P-HSJCC Webinar Series:

Traumatic Brain Injury and the Justice System

January 10, 2019

Moderator: Tasha Rennie

About today's webinar:

- We will have a Q&A period at the end of our webinar. To ask a question, please type your question in the chat box.
- This webinar will be recorded. The recording and power-point presentation will be emailed to you following the webinar.
- Please complete the brief evaluation survey following the webinar.

About the HSJCC Network:

- The Human Services and Justice Coordinating Committee (HSJCC) Network is comprised of: 39 Local Committees, 14 Regional Committees, and one Provincial HSJCC
- Each HSJCC is a voluntary collaboration between health and social service organizations, community mental health and addictions organizations and partners from the justice sector including crown attorneys, judges, police services and correctional service providers.

HSJCC
Human Services & Justice Coordinating Committee

Traumatic Brain Injury and the Justice System

Human Services and Justice Coordinating Committee Webinar
January 10, 2019

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camh Centre for Addiction and Mental Health
University of Toronto
Ontario Ministry of Health and Long-Term Care
ICES
St. Michael's Inspired Care. Inspiring Science.
University of Ontario Institute of Technology

Brain Injury among Criminal Justice Populations: Session Overview

1. Our research: Traumatic Brain Injury, Mental Health and Addictions in Vulnerable Populations
2. Incorporating Sex and Gender into work and research; What does this mean and why is it important?
3. Traumatic Brain Injury and the Criminal Justice System; What we know & current research program
4. How can you be involved?

Integrating Brain Injury, Mental Health, and Addictions

Colantonio, A. (PI). Chan, V. Mann. R., Balogh, R., Kirsh, B., Nalder, E., Kontos, P., Wiseman-Hakes, C., Matheson, F., Riopelle, R., Grigorovich, A., Haag, L.

Funding by Ontario Ministry of Health & Long Term Care

Project Goal

- To facilitate the integration of services for men and women with traumatic brain injury (TBI) and mental health and/or addiction (MHA), by addressing relevant knowledge gaps about TBI and MHA, promoting meaningful cross-sectoral engagement with decision makers through research and knowledge translation activities.
- Explicit consideration of sex and gender throughout

Generously Supported By

Provincial Acquired Brain Injury Network

Persons with Lived Experience and Caregivers of Persons with Lived Experience

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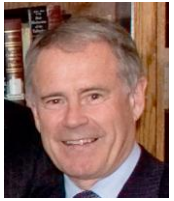

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Program Advisory Committee (PAC): Membership

- A key component of this Research Program is the promotion of meaningful cross-sectoral engagement with knowledge users, including persons with lived experience, caregivers of persons with lived experience, and service providers through collaboration and participation in research and knowledge translation and exchange (KTE) activities.

- Additional members may be recommended at any time

Research Program Objectives & Anticipated Outcomes

Aim 1 (Policy-Relevant Data): Impact of concurrent TBI and MHA on system level outcomes → **Policy-relevant population-based data**

Aim 2 (Policy-Relevant Data): Barriers and facilitators to accessing health services

→ **Equitable access to healthcare**

Aim 3 (Housing): Critical characteristics of housing support → **Design of appropriate housing models and KT materials**

Aims 4a (Criminal Justice/Legal System) & 4b (IPV): Gaps in knowledge and practice among front-line staff/first responders, service providers, and decision-makers regarding

a) criminalized men and women, and
b) women survivors of IPV

→ **Creation and evaluation of relevant education and KT materials**

Integration of sex and gender throughout

Incorporating Sex and Gender in Work and Research

What is ‘Sex’ and ‘Gender’?

Sex	Gender
Typically refers to “…the biological and physiological characteristics that distinguish males from females”	Typically refers to the “…socially constructed roles, relationships, behaviours, relative power, and other traits that societies ascribe to women and men”

- Although sex (male/female) and gender (men/women) are both commonly discussed as discrete and binary concepts, CIHR acknowledges that both are fluid and dynamic
- Sex and gender are interrelated; the relationships are complex

(CIHR, 2010)

Traumatic Brain Injury in the Criminal Justice System:

What We Know

Brain Injury among Criminal Justice Populations: What We Know

- In lay terms, Traumatic Brain Injury (TBI) is defined as a blow or jolt to the head or a penetrating head injury, which disrupt the function of the brain either temporarily or permanently. (CDC Brainline.org)
- TBI falls under the umbrella of Acquired Brain Injury (ABI). ABI includes TBI and non traumatic brain injuries such as stroke, aneurysm, and anoxia.
- Concussion is also a TBI and is defined as a traumatically induced ***temporary*** disturbance of brain function. Current evidence suggests that there may be some longer term alterations in brain function associated with concussion in some individuals. Concussion can occur (and often does) without a loss of consciousness.
- A person does not need to hit their head for a TBI of any severity to occur.
- Those with TBI (including concussion) are at higher risk of sustaining another, and, a history of multiple TBI's is associated with slower recovery.
- Common causes of TBI include falls, motor vehicle crash, assaults and domestic violence, sports injuries.

Brain Injury among Criminal Justice Populations: What We Know

- Traumatic brain injury (TBI) is highly prevalent among jail and prison inmates and those who have come into contact with the criminal justice system.
- As many as 100% of incarcerated adults have a reported history of TBI. (Durand et al., 2017)
- For youth, the rate is estimated from 16-72%. (Hughes et al., 2015; Wszalek & Turkstra, 2015)
- Adverse early life experiences are common for persons with a history of TBI and incarceration particularly for criminalized women. (Colantonio et al., 2014)
- Previous work by Dr. Matheson's lab identified that in Ontario, men and women who sustained a TBI were about 2.5 times more likely to be incarcerated than men and women who had not sustained a TBI. (McIsaac et al., 2016)
  - Recent findings indicate that people with TBI are 14 times more likely to incur a serious charge and 12 times less likely to achieve discretionary release.

Brain Injury among Criminal Justice Populations: What We Know

- Having a history of diagnosed TBI and/or repeated hits to the head neck or face increases the risk of recidivism by 69%. (Ray et al., 2017)
- Violence is both a cause and sequelae of TBI.
- These prevalence rates are so significant that the U.S. Centers for Disease Control and Prevention (CDC) have identified TBI among prisons and jails as a significant public health problem. (CDC Brainline.org)

Traumatic Brain Injury:

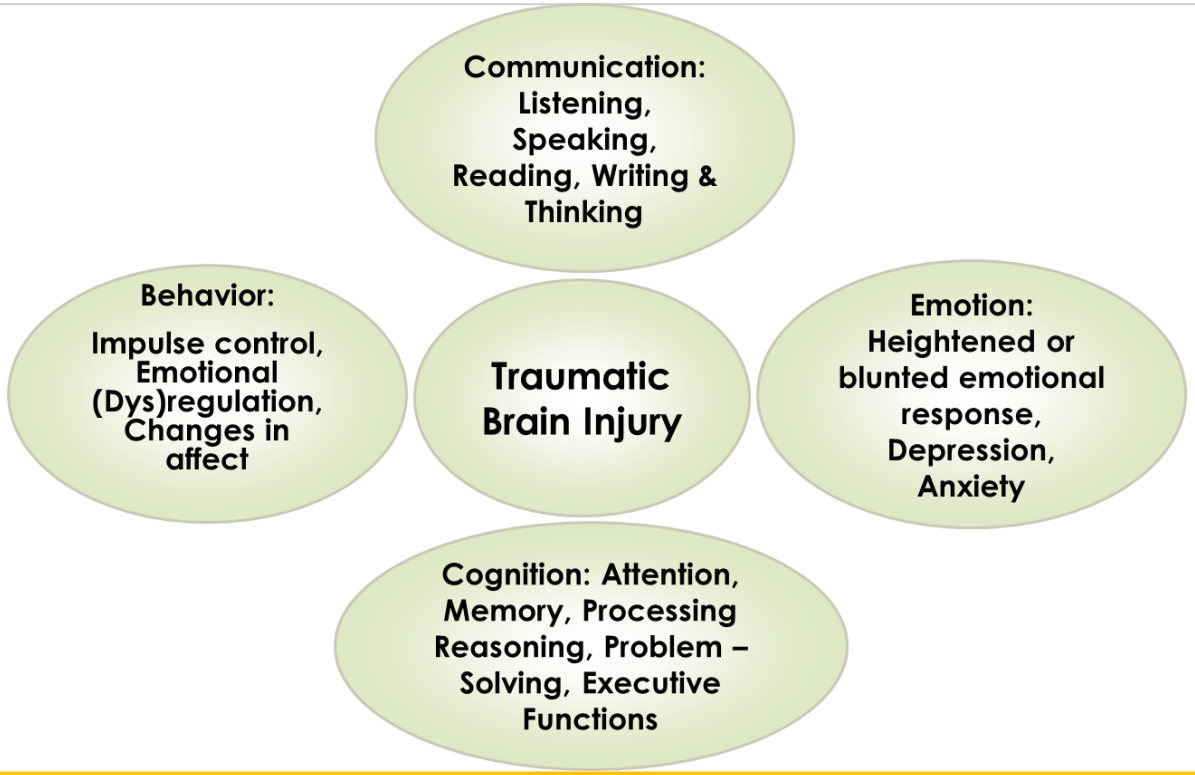
Cognition, Communication and Behaviour

Brain Injury among Criminal Justice Populations: What We Know

- TBI is associated with a number of cognitive, communication, emotional and behavioral challenges that complicate management during incarceration and create barriers to successful community reintegration.
- Cognitive challenges include alterations in; attention, memory, multi-tasking, self-monitoring, planning and organizing, problems solving and reasoning.
- Emotional challenges may include increased lability, or reduced affect and initiation; depression is also prevalent.
- Cognitive-communication refers to difficulties with any aspect of communication; listening, understanding, speaking, reading, writing and thinking, due to underlying cognitive impairments. This also includes challenges with behavioral self regulation that impact social communication.

The Impact of TBI on Cognition and Communication:

How We Think and How We Interact with Others



Professional Misconceptions

All of these challenges can be misinterpreted as; (Snow & Powell, 2012)

- Non compliance
- Rudeness
- Defiance
- Poor motivation
- Disengagement

Why is This Important Within the Context of Criminal Justice?

The trajectory of criminal justice i.e., from first responders to interactions with police, and front-line workers, probation and parole officers, to formal proceedings, (e.g. bail hearings, court trials) involves complex social interactions that typically require high-level and fast paced processing of information, understanding and responding. (Wszalek & Turkstra, 2015)

Brain Injury: What We Also Know

- While TBI occurs across all levels of sociodemographic status, evidence suggests a strong socio-economic gradient with individuals from disadvantaged backgrounds being at greater risk. (Colantonio et al., 2014; Hwang et al., 2008; Williams et al., 2006)
- We also know that the sequelae of TBI are most often superimposed on pre-existing language and literacy impairments as well as mental health, substance use and addictions challenges. (Hughes et al., 2012; Snow et al., 2012; Snow et al., 2016) These can be further exacerbated by poor sleep and poor nutrition.

Brain Injury among Criminal Justice Populations: *Professional Misperceptions*

- There exists a general lack of awareness regarding the impact of a TBI, which results in pervasive environmental, attitudinal and information barriers which marginalizes those with TBI. (Goldblum & Alant, 2009)

- This can ***impede effective practice.***

- Case workers, Front-line staff, First responders and Legal/Justice system professionals need training in ***identifying TBI***, and, in ***managing***, ***communicating with***, and ***providing resources*** for those with TBI or suspected TBI in the criminal justice system.

Bridging the Gaps through Applied Research: Communication Partner Training

- Currently we are conducting a qualitative research study, co-designed and co-created with community stakeholders including individuals with lived experience of TBI, with the end goal to develop staff training materials called ‘Communication Partner Training’.
- This involves in-depth semi-structured interviews with service users and focus groups with staff.
- The overarching aim of this research is to improve the communication experience for both the clients and staff, which may help to improve outcomes.

Bridging the Gaps through Applied Research: Communication Partner Training

What is communication partner training (CPT)?

- CPT is an evidence based method of enhancing/ optimizing the communication process and the communication environment where communication partners receive specific training on how to:
  - ✓ modify their communication,
  - ✓ engage the person with the communication difficulty in conversation and,
  - ✓ identify specific communication breakdowns and repair them.
- Communication partner training programs can empower service providers to interact with greater knowledge and confidence, with individuals with TBI, which will potentially facilitate deeper participation for both parties. (Goldblum & Alant, 2009)

Bridging the Gaps through Applied Research: Communication Partner Training

Example: Communication Partner Training in the Criminal Justice System

Training communication partners of people with traumatic brain injury: A randomised controlled trial: Togher et al., 2004: Aphasiology

- This study evaluated the effectiveness of a training program aimed at improving the communication of police officers during service encounters with people with TBI.
- Trained police had learned strategies to successfully establish the nature of the inquiry, provide a clear answer to the inquiry and ensure appropriate leave taking, resulting in more efficient, focused interactions.

How Can You Get Involved?

Discussion

- What are the training needs for members of HSJCC regarding TBI and MHA?
- What types of knowledge translation materials would be most useful?
- Potential opportunities

Resources

- https://www.brainline.org/article/traumatic-brain-injury-guide-criminal-justice-professionals
- http://www.abistafftraining.info/
- https://www.nhchc.org/2011/03/diagnosis-treatment-traumatic-brain-injury/ (Webinar recording: Diagnosis and treatment of TBI: National Healthcare Council for the Homeless)

Thank You!

Any questions ?

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Bridging the Gaps through Applied Research: Intimate Partner Violence (Aim 4B)

Knowledge & Practice Gaps Regarding Women Survivors of Intimate Partner Violence

Research Goals:

- Explore the degree of understanding of first responders about challenges experienced by brain injured women survivors of IPV
- Identify gaps in service
- Particular interest in issues related to communication
- Develop knowledge and training materials to improve interactions with first responders

Bridging the Gaps through Applied Research: Criminal Justice (Aim 4A)

Traumatic Brain Injury and the Justice System

Research Goals:

- To identify gaps in knowledge and practice among front-line staff, service providers and decision-makers regarding criminalized individuals with a TBI and MHA
- Focus on issues related to communication and communication practices
- Additional focus on sex and gender specific needs
- To create knowledge and training materials to support communication best practices for front-line workers