

DT-HSJCC March 5, 2020

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Addressing the needs of youth with TBI in the Ontario Criminal Justice System: Creating an Implementation Process for TBI Screening



Ontario Neurotrauma Foundation

Fondation ontarienne de neurotraumatologie



Torbay and South Devon
NHS Foundation Trust



TBI and Youth Justice: Prevalence

- Approximately 50% of youth who have been charge with an offence have a documented history of TBI.
- An estimated 30% of incarcerated youth have a pre-incarceration history of TBI.
- These counts are underestimated.
- A recent study of incarcerated adults found that many individuals were unaware of injuries they might have sustained as babies or young children, and even adulthood injuries were not entirely clear to prisoners.



Youth Justice and TBI

TBI in childhood and young adulthood may be associated with offending behaviour. Earlier and more effective means to assess and manage the consequences of TBI in the offender population, and those at risk of offending, may lead to improved outcomes for affected individuals and for society.

Barrow Cadbury Trust UK, Williams et al., 2012



Pediatric TBI: A Neurodevelopmental Disability and Global Public Health Concern

- Worldwide incidence of pediatric TBI ranges broadly and varies greatly by country, with most reporting a range between 47 and 280 per 100,000 children. Dewan et al., 2016
- In Ontario, 1 in 5 middle- and high-school students report having suffered at least one head injury that knocked them unconscious for more than five minutes or required overnight hospitalization. Ilie et al., 2015



Pediatric TBI: A Global Public Health Concern

- Bimodal age distribution typically described with children age 0-4 years, adolescents and young adults age 15-24 years among those with the highest risk for sustaining a TBI, with an overall prevalence of ~30%. McKinley et al., 2009
- > Age 3, males have higher rates of TBI than females. Dewan et al., 2016
- ~ 1/3 of children and youth who experienced a TBI went on to have one or more additional injuries. McKinley et al., 2009
- Link with alcohol, cannabis and energy drinks, with frequent users showing "significantly higher odds" of a head injury in the past year than their peers who do not use substances. McKinley et al., 2009; Ilie et al., 2015

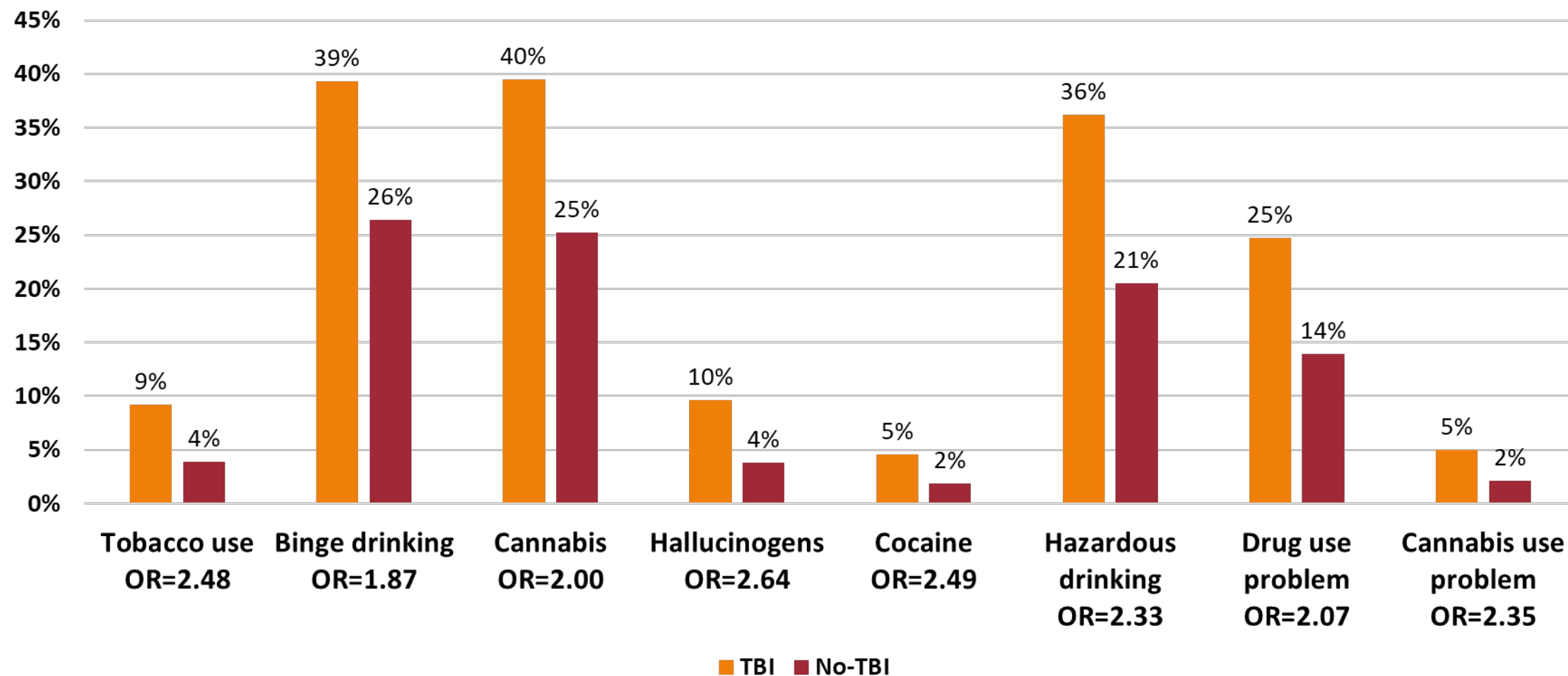
MHA among Ontario students with a self-reported TBI: CAMH Ontario Student Survey

High school students who reported a lifetime TBI were significantly **more likely to report substance use**

Ontario High School Students Grades 9-12

January 1, 2011 – December 31, 2011

N=6,383

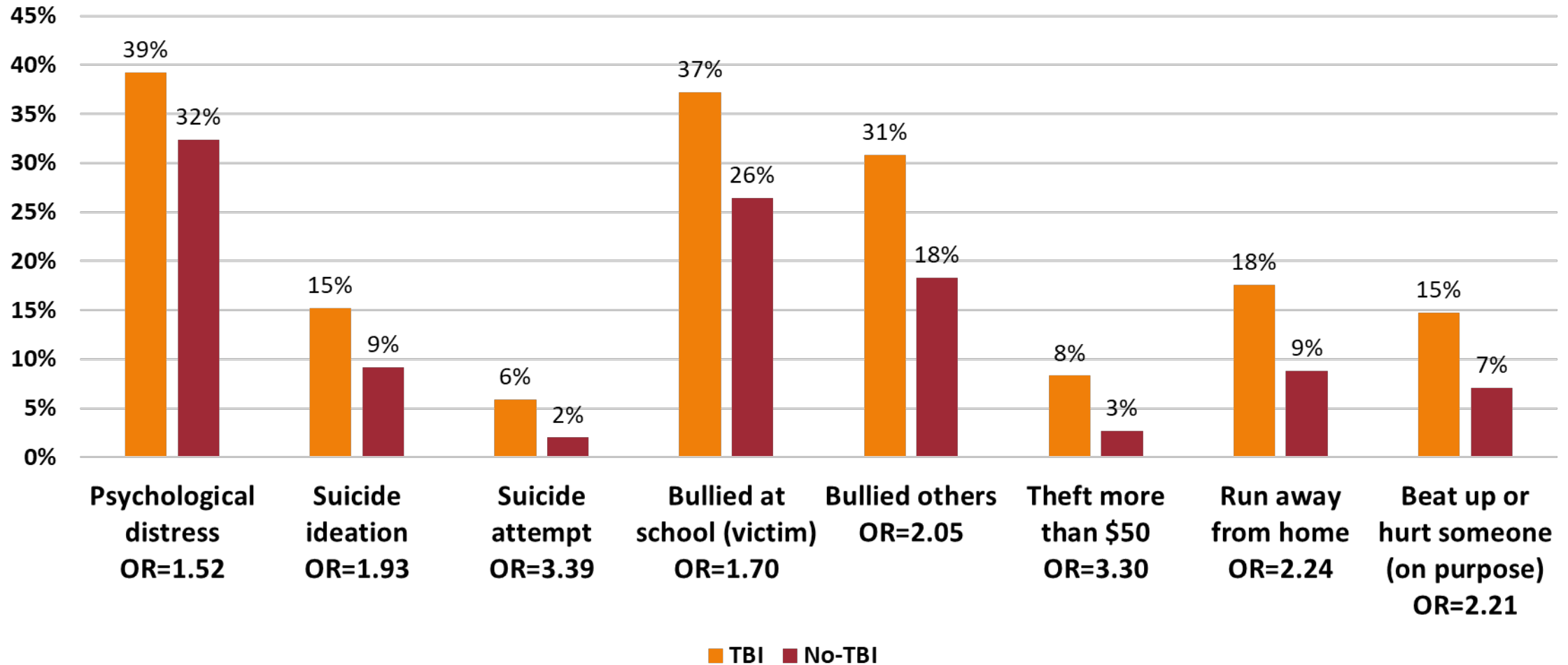


Grade 7-12 students who reported a lifetime history of TBI were significantly **more likely to report experiencing mental health and physical harm**

Ontario High School Students Grades 7-12

January 1, 2011 and December 31, 2011

N=4,685



Pediatric TBI: Neurodevelopmental Disability

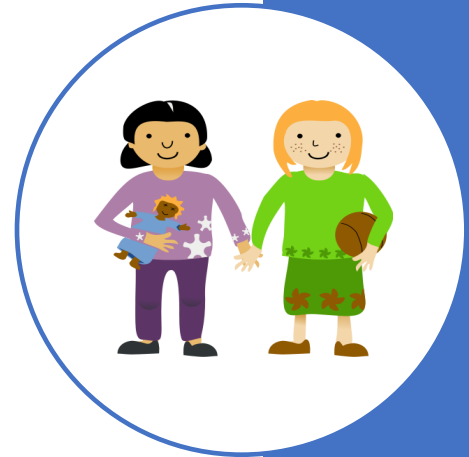
How are Kids Different?

- Composition and mechanical properties of head and brain differ in youth vs. adults making them more vulnerable to injury.
 - Brain water content, degree of myelination, skull geometry, suture elasticity, and neck strength
- Younger children recover from TBI at a slower rate than adults likely due to the vulnerability of developing skills and lack of cerebral maturity. Cermak et al., 2018



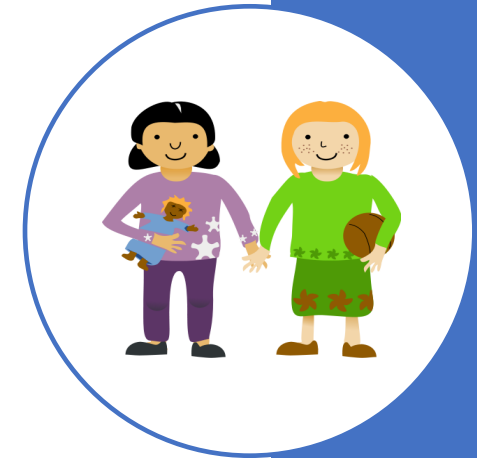
Later Developmental Emergence of Deficits

- Pediatric TBI can result in 'later developmental emergence of deficits'. Wiseman-Hakes et al., 2000
- Skills that are developing at the time of injury may be the most vulnerable to being disrupted, while already established skills may be more robust. Williams et al., 2012



Later Developmental Emergence of Deficits

- Frontal lobes are particularly vulnerable to injury and so deficits may not occur immediately but manifest during adolescence.
- Injury to this part of the brain during its development can result in long-term problems with impulse control and decision-making, both of which are factors associated with anti-social and violent behaviour.
- While those without a TBI are likely to grow out of immature and antisocial behaviour by their mid-twenties, those with TBI will likely grapple with these issues throughout young adulthood and beyond.



Pediatric TBI: What does this look like?

- TBI is a hidden disability. Challenges are often misinterpreted as poor behaviour, lack of motivation.
- Kids with TBI often present with impairments in language, cognitive communication, and social communication.
- These are integral to the ongoing development of emotional, cognitive, and behavioral function.
- Communicative abilities include listening, speaking, gesturing, reading, and writing.



Communication challenges like these...



- Slowed thinking
- Difficulty understanding complex and abstract language
- Difficulty responding in conversation
- Superimposed upon language and literacy challenges such as:
 - Understanding written language
 - Limited vocabulary
 - Difficulty talking about an event
 - Poor memory of spoken language

Can be barriers to understanding legal terms like these ...

- Pre-trial detention
- Judicial interim release
- Substantial likelihood
- Custodial sentence
- Extra-judicial measures
- Proceedings
- Entitled

Communication challenges like these...



- Difficulty reading emotions from others' facial expressions, voices, and body language
- Difficulty “reading the minds” of others to understand others' intentions and actions
- Difficulty adjusting language and behaviour to the context (people, places, events)
- Knowing the right thing to do, but not recognizing when to do it or stop doing the wrong thing
 - Poor impulse control, for language and behaviour

Can look like this...

- Rudeness
- Defiance
- Inattention
- “Bad attitude”
- Carelessness
- Apparent insensitivity or lack of consideration for others
- Negative behaviours from passivity to aggression

Summary

- Youth with TBI are over-represented in the Youth Criminal Justice System internationally.
- Youth with TBI are at high risk for cognitive and communication problems that commonly go unrecognized, and these problems can have major negative consequences for youth at all stages of the criminal justice procedures and beyond (e.g., in recidivism rates).
- Screening for TBI has been implemented in other justice systems at low cost and with positive results.
- Because youth with TBI also are at high risk for cognitive and communication problems, their full participation in the justice system also necessitates education and training of front-line personnel in strategies to address cognitive and communication challenges. Speech-language pathologists are uniquely qualified to provide this education and training.
- Screening and training are critical steps toward a justice system that is responsive to needs of youth with TBI in Ontario, consistent with the goals of the Youth Justice Act.

Speaking out:

young offenders with communication difficulties



“I have to admit that in all the years I have been looking at prisons and the treatment of offenders, I have never found anything so capable of doing so much for so many people at so little cost as the work that speech and language therapists carry out.”

Lord Ramsbotham former Chief Inspector of Prisons (October 2006)

Speech & Language Therapy (SLT) Service, Devon Youth Offending Team (YOT)

- YOT – team of people trained in justice system (social worker, MH nurses, police, SLT)
- 1.2 full time equivalent SLT
 - Gemma Creek (4.5 days per week)
 - Sally Proctor (11 hours per week)
- Cover Devon County



SLT in Devon Youth Offending team

- Historically: SLT seconded to Youth Offending Team for approximately 8 years (Dr Val Brooks)



- April 2019 - Present: SLT employed by National Health Service (NHS) foundation trust to Youth Offending Team



Youth Intervention Team

- Prevention services

Youth Offending Team

- Youth Justice Service

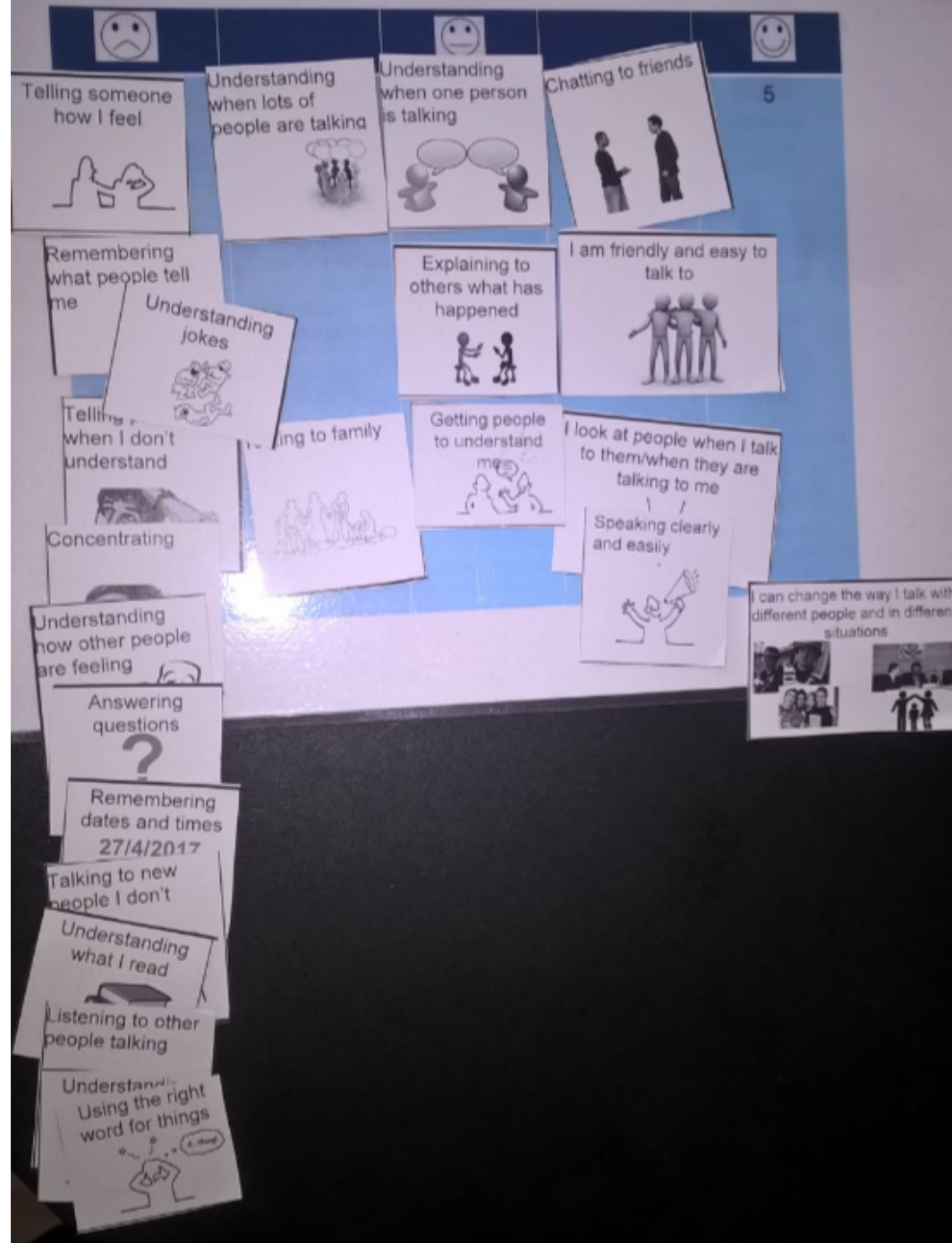
Service offered




Since January
2019

**Initial consultation offered to
all new YOS allocations**

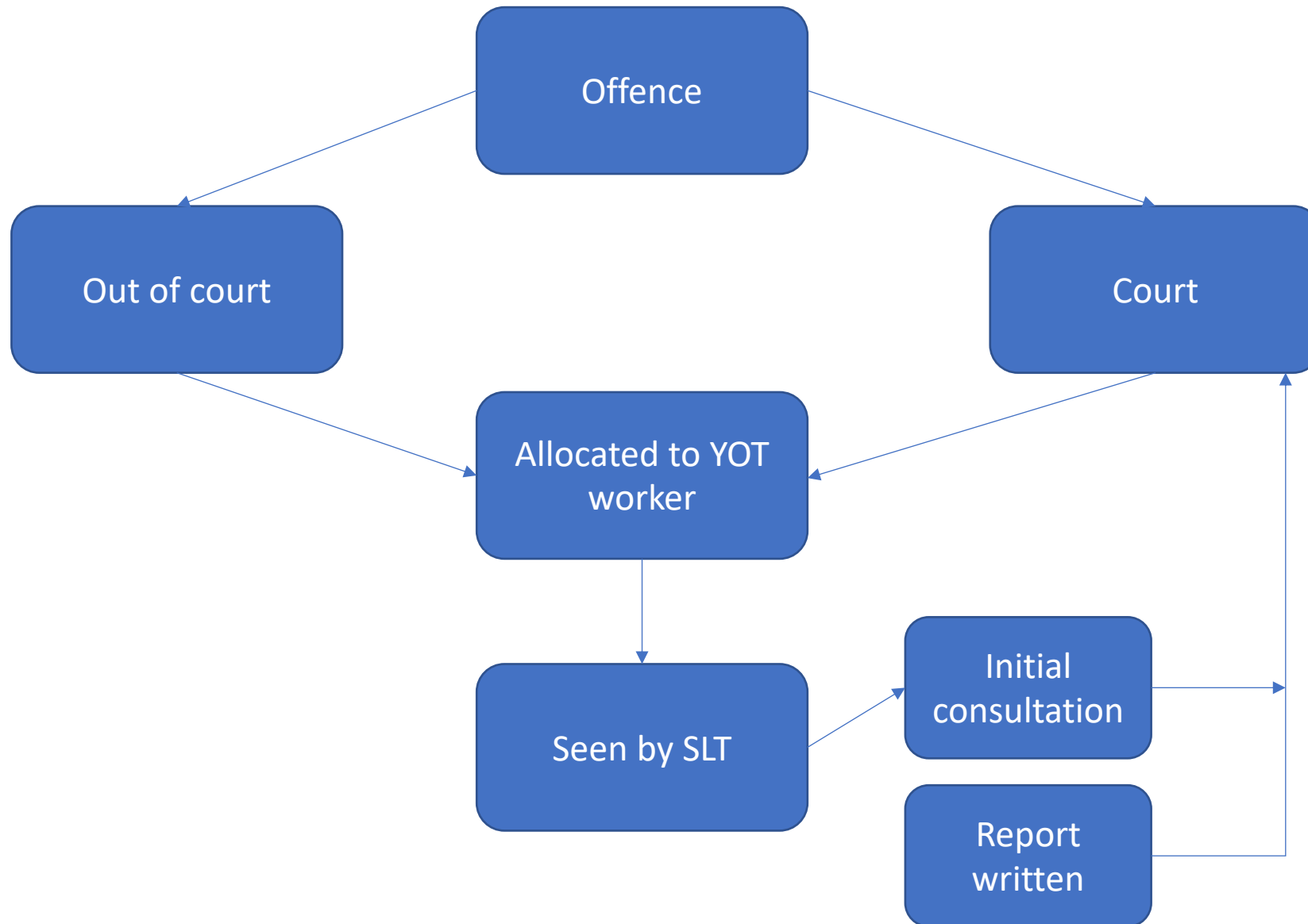
Young person's views

Self rating activity



| | 1  | 2 | 3  | 4 | 5  |
|---|--|---|---|---|---|
| Talking to friends | | | ✓ | | |
| Concentrating | ✓ | ✓ | | | |
| Remembering what people tell me | | | | | |
| Remembering dates and times | | ✓ | | | |
| Speaking clearly and easily | ✓ | | ✓ | | |
| Understanding what I read | | ✓ | | | |
| Answering questions | | ✓ | | | |
| Staying on topic | | | | ✓ | |
| Telling people if I don't understand | | | | | ✓ |
| Understanding when one person is talking | | | ✓ | | |
| Understanding when lots of people are talking | ✓ | | | | |
| Using eye contact | | | | ✓ | |
| Talking to new people I don't know | ✓ | | | | |
| Understanding long words | ✓ | | | | |

When is the young person seen?



Assessment

Young person can opt in for further assessment

Assess language and Communication skills

Vocabulary knowledge

Being able to say what happened

Social thinking

Understanding and remembering information

Time

Explaining ideas

Social interaction

Strategies e.g. asking for help

Intervention



| John Communication Passport | |
|---|--|
| Date of birth: Age: 15 years | Dates of assessment: |
| Introduction | |
| <p>Thank you for meeting with me. We met four times – each for about 40 minutes. You completed a self-rating activity and then we did some activities to explore your language and communication skills.</p> <p>You explained that you had been excluded from mainstream school and now attend XX School. You said that you do not have any hearing or health worries. You said that you have not any bad head injuries, except one time in year 1 when you had concussion.</p> | |
| John's views | |
| Things I find easier: <ul style="list-style-type: none">• Writing• Talking to friends• Understanding what I read• Understanding when one person is talking• Answering questions• Understanding jokes• Talking to family• Remembering dates and times• Understanding long words• Talking to new people I don't know | Things I find more difficult: <ul style="list-style-type: none">• Concentrating• Telling someone how I feel• Talking about feelings• Maths/numbers• Stating on topic• Telling people when I don't understand• Getting people to understand me• Looking at people when I talk to them (eye contact)• Understanding and controlling my feelings |

different situations

- Understanding how other people are feeling

Important things for other people to know:

- "I get told to listen all the time, even when I already am"
- "I find it stressful when people shout"
- "I find it hard to focus on what is being said, the same time as remembering what I've just been told"
- "Having things written down is really helpful"
- "Saying things slower really helps, or break it up, say the first bit and then stop".
- "I feel embarrassed and aware of what other people think all the time".

John's communication Strengths



- **Good awareness of what is easy and harder** – John was honest when he found something difficult.
- **Good knowledge of words**, this included being able to say what words meant, and being able to link words based on their meaning. When he was asked to name as many animals as he could in 1 minute, he used a clear system (e.g. pets/safari/jungle) which shows a well stored word system.
- **Knowledge about time and time words** – John knew the months of the year, seasons, was able to read clock time and showed some good functional time skills e.g. how long things take.

Areas of difficulty with communication



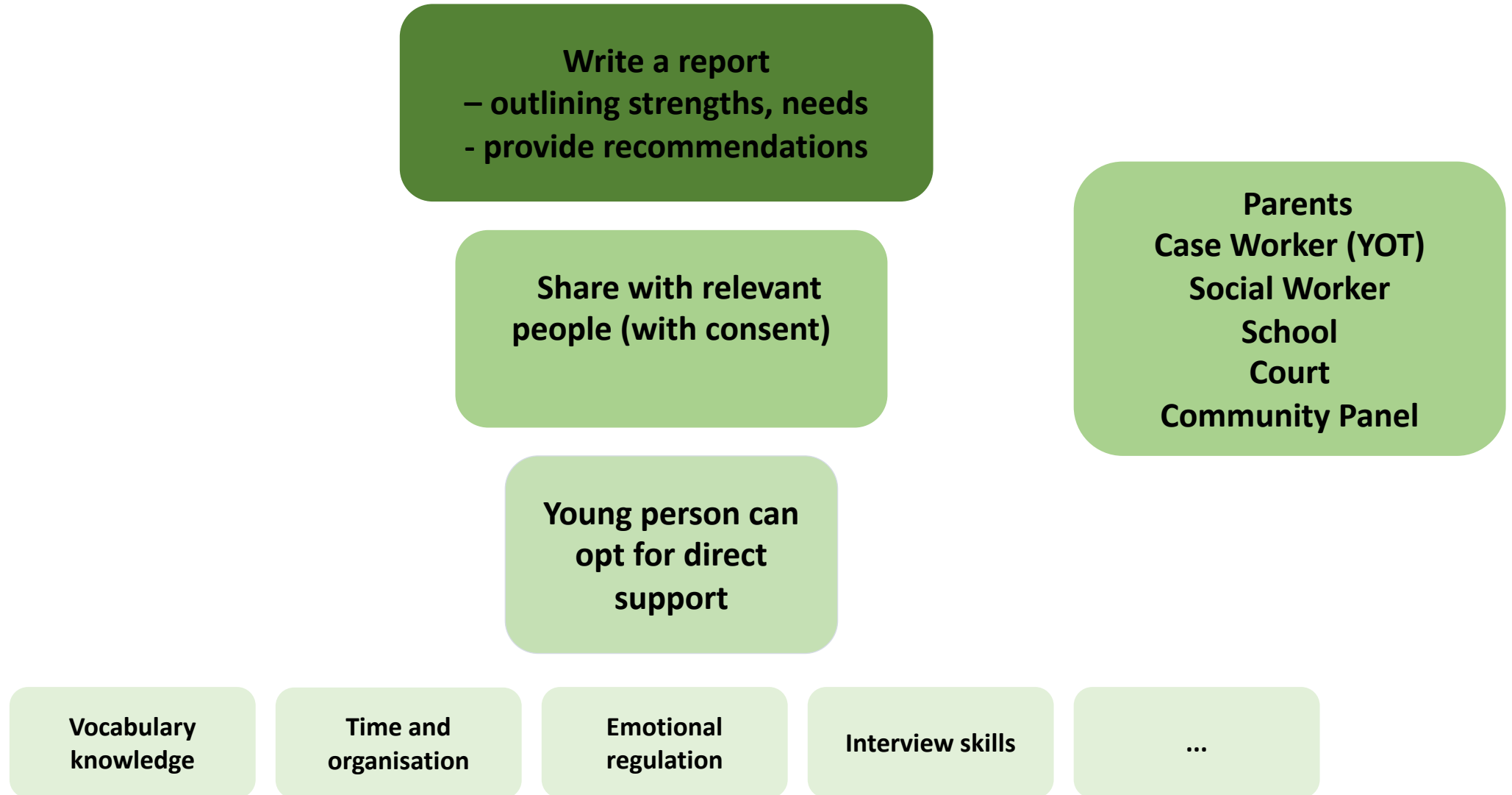
- **Listening and remembering what is said.** John says that he "looses stuff"..."focuses on the question...someone tells me something and then I forget what they are saying". John was very honest during the assessment when an informal listening task was introduced, he said "I'm going to be terrible at this...". He also was honest and said that he "blanked out" during the formal task.
- **Possible difficulties understanding and regulating feelings** – when looking at some situations, John thought that the characters might respond strongly: "he went mental...he was so annoyed". John explained that he experiences a feeling a bit like being "embarrassed all the time", which is also a bit like worry or anxiety.
- **Telling a story when there isn't a picture** – when John was asked to tell a story about something of his choice, his story was quite short and did not have a clear ending or resolve.
- **Processing abstract language (things we can't see)** and linking it in a logical way to what he already knows.

Summary

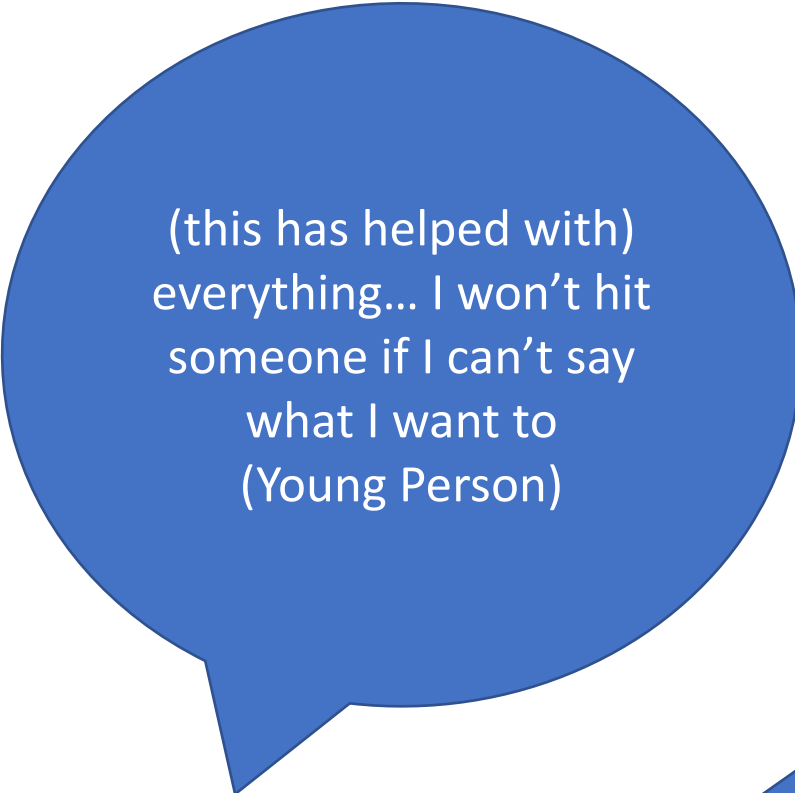
John is a young person who has potential for learning and achieving. John's communication profile is mixed: John has strengths with his expressive language (talking) and thinking socially, with an ability to use his spoken language to negotiate and problem solve in social situations.

John's main difficulties appear to link to processing spoken language. This means holding on to, understanding and

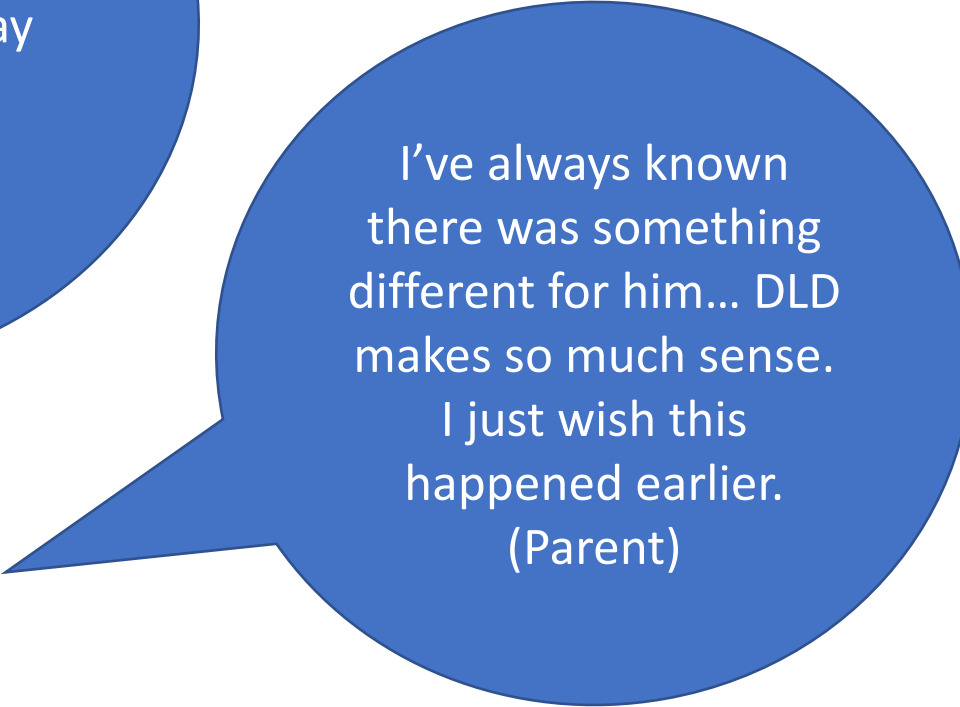
Intervention



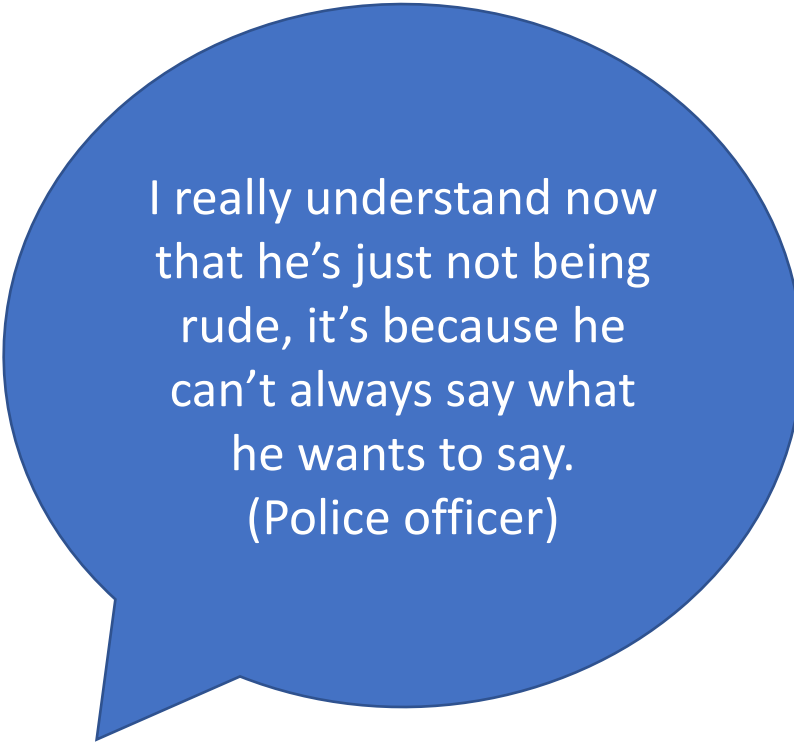
Outcomes



(this has helped with)
everything... I won't hit
someone if I can't say
what I want to
(Young Person)



I've always known
there was something
different for him... DLD
makes so much sense.
I just wish this
happened earlier.
(Parent)



I really understand now
that he's just not being
rude, it's because he
can't always say what
he wants to say.
(Police officer)

Benefits of considering language and communication?

Efficiency

Participation and trust

Fair access to justice

Better community relations

Wellbeing



Reduced misunderstanding, confusion, stress, distress for:

- People in custody
- Their families
- Police officers
- Police force
- Wider community



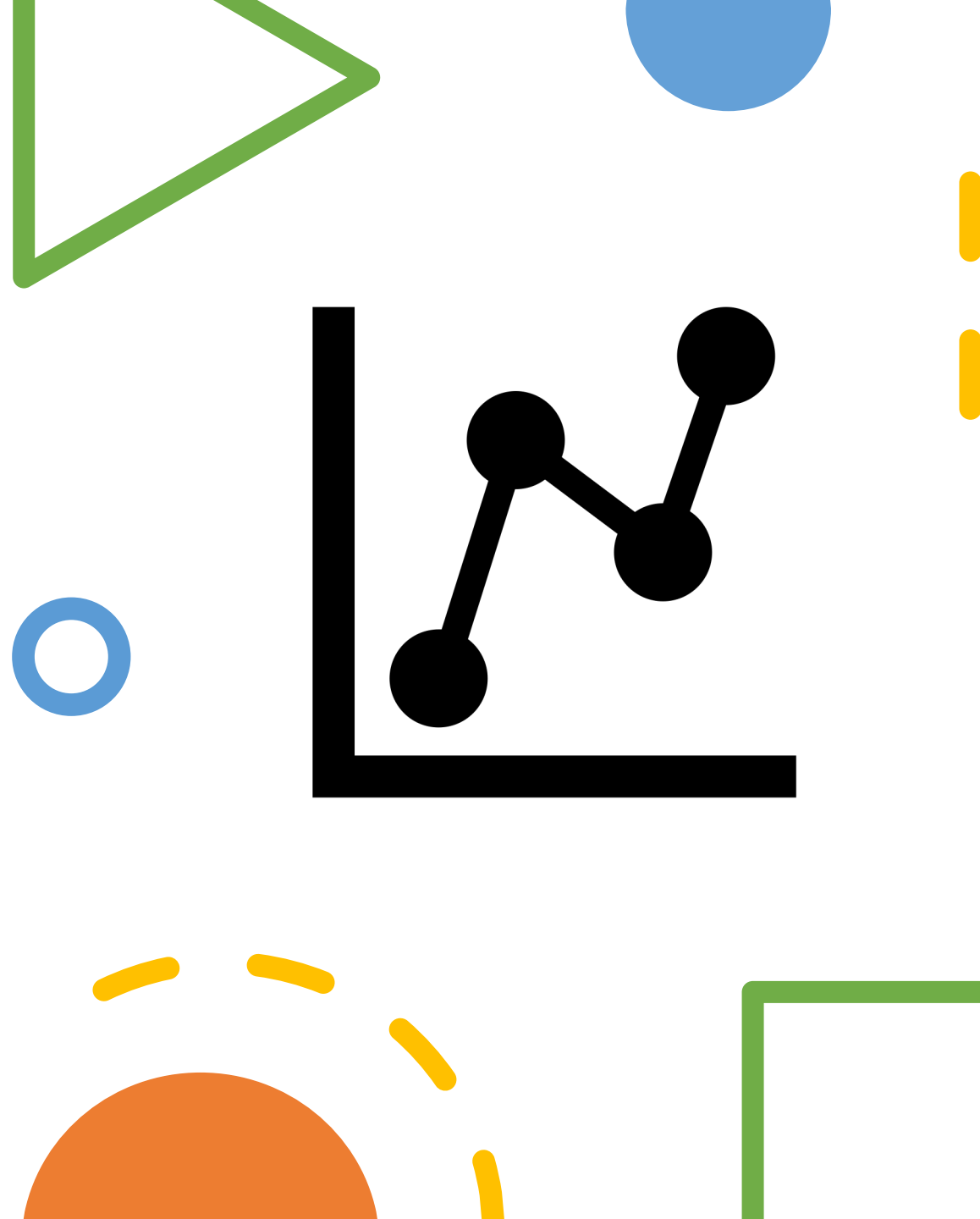
Barriers

- Time consuming to arrange appointments
- Young people have chaotic lives
- MDT is large – a lot of appointments to manage
- Young people move away / go missing



Data

- Is being collected
- Is requested monthly (including case study)
- No current research time



Intervention



Specialist

Targeted

Universal

Universal: Training

- YOT workers
- Community panel members
- Magistrates
- Diversion team
- The Appropriate Adult Service (in custody)
- Specialist Nurses
- Police Officers
- Fire Brigade









Conditional Caution

Name..... Date of birth.....














This is what I did:

These are the things I need to do:

| Tick | | How many sessions |  Who with? |
|--------------------------|--|------------------------------------|---|
| <input type="checkbox"/> |  Keep safe and stay out of trouble. | | |
| <input type="checkbox"/> |  Come to YOT appointments. Think about what happened. Think about any people who were harmed (victim). | | |
| <input type="checkbox"/> |  We offer everyone a chance to talk about communication skills and what is important for you. | 1 (but can be more if you want) | Gemma or Sally |
| <input type="checkbox"/> |  Do some work to learn about drug use | | YSMART |
| <input type="checkbox"/> |  Do some work to learn about carrying knives. | | |
| <input type="checkbox"/> | | | |
| <input type="checkbox"/> | | | |

Conditional Caution



| I understand that: | Tick |
|---|------|
|  I have been given a Conditional Caution. I <u>need</u> to do the things on the list. | |
|  If I <u>do not</u> do the things on the list I could be sent back to court. This has been explained to me using the flow chart. | |
|  If I am ill, I need to call my YOT worker. I will need a letter from the Doctor to say I was ill. | |
|  I will tell my YOT worker if I move to a new house. | |
|  YOT Police will tell other Police that I have a Conditional Caution and that I will be doing this work. | |
|  A Conditional Caution <u>is not a court charge</u> . This means a Conditional Caution is not a conviction.  A Conditional Caution is kept on Police record until I am 21 years old. | |
|  After I am 18 a Conditional Caution will only show up on my record if I want to do a job working with children, older people or people with learning difficulties.  To do these jobs an enhanced DBS check is needed. A Conditional Caution will <u>always</u> show up on an enhanced DBS check.  If I already work with these people, I should tell my manager. | |
|  The victim (someone who was hurt) might want to go to a Civil Court. This is court that is not managed by the Police. Civil Courts help victims when something bad has happened. | |
|  If I get in trouble again and <u>have</u> to go to court, the court will be told about this Conditional Caution. | |
|  If I want to go travelling, I might need a Visa. If the Visa form asks: <ul style="list-style-type: none"> - Do you have a Police Conviction? I can say NO - Do you have a Police Record? I need to say YES | |

I will sign here to say I understand what to do:



Date_____

Referral Order Panel

What is a Referral Order Panel?

When the Court has given you a Referral Order, you will need to go to a Referral Order Panel.

This is a meeting to talk about your Referral Order, and what will happen next.



Where?



Ivybank (Exeter)

or



Bridge House (Newton Abbot)



When? About 20 days after going to Court



How Long?

The first panel meeting can take 1 - 1½ hours.

The next panel meetings will be much shorter 30-45 minutes.



Why?

- To talk about your Referral Order
- A chance to tell your story
- If someone else was hurt:
 - Understand how the other person felt
 - Decide how to move forward and put that right
- Help you to avoid re-offending
- To put together a written plan of what you will need to do – this is called a Contract



Who will be there?

- You
- Parent or responsible adult to support you.
- A YOT officer
- 2 or 3 Panel members from the local community
- Person harmed by the offence (we would tell you if they will be there)

WORD OF THE WEEK

Adjourn

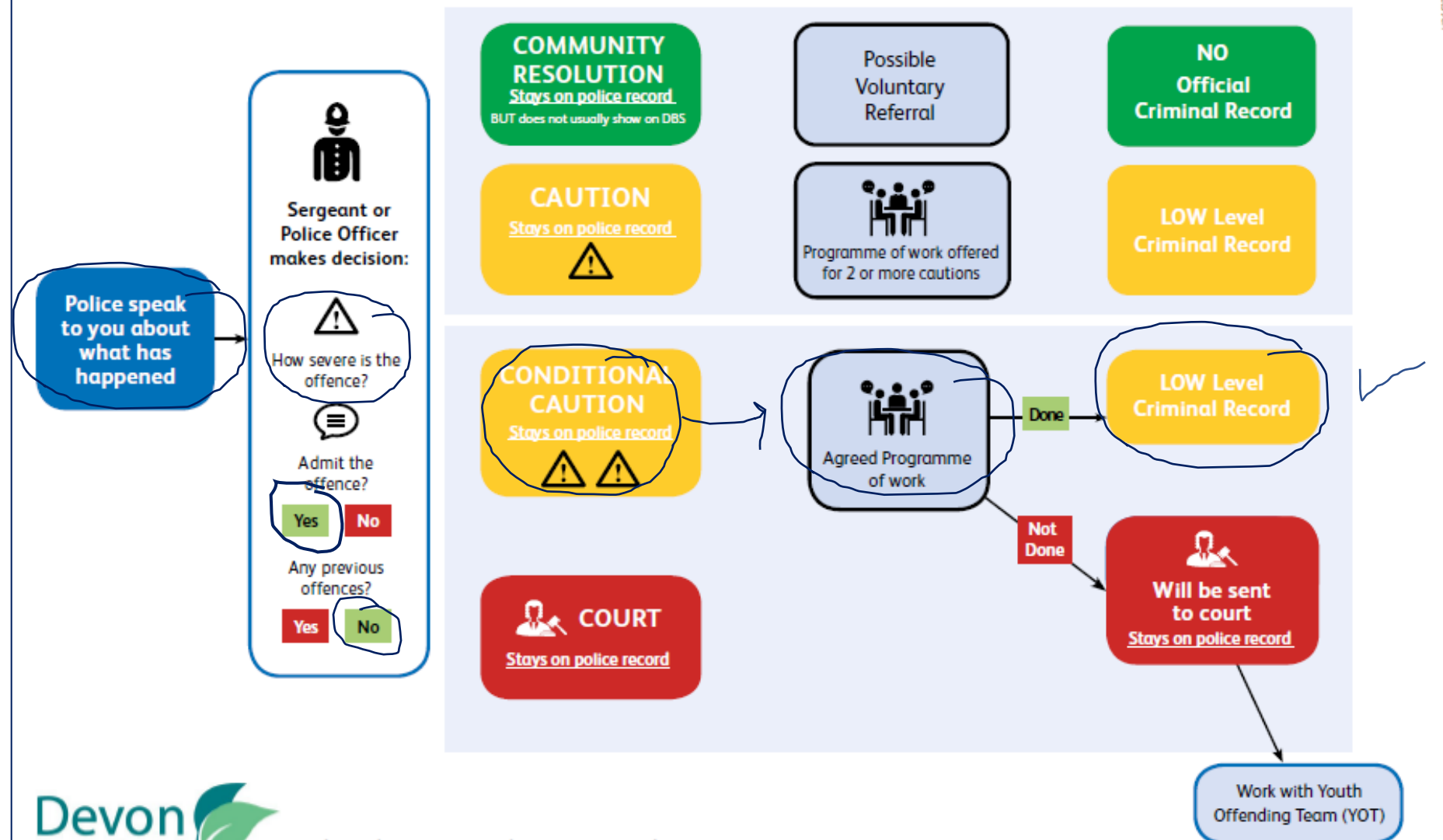
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To stop a meeting until
another time

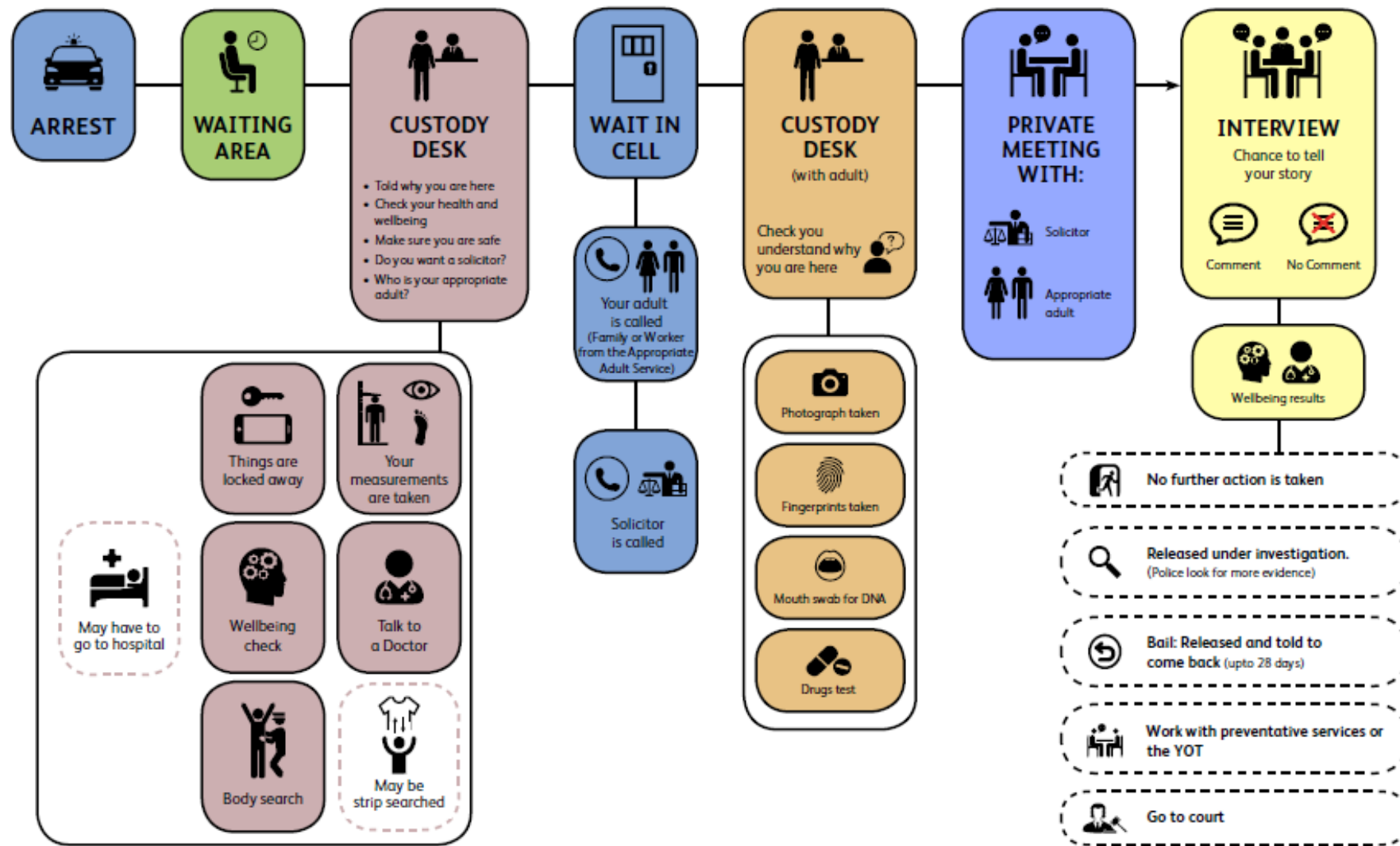


Out of Court: Understanding and decision making

This pathway is designed to be individualised: please add arrows to complete as appropriate



What happens in custody?



HD56332

Feedback

“It gives the young person something to look at when I am talking”

“It’s easy to use”

“It will help parents understand what needs to happen too”

“It prevented me from receiving a punch in the face”

Youth Justice: Creating an Implementation Process for TBI Screening

Project Aim:

- To change Ontario Youth Criminal Justice policy and procedures to more effectively address the needs of youth with TBI. As a first step, we propose a demonstration project that will achieve the following objectives, following the NYCSI model.

Objectives:

- Form a working group of stakeholders.
- Identify a TBI screening measure.
- Complete a step-by-step guide for implementation of TBI screening.
- Identify policy and legislative changes that will be needed to implement the TBI screening.
- Develop and pilot training for probation officers and Crown Attorney's office front-line staff.

Research Team

Principal Investigators:

- Lyn Turkstra & Catherine Wiseman-Hakes, McMaster University
- Research Coordinator: Nancy Lidstone

Collaborators:

- Katie Almond, HSJCC
- Marla Banning, CAMH
- Matthew Eaton- Kent, Eaton-Kent Law
- Katharine Marshall, University of Toronto
- Karen Tinning & Chris Podolinsky, POAO
- Melissa Vigar, Brain Injury Society of Toronto
- Kaitlyn Whelan, Filmmaker

Funded by:



Ontario Neurotrauma Foundation
Fondation ontarienne de neurotraumatologie

Tasks and Timelines

| | Q1 | Q2 | Q3 | Deliverable |
|---|---------------|----|----|--|
| Objective 1. Form a working group. | | | | |
| Invite working group members, including NYCSI representative. | PC | PC | PC | |
| Organize monthly meetings for working group members. | PC | PC | PC | Task tracker documenting progress |
| Objective 2. Identify a TBI screening measure. | | | | |
| Review and modify UK procedures and current screening measures | GC SLP | | | 2 Talks by Gemma Creek |
| Identify screening measure | GC SLP | | | TBI Screening Measure |
| Objective 3. Complete a step-by-step guide for implementation of TBI screening. | | | | |
| Complete environmental scan | MEK SLP KM | | | |
| Review Crown Attorney Procedures and Crown Prosecution Manual | MEK | | | |
| Develop process map | MEK KM SLP | | | Process map |
| Develop step-by-step process for TBI screening | MEK KM SLP | | | Written step-by-step process for TBI screening |

Tasks and Personnel

| | | | | |
|--|------------------|------------------------|------------------|---|
| Objective 4. Identify policy and legislative changes that will be needed to implement the TBI screening. | | | | |
| Policy search and review of Youth Justice Procedures locally, nationally, and internationally | KM | | | |
| Identification of policy that needs to change and steps required/who makes this decision | KM MEK SLP | | | Written plan to achieve legislative/policy changes needed |
| Objective 5. Develop and pilot training for probation officers and Crown Attorney's office front-line staff. | | | | |
| Apply for ethics approval: Hamilton Integrated Research Ethics Board (HiREB) | PC | | | |
| Development of education and training materials | | MEK KA CP KT SLP | | Education and training materials |
| Creation of webinar | | | SLP CWH LT | Webinar |
| Creation of video | | FM | FM | Video |
| Training of Youth Justine personnel in using communication strategies SLP identifies (focus of video) | | | SLP CWH LT | |
| Pre- vs. post-training assessment for training in communicating with youth with TBI/communication problems | | | SLP | Training efficacy data |
| Present results at local or national conference | | | CWH LT | One conference presentation |

Contact Information

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“In the long history of humankind, those who learned to collaborate and improvise most effectively have prevailed.” – Charles Darwin

