the impact on cognition, affect and emotion. A concussion is a mild TBI.
- The lasting effects of TBI also depends on whether there are multiple injuries, age at which they occur and whether a person already had another source of compromise to brain function
- The fingerprint of TBI is damage to the frontal areas of the brain, which with sufficient magnitude results in impairment of a person's ability to regulate cognition, emotion, and behavior.
- Not only does TBI cause behavioral health problems, associated deficits can affect the effectiveness of behavioral health treatments.
- Behavioral health professionals do not identify TBI among their patients.
- The consequences of TBI necessitate screening during behavioral health treatment.
- The presence of a problematic history of TBI should lead to identification of accommodations to minimize the effect on behavioral health treatment.

Building Capacity of VTCs: Resources for Brain Injury Programs

NASHIA received a grant from the Christopher and Dana Reeve Foundation to develop an online toolkit to provide support to VTCs for supporting individuals with brain injury in their courts

The toolkit includes:

- I. Overview of VTCs for brain injury professionals
- II. Tip Sheets
- III. PowerPoint training for all court
- IV. Power point training for community behavioral health partners
- V. Video testimonial for importance of recognizing brain injury from a VTC judge

<https://www.nashia.org/veteran-treatment-courts>

Treatment Courts Guide to Supporting Individuals with Acquired Brain Injury

The guide was peer reviewed and includes the following sections:

- I. Background on research into current practices related to brain injury
- II. Overview of Brain Injury and Why it is important in the Context of Problem-Solving Courts
- III. Screening for Lifetime history of Brain Injury and Brain Injury Related Challenges
- IV. Accommodating for Brain Injury
- V. Brain Injury Referral
- VI. National Resources

All Rise contracted with NASHIA to write this guide

<https://allrise.org/publications/supporting-individuals-with-acquired-brain-injury/>



Treatment Courts Guide to Supporting Individuals with Acquired Brain Injury

The guide was peer reviewed and includes the following sections:

- I. Background on research into current practices related to brain injury
- II. Overview of Brain Injury and Why it is important in the Context of Problem-Solving Courts
- III. Screening for Lifetime history of Brain Injury and Brain Injury Related Challenges
- IV. Accommodating for Brain Injury
- V. Brain Injury Referral
- VI. National Resources

All Rise contracted with NASHIA to write this guide

<https://www.nashia.org/resources-list/all-rise-treatment-court-toolkit>



Questions and Discussion



Thank you!

If you have any questions,
please contact me.

Tim McGavin

Tim.mcgavin@dupagecounty.gov

630-407-8469

Mind Matters: Building a Justice System That Is Inclusive and Responsive to Brain Injury

Executive Summary



It is estimated that over half of individuals encountering the criminal justice system have experienced a brain injury. While there are committed advocates and researchers developing essential tools and resources for the field, many criminal justice agencies are not adequately equipped to support individuals with brain injury. To lay the groundwork for future training, technical assistance, and resource development in this area, policy leads at the CSG Justice Center assembled a group of brain injury experts, researchers, and criminal justice agency representatives to develop *Mind Matters: Building a Justice System That Is Inclusive and Responsive to Brain Injury*, which outlines key findings and recommendations to advance the field at the intersection of brain injury and the criminal justice system.

Informed by the insights of brain injury experts, researchers, and criminal justice agency representatives, the report provides a clear picture of opportunities to improve responses to people with brain injury across the criminal justice system and the need for coordinated, systemic change. Equipped with the report's recommendations and best practices, criminal justice leaders and key stakeholders across the field can take guided action to create a justice system that is inclusive and responsive to people with brain injury. Implementing the following recommendations to address brain injury within the justice system will not only improve outcomes for people with brain injury, but also contribute to enhanced public safety when the symptoms and consequences of an individual's brain injury can be effectively managed.

Key Considerations

- Brain injury often co-occurs with substance use and/or mental health conditions, making it difficult to disentangle and address.
- People living with brain injury are at an increased risk for negative outcomes, such as reduced treatment completion rates and increased recidivism rates.
- Appropriately supporting people with brain injury as they navigate the criminal justice system enhances safety within interactions, facilities, and the community.

“Subtle changes could make a big difference in the health and life quality of people living with brain injury in prisons [and the justice system].”

— Brain Injury and Justice System Workgroup member

Recommendations



Training and Education

- A. Develop and implement a standardized brain injury training model that is easily accessible for criminal justice agencies.
- B. Leverage local partnerships with medical and behavioral health professionals to cultivate cross-training opportunities.
- C. Provide psychoeducational resources to individuals with brain injury and their families/caregivers, including resources that offer tailored strategies and accommodations.



Screening and Identification

- A. Conduct universal screening for lifetime history of brain injury using a validated tool, such as the Ohio State University TBI Identification Method (OSU TBI-ID), at as many contact points along the criminal justice system as possible.
- B. Administer additional assessments, such as the Adult Symptom Questionnaire, to determine symptoms, identify barriers and level of impairment, and guide interventions when a history of brain injury is present.
- C. Given high rates of brain injury among youth in the justice system, provide education and screening at juvenile justice facilities and ideally at schools prior to justice system involvement.
- D. Establish data tracking and information-sharing protocols to support case coordination and data-driven decision-making.
- E. Create a climate within the criminal justice system that is inclusive of brain injury through educational awareness campaigns, as well as through facility-based or program-specific practices.



Compensatory Strategies and Modifications

- A. Modify programs within criminal justice settings, where possible, to help an individual with brain injury successfully navigate and remain safe in the system.
- B. Collaborate with people with brain injury to determine accommodations and develop strategies to mitigate their symptoms.



Referrals and Resource Coordination

- A. Establish partnerships and referral mechanisms between criminal justice entities and brain injury service providers.
- B. Build care coordination into the brain injury referral process.



Strategies for Advancing Recommendations

- A. Build collaborative partnerships at the national, state, and local levels between criminal justice agencies, mental and public health authorities, and brain injury administrators and experts.
- B. Promote a positive culture shift that is inclusive and responsive to brain injury.
- C. Apply a racial equity lens to ensure equitable access to screening and identification processes, accommodations, and referrals to resources and services.
- D. Review and refine policies and legislation related to brain injury.
- E. Increase funding to support additional research, training and technical assistance, and service provision.



Justice Center
THE COUNCIL OF STATE GOVERNMENTS

This project was supported by Grant No. 15PBJA-22-GK-03568-MENT awarded by the Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the Department of Justice's Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the Office for Victims of Crime, and the SMART Office. Points of view or opinions in this document are those of the authors and do not necessarily represent the official position or policies of the U.S. Department of Justice.