

# ABI and the Justice System: A Case Study Approach



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# OBJECTIVES

1. To have a basic understanding of what an Acquired Brain Injury is.
2. To understand common brain injury related challenges and related support strategies
3. To look at how you can use general strategies in your work in the justice system.



*We build futures.*

# PREVALENCE

- Traumatic brain injury (TBI) is a leading cause of disability around the world.
  - In Canada, 2% of the population lives with a TBI
  - 1/3 of individuals with a TBI are women
- Each year, approximately 165,000 people in Canada sustain a TBI.
- When combined with stroke and other non-traumatic brain injuries, close to 4% of the population lives with brain injury. That equates to over 1.5 million Canadians living with acquired brain injury

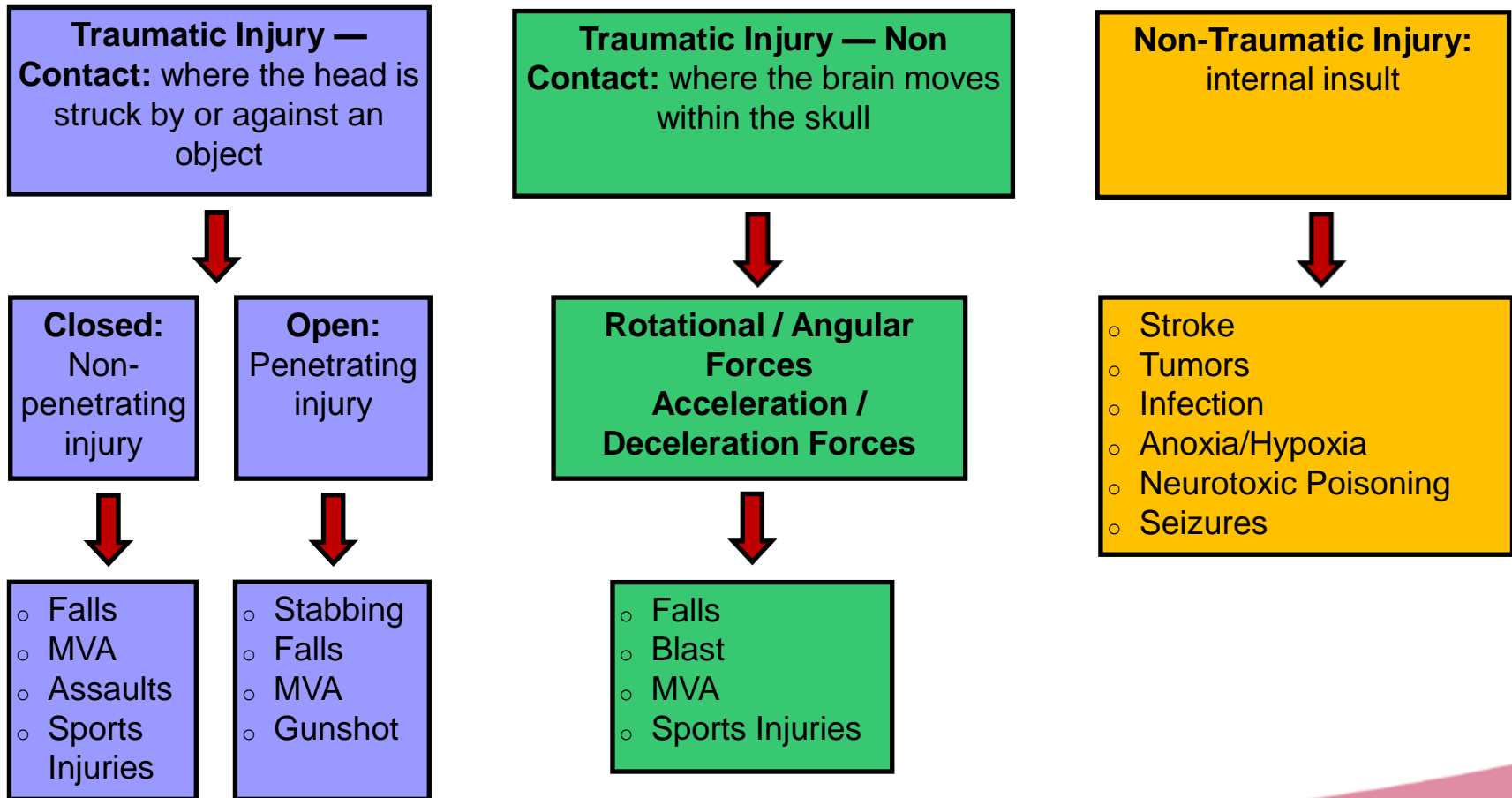
<https://braininjurycanada.ca/en/statistics/>

# RISK FACTORS



# HOW ARE BRAIN INJURIES SUSTAINED?

An **ACQUIRED BRAIN INJURY** is “any damage to the brain that occurs after birth and is not related to a congenital disorder, a developmental disability, or a process which progressively damages the brain.”



# STRUCTURES OF THE BRAIN

## Frontal Lobe

- Motor control (premotor cortex)
- Problem solving (prefrontal area)
- Speech production (Broca's area)

## Parietal Lobe

- Touch perception (somatosensory cortex)
- Body orientation and sensory discrimination

## Temporal Lobe

- Auditory processing (hearing)
- Language comprehension (Wernicke's area)
- Memory / information retrieval

## Occipital Lobe

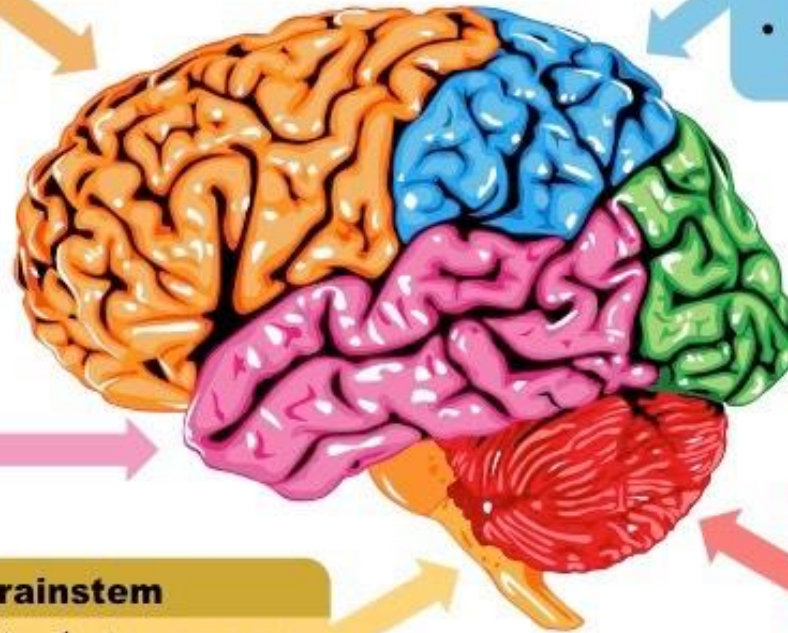
- Sight (visual cortex)
- Visual reception and visual interpretation

## Brainstem

- Involuntary responses

## Cerebellum

- Balance and coordination



# COMMON CHALLENGES

## Physical

- Fatigue
- Pain
- Light and sound sensitivity
- Motor functioning



## Cognitive

- Memory
- Information processing
- Problem solving
- Insight and Awareness
- Reasoning/Judgement/Decision making



# COMMON CHALLENGES

## Emotional/Behavioural

- Impulsivity
- Initiation and motivation
- Emotional regulation
- Social norms
- Grief and loss
- Depression and anxiety
- Coping with day to day adversity



# PRACTICAL COGNITIVE STRATEGIES

## for Service Providers

### Memory, attention, and concentration

- Present information in small chunks
- Repeat or rephrase information as needed
- Write things down
- Minimize distractions in the environment
- Ensure you have their attention before speaking
- Ask the person to summarize their understanding before proceeding
- Give concrete information vs. abstract concepts
  - “I will meet you at 10am” vs “I will see you later”
- Encourage structure and routine
- Use assistive devices
- Encourage the use of visual reminders



# PRACTICAL COGNITIVE STRATEGIES

## for Service Providers

### Communication Challenges:

- Speak slowly, clearly and stress important words
- Ask “yes” “no” questions
- Be specific with your questions - “Are you on ODSP?” vs. “What is your income?”
- Provide choices - “we can complete the ODSP form or Paratransit application?”
- Use gestures and objects to help articulate information
- Avoid using abstract concepts, idioms, or cultural references
  - “You’re on FIRE!” (they are doing a good job)
- Ensure body language matches your words



# PRACTICAL COGNITIVE STRATEGIES

## for Service Providers

### Planning and Pacing

- Progress slowly
- Pay attention to symptoms
- Encourage the client to take breaks/rest
- Spread activities throughout the week
- Try to schedule appointments at their best time of day
- Keep in mind that they will become fatigued
- Functioning can vary from day to day

### Other Key Strategies

- Allow extra time to process information
- Building rapport
- Encourage positive coping skills
- Engage them in problem solving
- Provide sincere positive feedback



A white telephone handset is centered on a blue background. A grey rectangular box with a thin black border is overlaid horizontally across the middle of the handset. The word "ACTIVITY" is written in bold, black, uppercase letters inside this box. The handset's coiled cord is visible on both sides.

# ACTIVITY

*We build futures.*

# MEET CLIENT A

## Background information:

- Epilepsy disorder age 17
- Bipolar and anxiety diagnoses
- Non-compliant with medications
- Strained relationship with her mother
- In and out of shelters and the ER
- Smokes, no alcohol or drug use
- Very withdrawn, negative and reactive

## How they sustained their ABI:

- Motor vehicle collision at age 11

## How they became involved in the justice system:

- Assaulted another resident at a shelter (24yrs old)



# PRESENTING CHALLENGES

- Memory
- Planning and organization
- Problem solving and decision making
- Impulsivity
- Information processing
- Comprehension of information
- Rigid thinking
- Interpersonal problems – difficulties interacting with others, will instigate conflict
- Verbally and physically aggressive
- Difficulty coping with stress
- Catastrophizes and negative comments
- Light sensitivity
- Non-compliant with medication



# COURT/JUSTICE SUPPORTS

Provided by DBIS

- Reminder phone calls/text messages
- Helping her understand the nature of her charges and outcomes
- Reviewing with her the information that is being presented in court and by lawyers
- Helping her to identify questions to ask her lawyer
- Providing emotional support and reassurance
- Take her to appointments
- Connect her with other community resources
- Assistance to complete paper work

# STRATEGIES

## Implemented by DBIS staff

- Lots of encouragement to increase her confidence
- Strategies to focus on the positive
- Encouraged her to participate in meaningful activities
- Provided support strategies
- Tools to help to cope and manage frustration
- Taught functional daily life skills
- Education and support on how to minimize/manage pain and fatigue

# CURRENT SITUATION

## How she is doing now:

- Consistently takes her medication independently
- Currently living independently and maintains it very well
- Attends our day program once a week as well as participates in various activities that are held in her building
- Has 2 friends
- Confident in advocating for her needs
- Receives DBIS supports on a as needed basis
- 0 Criminal offenses or charges

# MEET CLIENT B

## Background information:

- Age 35
- Common law partner
- Father of 5
- History of substance use
- Obtained a small motors diploma from college

## How they sustained their ABI:

- Motor vehicle collision prior to incarceration
- Assault while incarcerated

## How they became involved in the justice system:

- Incarcerated for assault charges



# PRESENTING CHALLENGES

- Significant short term memory challenges
- Pain and migraines
- Fatigue
- Light and sound sensitivity
- Information processing delay
- Paranoid/delusional
- Visual neglect
- Confusion
- Attention/concentration challenges
- Initiation/motivation challenges
- Poor judgement and insight



# **COURT/JUSTICE SUPPORTS**

## **Provided by DBIS**

- Phone calls and text messages by rehab facilitator
- Writing down and reviewing important information
- Breaking information and tasks down
- Helping him to record questions and updates to share with lawyer/probation office
- Providing emotional support and reassurance
- Accompanying him to appointments
- Connections with other community resources

# STRATEGIES

## Implemented by DBIS staff

- Frequent check ins for reminders and accountability
- Lots of encouragement to increase his confidence
- Encouraged him to get involved in the community and supported application processes
- Supported him to learn and implement strategies to improve his memory and problem solving
- Attended important appointments with him
- Introduced positive coping skills

# CURRENT SITUATION

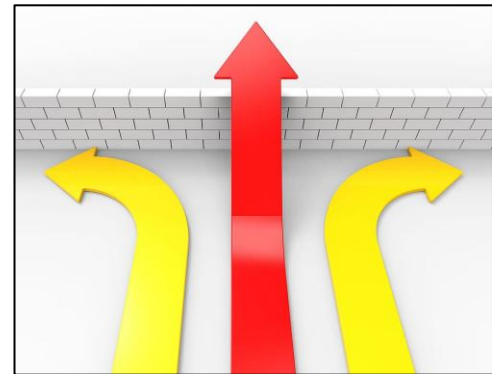
## Where is he now?

- Working in fast food industry
- Getting his own apartment
- Spending time with his children
- Attending weekly rehab sessions
- Using an agenda book to keep track of appointments
- Using smartphone for alarms and reminders



# POTENTIAL BARRIERS TO SUCCESS

- Diagnosis of Brain Injury
- Limited ABI supports in the following areas:
  - Education
  - Employment
  - Housing
  - Finances
  - Justice
  - Healthcare
- Limited education/training for service providers
- Availability of services
- The individual's brain injury itself



# HOW CAN YOU HELP?

- Be positive and promote hope
- Use appropriate screening
- Educate yourself
- Use a non-judgmental approach
- Implement support strategies
- Be curious
- Make connections
- Be consistent, patient and empathetic
- Encourage meaningful activities



# HOW CAN YOU HELP?

- Focus on the symptoms, not the diagnosis
- Keep in mind they have a brain injury
- They will often repeat the same behaviours over and over again due to deficits in their cognitive abilities
- Adjust your expectations of yourself (service provider) and the situation
- You can support them through the process, but you are not responsible for their outcome

# ADDITIONAL STRATEGIES

- Be ok with awkward silence (time to think, process, respond)
- Teach cognitive strategies
- Repetition – practice to enhance learning
- Teach and support functional daily living skills
- Coach and model positive behaviour and coping skills
- Build what's strong (Hope, Confidence, Determination, Kindness, Fun, growth) instead of fixing what's wrong
- Leave judgements at the door
  - Treat each interaction as a new interaction
- Try not to take things personally
- What can you do to help the individual be successful?

# RESOURCES

- ABI and Justice <https://www.abijustice.org/brain-injury-community/>
- SOAR (Supporting Survivors of Abuse and Brain Injury Through Research) <https://soarproject.ca/information-resources/>
- Aphasia Institute <https://www.aphasia.ca/>
- OBIA (Ontario Brain Injury Association) <https://www.obia.ca>
- Brain injury Canada <https://braininjurycanada.ca/>
- Abused and Brain Injured <https://www.abitoolkit.ca/supporting-survivors/screening-for-brain-injury/>
- Dale Brain Injury Services [www.daleservices.on.ca](http://www.daleservices.on.ca)

# QUESTIONS?

