

Supporting Survivors of Brain Injury in a Criminal Justice Setting

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Objectives

- · Overview of brain injury in the criminal justice system
- Risk-Need-Responsivity and brain injury
- · Colorado brain injury protocol

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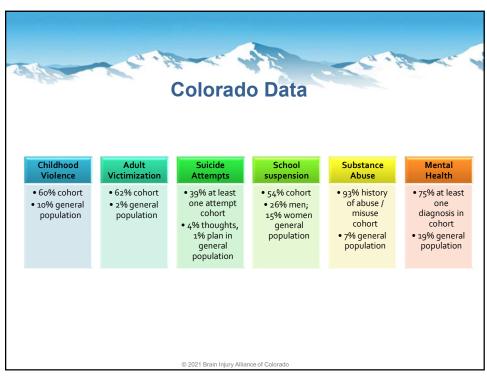
Scope of Problem in Context

- Recent meta-analytic review found the prevalence of TBI in the justice involved population to be 60.25% (Shiroma, Ferguson, & Pickelsimer, 2010) compared to 8.5% in the general population (glois, 2008).
- One meta-analysis found that approximately 30% of individuals in the juvenile justice system have sustained a previous brain injury (Vaughn, Salas-Wright, Delisi, & Perron, 2014).
- In contrast to the general population, women are more likely to have a TBI, and the leading cause of TBI in the justice involved population is assaults

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Criminal Justice Entity	Total OSU Screened	Positive Screens	Percent Positive
Arapahoe County Probation	51	28	54.9%
Boulder County Jail (JBBS & JET Units)	369	215	58.2%
Denver County Jail (RISE unit)	1352	360	26.6%
Denver County Jail (Transition Unit)	732	449	61.3%
Larimer County Jail	480	287	59.7%
Adams County Probation (female offender)	31	30	96.7%
Adams County Probation (Veterans)	111	47	42.3%
Adams County Probation (sex offenders)	69	28	40.5%
Denver Drug Court	686	299	43.5%
Denver Juvenile Probation	445	82	18.4%
Jefferson County Recovery Court	81	49	60.4%
Total	4,407 © 2021 Brain In	1,854 of Colorado	42%

Criminal Justice Entity	Total Neuropsych Screens	Positive Screens	Percent Positive
Arapahoe County Probation	47	37	78.7%
Boulder County Jail	107	89	83.2%
Denver County Jail (RISE unit)	191	133	69.6%
Denver County Jail (Transition Unit)	208	153	73.6%
Larimer County Jail	95	58	61.1%
Adams County Probation (female offender)	13	9	69.2%
Adams County Probation (Veterans)	62	46	74.2%
Adams County Probation (sex offenders)	17	14	82.4%
Denver Drug Court	104	78	75%
Denver Juvenile Probation	16	8	50%
Jefferson County Juvenile Probation	3	2	66.7%
Jefferson County Recovery Court	28	21	75%
Total	891	648	72.7%

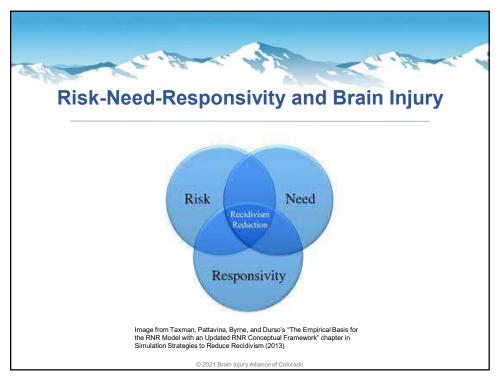


What we know about BI and justice-involved populations

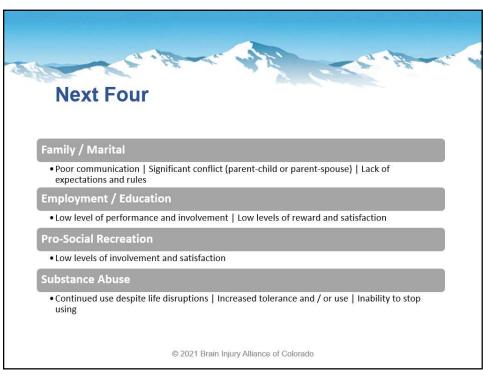
- ✓ Trauma hx
- √ 50% higher recidivism rate
- ✓ Longer sentences (Horn & Lutz, 2016)
- ✓ Lower treatment completion rates
- √ higher rates of disciplinary incidents
- ✓ Increased risk substance abuse
- ✓ Increased risk of mental illness
- √ 45% of homeless population

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Risk and Brain Injury

(Piccolino & Solberg, 2014):

- 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 (50% higher than those with no reported TBI)
- Higher levels of alcohol and drug use preceding their current incarceration



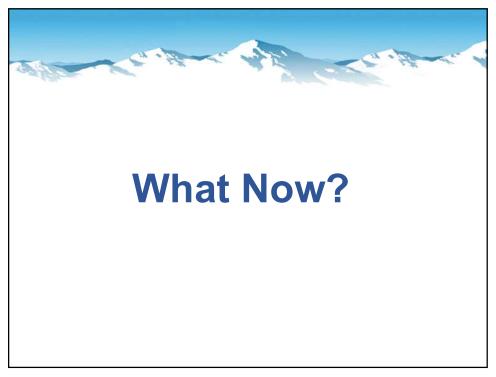
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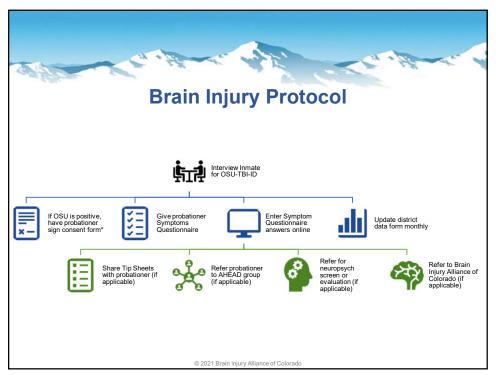
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Need and Brain Injury

- Agitation after traumatic brain injury (TBI) is the most frequently observed behavioral problem (Sandel & Mysiw, 1996; Weir, Doig, Fleming, Wiemers, & Zemljic, 2006)
- Injury to the frontal lobes can affect the area of the brain that normally controls our impulses.
 - This inability to control urges can lead to impulsive and often inappropriate social behavior
- Individuals with brain injury report loss of relationships, including friendships, is one of the most devastating effects of brain injury (www.brainline.org)
- Studies have shown up to a 66% unstable employment or unemployment rate following brain injury (Kreutzer, Marwitz, Walker, Sander, Sherer, Bogner, Fraser, & Bushnik, 2003)
- In a study of persons 3 to 5 years after complicated mild to severe TBI, 60% had at least some difficulty performing leisure activities (Wise, E.K. et al. 2010)

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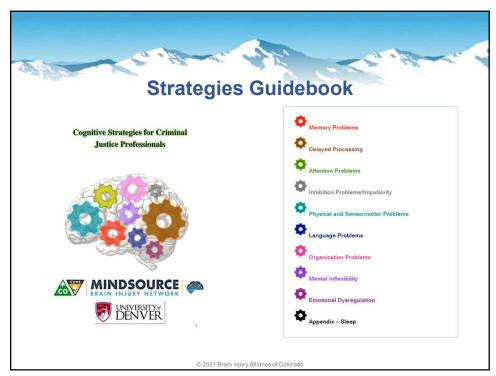




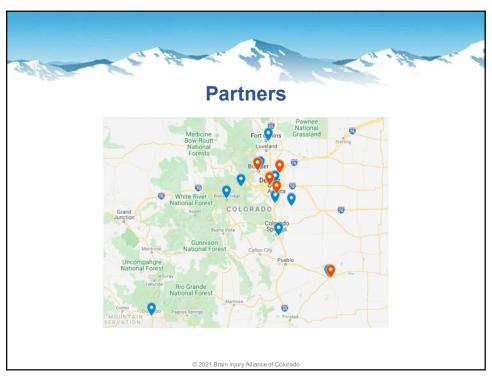
Name:	_DOB:	Interviewer Initials:	Date: ML Bo	ooking #:
Ohio State University TBI Identif	fication Method —	Interview Form		
Step 1 Ask questions 1-5 below. Record the cause of each reported injury and any details provided spontaneously in the chart at the bottom of this page. You do not need to ask further about loss of consciousness or other injury details during this step.	questions in Step 1 ask	if the answer is "yes" to any of the the following additional questions tury and add details to the chart below	Step 3 Interviewer instruction: Ask the identify a history that may inclu- complete the chart below.	following questions to help ide multiple mild TBis and
I am going to ask you about injuries to your head or neck that you may have had anytime in your life. In your lifetime, have you eve been hospitalized or treated is an enemeracy room following an injury to your property of the property o	(LOC)? If yes, how long?	did you lose consciousness or did you have a gap in e injury?	Have you ever had a period of experienced multiple, repeate (e.g., history of abuse, contact: If yes, what was the typical knocked out (Loss of Consoling of the content o	d impacts to your head sports, military duty)? or usual effect—were you lousness - LOC)? I you have a gap in your ect from one of the times it?
In your lifetime, have you ever injured your head or neck in a fall or from being hit by something (for example, falling from a bike or horse, rollerblading, falling on ice, being hit by a rock? Have you ever	Step 1	Step 2 Loss of conscious	iness (LOC)/knocked out Da	ized/Mem Gap Agi
injured your head or neck playing sports or on the playground?	Cause	No LOC < 30 min	30 min-24 hrs > 24 hrs Y	es No
☐ No ☐ Yes—Record cause in chart				╡
In your lifetime, have you ever injured your head or neck in a fight, from being hit by someone, or from being shaken violently? Have you ever been shot in the head?				
☐ No ☐ Yes—Record cause in chart				
In your lifetime, have you ever been nearby when an explosion or a blast occurred? If you served in the	If more injuries with LOC: How many?Longest knocked out? How many ≥ 30 mins.? Youngest age?			
explosion or a blast occurred? If you served in the military, think about any combat- or training-related incidents.	Step 3	Typical Effect	Most Severe Effect	Age
☐ No ☐ Yes—Record cause in chart	Cause of repeated injury		no LOC 30 min 24 hrs.	LOC Bogan En
Interviewer Instruction: If the answers to any of the above questions are "yes," go to Step 2. If the answers to all of the above questions are "no," then proceed to Step 3.				

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		OE2		NIN!	4IKE
Name:			Date:		
In recent weeks, how much have your Please mark only one circle per item.	u been bothere	d by the follo	wing problem	s?	
SECTION 1	N/A I don't have this problem at all	I have this problem but it never bothers me	I am slightly bothered by this problem	I am very bothered by this problem	I am extremely bothered by this problem
I lose or misplacing important items (keys, wallet, papers)	0	0	0	0	0
I forget what people tell me	0	0	0	0	0
I forget what I've read	0	0	0	0	0
Llose track of time	0	0	0	0	0
I lose track of time	_	0	0	0	0
I forget what I did yesterday	0			_	_
	0	0	0	0	0

Symptoms Questionnaire			
https://mindsourc	ecolorado.org/adult-symptom-questionnaire/		
MINDSOURCE &	ABOUT - BESCHICES - NEW GRANTS CONTACT ADULT SYMPTOM QUESTIONNAIRE Adult Symptom Questionnaire		
	Pleasure the paper copy provided to study to you client to condisise the form below. Once the form is considered, sector will the considered or disproval recovery period with both towards protein and enterwantions to be used for addressing years of concern. This informacion will be emailed by you ly MIT GOOD URCS. It shall shape if protein is,		
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Challenges & Lessons Learned

- Massive systems are slow to change
- Red tape
- Information silos
- · Us vs. them mentalities
- Resource availability
- · State level connections

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Thank you for your time! Questions? Comments? Feedback?

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