

Traumatic Brain Injury in Corrections

TBI Pilot-to-Program Project Report

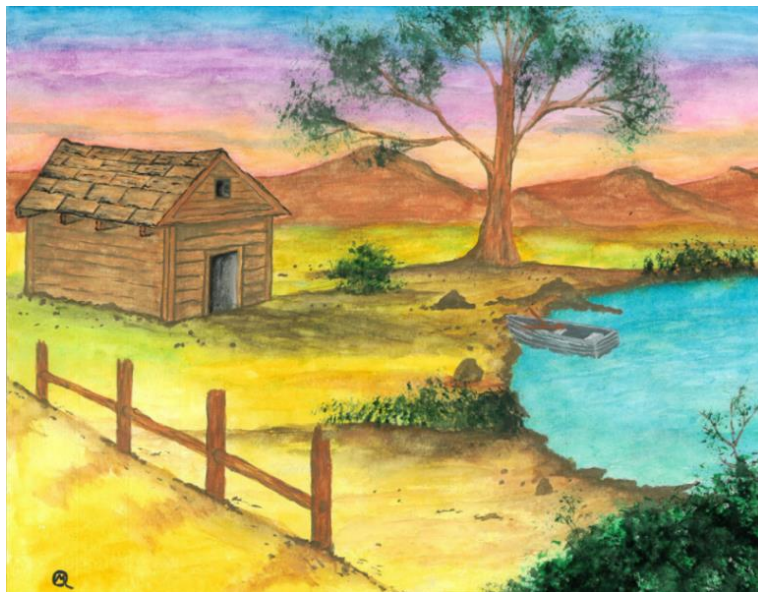
October 2024

**Traumatic Brain Injury
Strategic Partnership Advisory Council
of Washington State
RCW 74.31.020**



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art by program participant

Background

The [Traumatic Brain Injury Strategic Partnership Advisory Council](#) is a state advisory board of members who bring together expertise from private and public sectors, including people with TBI, family and caregivers, medical and human service professionals, and state agency representatives. The Council's mission is to strategically partner with, and advise, the Department of Social and Health Services (DSHS) and other state agencies on resources, services, and systems that affect people with TBI, caregivers, providers, and communities.

What is Traumatic Brain Injury? A traumatic brain injury (TBI) is an injury that affects how the brain works and may be caused by a bump, blow or jolt to the head or body, or from a penetrating injury to the head. **TBI can impact anyone at any time**, and symptoms can change in type or severity across the duration of the injury and recovery. The variable nature of TBI requires planning, coordination, and delivery of services to consider diverse communities across the lifespan of an injury. While anyone can experience a TBI, data shows that some are more likely to experience gaps in care and long-term health effects from a TBI.

What does this mean for corrections? People in correctional facilities and detention environments tend to have **higher rates and risk of TBI**, as well as experience health inequities and lack of care following a TBI ([Centers for Disease Control and Prevention, 2024](#)). Despite knowledge of health impacts and disparities related to TBI, there is no standard screening or permanent programming for TBI in Washington state correction facilities. This is costly, impeding successful outcomes in **safe and supported recovery, rehabilitation, release, and reentry**.

Data is limited due to the lack of stable TBI programming in state facilities, but **initial screening shows 72% of people in state corrections have experienced a TBI**, as opposed to just 8.5% of the general public ([Washington State Department of Corrections, 2020](#)).

This means that in Washington state, **traumatic brain injury is around eight times more prevalent in people who are incarcerated than those who are not**. Even from limited data, it is clear this is an intersection of impact, and with that clarity comes the potential for high value and high impact solutions.

To address a dire need and bring awareness to a critical equity issue, this project was funded as a four-year piloted collaboration with the expectation that Department of Corrections (DOC) would continue funding and delivery of the program after the four-year pilot period ended in June 2024.

Executive Summary

In alignment with stakeholder and data-driven priorities, this project is grounded in [TBI Council's Comprehensive Statewide Plan](#) recommendations and ongoing participant input. All phases have involved intentional inclusion of people who are incarcerated, people working in corrections, family members and caregivers, and others with lived experience. This project heavily considered, and adapted to, the corrections environment and community, as well as aligned with state [equity and belonging efforts](#).

Objectives of the pilot project were to:

- Further **priorities and recommendations** of the TBI Council and comprehensive plan
- Fulfill mandates for **equitable access** to services and support groups
- Build **institutional awareness and capacity** for TBI within corrections
- Build **strategic partnerships** with corrections system and stakeholders
- Expand **professional development opportunities** for corrections workforce
- Support **community resilience and safety** via awareness and resources
- Learn directly from participants about **needs, gaps, barriers, and solutions**
- Support safe and successful **release planning and reentry**
- Establish precedent for **TBI supports** within state facilities
- Initiate business case development to **show value** of TBI programming in facilities
- Support **legislative awareness and decision-making** that impacts people with TBI
- Model **trauma-informed, person-driven programming** in difficult-to-implement environments

Between July 2020 and June 2024, DSHS TBI Council staff met weekly with DOC program staff to design, plan, implement, monitor, improve, and evaluate TBI programming within the state prison system. Coordinated TBI screening, training, education, and supports were implemented into our state correctional facilities for the first time in 2020.

By August 2021, 536 people had been screened, with data showing that roughly 72% of those screened were knocked out or lost consciousness at least once in their lifetime. These injuries came from events like motor vehicle crashes, physical assault, abuse, sports, military service, falls, and more. Some of these injuries occurred in childhood or before incarceration, but many also occurred while incarcerated or during crime-related activity.

DSHS TBI Council staff attended virtual support group sessions with incarcerated participants, support group facilitators, and DOC staff to listen, learn, and ensure their voices guided the direction of the project throughout, including this final report.

*"What makes this support group different? It's evolved with us.
It's for us, by us."*

All quotes, including the above, are from participants. In respect to the participants and workforce, this report shares the perspectives and experiences of those who engaged in this project, in addition to the technical aspects, lessons learned, and considerations.

Limitations

Due to the nature of innovative projects, and that of a corrections environment, many uncertainties and unknowns were expected. The project began in July 2020, early in the COVID-19 public health emergency. This presented unique obstacles (illness outbreaks, facility lockdowns, staff shortages, reduced operations) resulting in shifts and adaptations to project plans in the early planning, implementation, and monitoring stages. Despite obstacles, adaptation and perseverance made the way for worthy impact.

"During the pandemic when all other groups and classes evaporated, this was an oasis where we could come and just be, express, learn, and expand understanding."

Another uncharted aspect was establishing virtual support groups in correctional settings. It was unclear if participants would feel safe or if the environment would present a barrier to vulnerability and honest participation. One concern shared by participants early on was the lack of program permanency, and the uncertainty of investing themselves in something that would not last. **The possibility of engaging and then having the program end was their greatest fear and barrier to authentic participation.**

"First, you must believe in your own ability to change your own life."

Due to limitations, capacity did not allow for full implementation and evaluation in all state prisons, so project efforts were most focused within Stafford Creek Corrections Center (SCCC). Some aspects of project programming were implemented at Washington Corrections Center for Women, Walla Walla State Penitentiary, and Coyote Ridge Corrections Center facilities. Additionally, programming support and resources were made known and available to all prisons and the broader corrections workforce for their own implementation efforts.

Methods & Components

Through collaborative methods, this project established six main types of support:

- TBI Screening
- Incarcerated Resources
- Virtual Support Groups
- Training & Skill-Building
- Workforce Training
- Resource Development

TBI Inside Corrections is a brief informational video developed in collaboration with Colibri Facilitation to promote awareness and provide context on the project's methods and components.



TBI Screening

A screening process was established for use at state prisons to identify the prevalence of TBI in the corrections system and potential treatment for those incarcerated with TBI. A screening tool was used to identify the prevalence and functional impacts of loss of consciousness. The **TBI Secondary Screening Form (DOC Form 13-599)** was originally developed in partnership with the University of Washington and modified to include sections from the Ohio State Traumatic Brain Injury Identification Method (OSU TBI-ID). The tool is structured to document head injury history and to assess areas of functioning. It gathers a history of loss of consciousness or dazed/confused events, along with details on age of injury, time unconscious, and whether they received medical treatment at the time of injury. The purpose is to identify who may have a head injury, and what functioning areas may benefit from further treatment.

"It brings me comfort now that I'm aware of it."

Screening can be initiated in several ways:

- New injury identified
- Older injuries identified at intake or during medical or mental health sessions
- Restrictive housing screenings
- System reports
- Self-referral

The screening tool includes questions about day-to-day functioning like fatigue, sleep issues, mental health symptoms, cognitive processing, headaches, impulsivity, sensory sensitivity, physical challenges, and isolation. Participants are asked to rank areas considering the last seven days of time using a Likert scale (never, rarely, sometimes, often, always). After completing the assessment, the clinician determines placement based on the information provided (in TBI psychoeducation and support groups, individual TBI treatment, or no treatment at this time). Any treatment offered is voluntary for the person.

"I'd still be confused about where I was or what was wrong with me, what I'm fighting. Now I realize, wow — this is critical info. It's encouraging, it could change a life. It could save a life."

Between July 2020 and August 2021, initial screenings were conducted to identify prevalence. Of the 536 people screened, 386 reported experiencing at least one loss of consciousness. By the end of the project in 2024, at least 708 people reported at least one loss of consciousness.

Incarcerated Resources

Psychoeducation class is the primary treatment resource available via this programming. Group settings are most effective, allowing participants to learn from each other and the facilitator. The [psychoeducation curriculum](#) was developed as a 12-week, one hour per week, course, designed to assist in identifying and learning coping skills to better manage TBI symptoms.

"This class is something I will tell everyone about forever."

The curriculum covers topics from the screening assessment (fatigue, sleep issues, mental health symptoms, cognitive processing, headaches, impulsivity, etc.), as well as memory, social skills, and advocacy. After completing the 12-week psychoeducation course, participants are offered an opportunity to attend virtual support groups (VSG).

"At first, group therapy was triggering, and I had to leave. But having the psychoeducation class prior to virtual support group helped set the stage."

Participant evaluations express the need for this critical curriculum, and the waitlist shows its value. **At the end of the project, the statewide waitlist documented more than 150 people.**

"We love the psychoed class! I didn't know any of that stuff about my own brain. Instantly it's like I have more power now. Knowledge really is power!"

Virtual Support Groups

Virtual support groups (VSGs) were designed as a method of continued learning and support after the psychoeducation curriculum. These groups provided support and helped prepare participants for reentry. During VSGs, participants discussed topics related to brain injury, process emotions, connect with others, and learn in a supportive environment with expert facilitators who have lived experience and relevant training.

*"It's been a learning experience.
Kinda scary to start, but now it's my favorite thing."*

VSGs often involved an expansion on the psychoeducation presented prior. **This thoughtfully tiered system made all the difference in how people were able to participate.** The VSGs cultivated a sacred space for shared learning and coping strategies, listening and reflection, organic peer support, and personal growth. **Evidence-based practices and trauma-informed elements enabled participants to feel a sense of belonging and authentically engage.**

"When I walk in, I already know my day is gonna get better."

VSGs were held on the platform **HeyPeers** in private groups password-protected for security. Facilitators and platform operations were managed and monitored by DSHS through the TBI Council staff. Participants completed an **evaluation** to provide feedback on each session, and these were used by TBI Council staff and facilitators to improve future sessions.

"Every week after group, I always leave with a better feeling, a better mood, like I actually accomplished something, made progress, and can do this."

From July 2020 to July 2024, over 350 virtual support group sessions took place in Stafford Creek Corrections Center (SCCC) and Washington Corrections Center for Women (WCCW), bringing trauma-informed support and empathy to staff and people incarcerated with TBI. At least 88 unique participants at SCCC attended and engaged in support groups regularly.

"Even if I have to go back to the same reality in prison, I can come here for one hour every two weeks and know I'm not alone. There are other people who get it."

Training & Skill-Building

To reinforce safe and supported release planning and reentry to the community, participants receive a release package that includes a copy of the [TBI Resources and Workbook](#), resources on [self-advocacy, skill-building, and navigating common issues](#) with TBI, awareness about TBI-informed [Information & Referral \(I&R\) services](#) in the community, and information on how to access [public virtual support groups on HeyPeers](#).

"For a long time, I didn't want to acknowledge my TBI or what was going on, so no one else could've known. The TBI workbook became a friend, my way to navigate the day-to-day, during that time when I didn't want to talk to any other human."

These resources and more are available on the [TBI Council website](#), which participants, families, and their support networks can become familiar with through the program. Resources for skill-building have been continuously developed and improved based on direct, ongoing feedback from participants, staff, support networks, and providers.

"It's more than coping, it's adapting."

Workforce Training

Through the project, DOC staff were able to champion TBI awareness and inclusion in the workforce. All educational materials developed for the participants are also beneficial for staff.

"Prison is a trying place — no matter who you are, inmate or staff."

In addition to [free TBI Council educational resources](#) such as the [Capable Caregiving Manual](#), [UW TBI-BH ECHO](#) case-conferencing support, and [virtual workshops](#), the Council collaborated with DOC to develop a [Place Safety Muster handout](#) specific to the facility:

"Sometimes I don't remember what I did the day before. Or I say things backwards. Sometimes I don't sleep for 3 days. It makes all the difference if people are aware."

TBI Council staff and members engaged in regular meetings and several forms of collaborative learning with DOC, including a series of “lunch and learns” with staff and leadership. DOC and TBI Council staff also collaborated on several presentation opportunities to promote and share the work across local, state, and national audiences.

"Getting TBI info and substance use treatment together made all the difference for me. TBI awareness and support benefited ALL my other treatments."

Resource Development

During project planning, procedure manuals with learning resources were developed and tailored to support DOC workforce and function within existing systems and infrastructures.

"I want to know more about the intersection between trauma, maladaptive behaviors, and coping mechanisms. I know there isn't one silver bullet, but I know the combo of these will help. It already is."

To supplement learning and make resources more available, a resource library was compiled by the TBI Council and DOC staff. It holds relevant references and resources as stand-alone items or in support of the curriculum. This is especially important for those not able to attend the groups or who are on the waitlist. Examples of items in the resource library include books, podcasts, Ted Talks, self-advocacy guides, resource links, and the TBI Resources and Workbook.

"I love the TBI workbook. It has a lot of value to me. I'm impressed with the relevance of the content!"

The [**TBI Resources and Workbook**](#) was developed by the TBI Council members, DSHS and DOC staff, and TBI program participants. It consists of the same materials as the psychoeducation curriculum, with the addition of journal prompts, brain games, and puzzles. It is recommended that participants using the workbook have regular access to a TBI specialist for check-in and reinforcement of coping skills.

"I've learned so much about why I am the way I am, why things changed after that event/accident, and that it's not all my fault. Now that the misplaced guilt is out of the way, I can actually recover and rehabilitate."

DSHS and the TBI Council continue to advocate for and spread awareness about the connection between TBI and incarceration, including [**business case development and communications efforts to illustrate the value**](#) of TBI programming within corrections.

"We're pretty ritualized in here, so when we can be aware and integrate healthy behaviors and coping rituals, it can be huge."

Findings

An analysis of written and narrative data was considered using a thematic analysis approach. Steps included:

- Providing evaluation forms to all participants after each class and group
- Attending support groups to listen and learn from narrative data
- Careful review of all written and narrative data
- Organizing data into categories
- Organizing categories into broader themes for consideration

The [Virtual Support Group Evaluation form](#) was provided after each psychoeducation class and each support group.

“To me, this group is a space where I can learn how to meet my own needs and how to advocate for myself and others.”

Evaluations were completed at Stafford Creek Correctional Center (SCCC) covering three different cohorts of virtual support groups. An analysis of 272 VSG evaluations completed between April 20, 2023, and January 25, 2024, was synthesized with qualitative data collected between July 2021 and July 2024 to elicit findings and tell their story. More on evaluations can be found in the [Appendix](#).

Key findings from evaluations are:

- ❖ 271 of 272 participants agree or strongly agree that they:
Like being able to talk to others who understand my situation.

“How does the brain and TBI contribute to some of the factors (like impulsivity and anger) that have contributed to our lived experiences? Can we explore this?”

“It’s hard to be vulnerable in prison. This group allows that.”

“Just being able to talk about anything, any topic, or even playing a game, in a setting of people who understand TBI is beneficial.”

“This is the only place where I can talk about this stuff.”

“It's being around people with common needs and experiences.”

- ❖ 269 of 272 participants agree or strongly agree that:
This week's topic was useful.
-

"I have a short temper sometimes. Short fuse, big bang. Being able to communicate this to others helps so much. I didn't know that until these classes. I understand why now, and it has gotten better."

"This is a release point, coming here once a week to share strategies and listen. It is everything."

"I've learned a lot about shifting mindset and perception, and when you're in prison that's about all you can control. So, it means a lot."

- ❖ 269 of 272 participants agree or strongly agree that:
I had the opportunity to speak and felt heard.
-

"We look forward to group every week, I make sure I don't miss it."

"Until I got hooked up with this group, I never understood the impact or influence of my TBI on my behavior, the way I am, how people perceive and receive me. I look back and understand why I've had a lot of the communications and other issues. The public doesn't understand, I barely do... but this class is helping me understand, and hopefully helping the public understand too."

"It's a place we can talk without shame and be heard."

"I like this class so much and think it's a blessing for people. I'm glad we are downsizing for now... it can be hard to talk about things when there's more people."

- ❖ 265 of 272 participants agree or strongly agree that:
I feel more equipped to manage my symptoms.
-

“Uncertainty of what is wrong, what is going on with my brain and body, causes more fear and anxiety. Awareness can make all the difference in regulating my emotions.”

“Since being in Psychoeducation class, I’ve learned more about TBI and PTSD. How they can co-occur and manifest, how to come up with solutions in difficult situations. Now I’m in support group and want to learn more and gain perspective, a deeper awareness of TBI, specifically how I can manage it better upon getting released.”

“Sometimes just talking out loud about the issues gives us tools or a different outlook.”

- ❖ 271 of 272 participants agree or strongly agree that:
I feel more hopeful about my future.
-

“I was stuck in the dark. But this awareness is like a candle that can keep lighting and growing my fire power.”

“It’s a freedom I never had. TBI awareness gave me freedom to embrace that, for myself and others, it’s okay to have a brain injury.”

“I was moved by this great book on trauma recently. I want to share with everyone here. Having TBI VSG gives me the safe space to do that, to practice sharing what I know and spread awareness.”

“We don’t know what will happen next, maybe it will get better... but we feel a benefit being here with y’all, because it fills a gap.”

“This class is my silver lining. . . if it wasn’t for this class I would be lost and have lost all progress made with mental health and myself. This class helps my mental health, communication, and self-advocacy.”

- ❖ 271 of 272 participants agree or strongly agree that:
I would recommend this group to others with brain injury.
-

"I don't want anyone else to be deprived of this information or education."

"I have learned there are many layers to TBI and incarceration. There are a lot of younger veterans in here who don't have this awareness. There are a lot of people in here who experienced domestic violence and aren't aware of the link between behaviors and trauma. Everyone needs this group."

"Awareness is powerful. It brings a sense of calm, an ability to take control."

- ❖ 271 of 272 participants agree or strongly agree that:
The VSG is providing skills and tools for use.
-

"Love the class. Informative. This could be the 'thing' for me in the future. I want to be a part of the support group in the future after release."

"My frustration comes from feeling like I can't manage all the emotions and changes, but with access to this virtual support group, my frustration has become more curiosity and hope for what I can learn and do to manage the emotions and changes."

"Access to awareness and learning more about my symptoms and behaviors has given me the ability to prepare for them in advance."

"Since I've been in this program, I feel more alive. It's really opened my eyes, given insight to how to communicate and tools to really apply it."

Considerations

This report offers themes of considerations and lessons learned that may be useful for future implementation or project efforts. Consideration is about listening to people who are living and working in the community and environment, and then acting with care to apply what is learned.

"Life with TBI is recovering. Constantly recovering."

Considerations were generated from verbal feedback during group sessions, written evaluations, and are based on:

- ❖ How often a topic came up
- ❖ How related the topic was to the goals and objectives of the project
- ❖ What can be learned from this topic or why it came up

An analysis of the significant themes highlights a gap in services, with a need for brain health education and support among people who are incarcerated and identified as living with the aftereffects of a traumatic brain injury.

Notably, the aftereffects of the TBI denote the persistence of emotional instability that remains unresolved and/or untreated for a significant period and can develop in conjunction with other factors into substantial mental and physical health concerns. These appear to culminate in relationship conflicts, self-induced barriers to services and employment, and engagement in unhealthy coping mechanisms that perpetuate symptoms associated with traumatic experiences. Thus, the combination of these factors contributes to the perpetuation of recidivism and further lack of support for conditions that might be resolved meaningfully for the person.

Major themes included but were not limited to:

- Awareness
- Brain Education
- Identity
- Communication
- Relationships
- Environment
- Stress and Anxiety
- Conflict and Change
- Sleep and Fatigue
- Emotions
- Co-Occurring
- Trauma and Triggers
- Grief
- Social, Family, and Peer Support
- Skill-Building and Self-Advocacy
- Workforce Development
- Barriers and Gaps
- Release, Reentry, and Recidivism

Awareness

"As we think about this project and programming going away or changing its form, I was telling my nurse what this has meant for me. They were very moved. I realized that spreading awareness about what it's done for me can be powerful."

"When I was younger, a lot of the interactions I have now would've resulted in fights; they did then, but now either I know how to cope/deal with the situations better, or the other person has more awareness thanks to stuff like this, so they are approaching and responding to me differently to begin with."

"Awareness helps me take responsibility for my decisions and actions, now that I know they stem or may stem from TBI or be triggered due to my past injury, I won't let it define my future. I can take steps ahead of time, prep myself, find new coping mechanisms once I have awareness."

"Now I know why I get mad and have had 5 pages of assaults after my car accident when I've never been in trouble prior. It makes sense when it never did before. I know the WHY now and have the chance to learn ways to improve it."

"It makes me think of all the times in the past I had my bell rung that may have caused or contributed to the sensitivities I have now."

"I need to wear sunglasses inside to deal with my light sensitivity, but others judge that as me being drunk, high, hungover, or just weird."

"I didn't really feel the symptoms or impact of my TBI until after the second one."

"TBI classes and support groups have helped me understand my choices and actions throughout my life now."

"I think everyone should have input. We can all learn from each other, TBI or not."

"I've noticed that I don't have the need for, or reaction to, confrontation anymore. Now when people are fighting around me, I just listen to my nature noises and get away from it."

"I use a cane, stumble a little, and always have on sunglasses — all related to my TBI. But people perceived me as just being a drunk or hungover."

"It's hard to explain TBI to someone else who doesn't really have one. Often when I try to explain what's going on for me, when I'm honest about my symptoms, people will just say I'm making excuses."

Brain Education

"I come to geek out! It's almost like an open lab. I see so many reasons for the 'why' now, and it seems more possible to change."

"Meds don't really do it for me. Interactive sessions, learning and working the brain, that is what works for me."

"I am interested in neuroanatomy, in talking about the brain and skeletal structure around it, the complexities of injury, cognition, behaviors. There is comfort and power in exploring the education side, being able to ask questions and learn."

"As I learn more about my brain and my injury, it gives me more to consider, more to try, and to improve."

"Some silver linings for me is learning the science and medical stuff behind it. I take it less personally and am able to work with and around it now that I know what it is."

"I want to be able to restructure my narrative. Our brains may actually be hardwired to fixate on the negative. How do you find the hope and build the will to do what it takes to restructure or change the narrative?"

Identity

"My identity is perceived as just an inmate or a felon, labeled as violent or bad. It's irritating because people can be dead set on that being who you are."

"What role does your TBI play in your identity? I used to hide that about me so it would not be a part of my identity, but now I don't."

"Before I came here, my identity was different. I presented myself differently than in here. I guess my roots are the same, it's just a matter of what branches come out."

"It's hard to tell if you change or become different than before while inside here. But this class has helped me see my growth. In this class, I can consider what it means and who I am now."

"What does it mean to have an identity? In prison, identity is different. Even calling each other by last names. So, I've learned the way you identify and want to be perceived may be different depending on the environment."

"Who gets to define your identity? When you're in prison, it's those who judge you."

Communication

"When words or thoughts come out differently than expected or desired, it's frustrating and can cause unintended consequences — especially in here."

"When I got blown up, the hardest thing for me to do was speak. I could do math and other things, but speech was so hard. I didn't wanna talk to people because it would come out slurred or I'd forget words. I could remember the words, but they wouldn't come out. This gave me a lot of fear at first, fear of judgment and failure."

"I will often miss words in sentences, it requires being more thoughtful and giving more time to process things. I can't always catch everything people are saying so it takes extra energy to catch everything they're saying. When people don't know this, they will sometimes question my communication."

"Pre-TBI, looking people in the eye during social interactions meant a lot to me. Post-TBI, I can't do it. Too much is going on and I can't focus. I have found this gives others the perception that I'm lying, not paying attention, or making excuses."

"It took forever for me to get functioning right, it seemed like. Talking with friends though, it got me a long way."

"Some days I can express myself okay, but other days it's like everything comes out sideways. It seems to be delineated by days, so I've been trying to figure out what it could be about those days and how I can mitigate."

Relationships

"Eye contact is really hard on bad brain days. It makes communication really hard, especially with authorities and in close relationships."

"This group will forever be the thing I talk about and tell everyone about. It has taught me how to reflect and relate, and to stop trying to prove what was wrong with me. This gave me the information and language to put it in dialogue, relate with myself and others."

"I love and miss my family; it is hard being away from them. Having this TBI group as a type of different family while in here has really helped."

Environment

"The light can just be blinding at times; this makes everything more difficult. So just sunglasses and having approval to wear them is HUGE."

"I was in this room the other day for a special event, there was a real couch with end tables, soft chairs... I didn't even wanna sit on it, but I did. The officer said, 'How long has it been since you sat on a couch?' and I said, '8 years,' Another guy said, '20 years'."

"The more humane and safe you make the environment, the more humane and safe you make the person or people in the environment."

"There is a different type of politeness in here — a courtesy code — unlike outside."

"In this environment especially, we must put up a façade. We cannot have these types of discussions except for in this class and VSG."

"The one time that having a TBI means we get perks — a squeazy ball, a journal, a calendar, earmuffs, and my most favorite thing in the whole wide world from THIS: the space, VSG time."

Stress and Anxiety

"This group discussion on stress has been a great stress reliever."

"When I'm comfortable and feel belonging, I get stressed and scared that it will end or get ruined."

"I like the stress worksheets because they force me to reevaluate and come up with different things as we talk in the group. I realize more during the group and afterwards, I've already thought about things that I didn't realize were stressors, and now I see how I can be more aware; and if I forget I have the worksheet."

"I like things nice and tidy and clean. So just being me, having a brain injury and being in prison, is very stressful."

"I feel helpless. How do you heal from being constantly oppressed, and by a broken system that harms more than it heals?"

"Feels like I go through stages where I'm almost normal... and then other days it's like I'm spiraling downward and nothing can stop it, crash and burn, hard reality, depressing."

Conflict and Change

"Just living in here is conflict."

"I used to fly helicopters and do all kinds of complex difficult things; now I can't do even the most basic things that require balance or coordination. I had to learn to accept it."

"I'll be honest, I'm having a hard time with the changes. I know that's part of just having a TBI too, but there's been so many changes lately."

"Impending change gives me panic attacks. Learning of the change coming and then waiting for it. I'm trying to learn how to anticipate changes without the stress."

"I wanted to understand why I do some of what I do. Now that I'm aware because of this class, I've changed a lot, and I am a better person."

"I used to soak math and calculus up like a sponge. But now it's like nothing sticks."

"Living in a world of uncertainty, especially when I don't have the same resilience or cognition that I used to, my brain just feels petrified, stiff."

"I used to have a mental health therapist that was engaged but they left, now I'm disengaged and not connecting... If it wasn't for this class, I would be lost and have lost all progress made with my mental health and myself."

Sleep and Fatigue

"I'm beginning to realize some of my sleep problems might be a result of TBI. Onset of my worst sleep problems began right after my worst TBI."

"My brain feels like the things that are on the hard drive are fine, still there... but when I try to learn new info and access new memories, it's like I just get the hourglass or blue spinny thing."

"Some days it's like I'm trying to do everything sideways, the opposite than I mean to."

"It's like I've got an avalanche in my main route. I have a working bike path around it, but I want to clear that avalanche."

Emotions

"I noticed these emotions came to me most when I was shutting down, these thought patterns showed up when I would shut down. I had to force myself to notice the crappy thoughts and thought patterns and learn to catch the thought and begin to change the behavior— check the thought against your values and what you want your life to be."

"Now I know that a lot of my anger issues were stemming from TBI. Now that I know about my TBI, I've learned how to be more present in the moment, and I can control my temper better, I have less outbursts."

"A music composer played piano the other day and people's reactions shocked him. There was so much emotion, and people asking him to keep playing."

"I want to know more about emotional dysregulation. I'm concerned with that and finding ways to improve so that I'm not getting infractions or higher stress due to the emotional dysregulation. I don't wanna blame everything on my TBI, but how do I make others aware so they can support and respond differently so we all benefit?"

Co-Occurring

"Just knowing this differentiation between TBI and PTSD, even knowing they overlap and intertwine, has helped me begin to deal with things."

"I struggle with frustration, anger, memory, depression, communication. This group has not only helped me figure that out, but it's also taught me about the brain and how I can cope with emotions and mental health issues. It's helped me navigate the changes of TBI, aging, and incarceration."

"I want to know more about the links and similarities between TBI and PTSD, like anxiety, depression, sleep issues, and migraines."

"I wonder if the combo of TBI and being misunderstood, seen as behavior issues when it's cognitive, is why there's so much drug use. I just notice there's a lot of brain injuries in here."

"The closer I was to the traumatic experience, the worse it was. As I started reading more, I began to overcome some of the cognitive stuff... but the PTSD stuff, it can come up at any time despite reading or learning."

Trauma and Triggers

"I'm really interested in learning about the space between the stimuli or trigger, and the resulting reactions or actions of survival, like fight or flight."

"I have the same problems now that I did before I fell, but they are just different. Some are worse, some are better, but it's all different."

"I have a weird thing with eye contact. My drill sergeant used to yell 'Are you eyeballing me?!' if I looked him in the eye, so it's hard for me now to hold eye contact. I still hear his voice screaming that whenever I look people in the eyes."

"Most things I've learned have come from bad experiences, so I link learning with my trauma."

"Since being in the class, I've learned more about PTSD, how it manifests, how to come up with solutions when I have difficult situations occurring at the time. I know how to do timely self-check. I would like to know more and interact with more people to get a larger perspective, a deeper awareness of what TBI is all about, how I can manage it better upon getting released."

"I was in the military. I can track how I've changed pre-TBI and post-TBI. PTSD came on first, it was recognizable by behaviors, flashbacks... then came the noticeable cognitive decline. After learning about TBI, I realized some of these were due to TBI, and then I could categorize and deal with it better. Asking myself, is this related to PTSD, TBI, or both? Which bucket does it go into? That allows me to deal with it a little more."

Grief

"Grief is different for the incarcerated. I am grieving losses I can't be there for. My parents are aging, and I can't care for them. I can't be there for the kids when their mother is chronically ill. I know it's my fault and I can't change it now, but it messes with my head more than I show. I feel in a constant state of grief and mourning. I've taken a hell of a lot of loss since being in here, and it feels like I'm also mourning all the lost opportunities I had to care for them before I got locked up. It weighs on me. That is not the stuff you think about at the time of the crime or behavior that got you in here."

"I don't want to lose another family member while incarcerated."

Social, Family, and Peer Support

“I wasn't gonna come today, but I know what this group is like, and I needed to be in this group today.”

“Listen — we all have TBIs. We're here cheering you on. We get it, even if no one else does.”

“Knowing someone else shares your general experience is validating, even if it's not the exact same. They're more likely to just listen and accept my experience versus trying to punch holes in it.”

“I enjoy this group, feels like I belong now.”

“My TBI did a number on me. I don't know how to deal with it all the time, so this support group and this space is super important to and for me.”

“My week is going really bad. I'm glad I could come to this group; it is the one good thing this week. It's kept me going and not exploding.”

“Now I don't feel like I'm all alone. In this space I can just be myself, not be looked at or thought of as crazy, can be vulnerable without having to watch my back.”

“The most difficult thing for me living with TBI has been flashback occurrences, nightmares, flashes, sweats, paranoia, feeling like someone is after me, and linking to trauma of that event. These things occur to me daily, so I often go into a shell. I need to vent, but this isn't the best atmosphere to vent — that can be seen as a sign of weakness in prison, so this support group and space is super important to and for me.”

“I've learned that less isolation and more connection keep me mentally healthier.”

“I shared the TBI Council website to my spouse (who will be my caregiver once I'm out), and they were shocked. They learned a lot about TBI and resources they didn't know existed.”

“I've learned and understand more about myself, but also my brother — he has a TBI too. The awareness for myself, him, and others is more powerful than I ever imagined. I've helped so many people since learning what I know, since engaging in this.”

“Having group support, forms of therapy, at this time (far enough removed from event) is so needed.”

“It's security — knowing that you're not alone.”

Skill-Building and Self-Advocacy

“It gives us some sort of structure with examples and helps us think about things differently; and to realize that there is positive stress, which I didn't consider before and now has made me think differently.”

“I recognize that I'm overly rigid (TBI with OCD). Is there anything I can do to work on this and become more flexible? It feels like everything I do or try to do, like my algebra class right now, I have a huge fear that I'm not gonna be able to brain it.”

“I didn't want to keep making the same mistakes over and over again, but I did. It wasn't until I knew more about the brain that I realized I need to step back and think with my TBI awareness.”

“Without this class, I wouldn't have barely any communications skills. Now I have the skills to advocate for myself, and more answers to my questions.”

“Speaking up and out is scary. It is not usually well-received, at least at first.”

“I am realizing that music is healing for me and others. It was a relief to play music and to be heard, to be appreciated, to release and express in a way that was accepted.”

“This class has helped me a lot with my impulsivity. I have to stop and think before I act, and I'm able to do that more now. I've been doing really good with my anger, but I am still on pins and needles because I go before the board soon.”

“I'm learning a lot about myself right now. I have a voracious appetite for learning anything that I can apply, improve, know, and become more self-aware.”

“One of the biggest reasons I'm still alive is this class. I've learned so much about myself, skills I have and can build, and opportunities.”

Workforce Development

“We need counselors who understand and know about this class, our participation, and for the facility to understand these needs. We feel exploited when they don't because we are punished for things they don't understand. We need help to learn how to best advocate for ourselves.”

"I think awareness and understanding of TBI, especially memory issues, is so important for our guards. I talked with him a few times, and he wasn't even aware I had a brain injury."

"If our officers had even just a little more awareness and training on TBI, it would make a huge impact for me on a personal level and also on an organizational level."

"People and providers would see substance use and addiction differently if they knew it might be linked with TBI."

"If you can't wrap your head around that this is a prison first, it's really hard to work here."

Barriers and Gaps

"I always knew I was different, but I didn't know why. Now I know it's my TBI, which went undiagnosed and untreated for a very long time — until I got access to this program. The TBI programming gave me the why."

"TBI is mental health. TBI is behavioral health. Why aren't we a part of it?"

"I can't remember being a part of a program before that actually worked."

"Sometimes I have trouble getting things from my brain to my mouth. This can cause infraction, discipline."

"We use screens a lot more now than before my injury. It can aggravate my symptoms, especially when communications are done using screens and impedes my communication with others. I need time away from the screen."

"My TBI has critically affected everything we are talking about."

"People don't believe you, think you're exaggerating or crazy, or just make other assumptions about you if they do believe you."

"There is a real problem with continuity of care here."

"I am most concerned about having gotten substantial evidence that a good portion of what I'm going through is due to brain injury. I'm really concerned about the possibility of not being able to keep the ball rolling in my recovery. I've had some wonderful progress in recovery since being a part of this group, and I don't want to go backwards. I'm feeling overwhelmed."

“Finding a way around the landslide to get from point A to point B, the road may have washed out but you still wanna get forward, so you just gotta find a way to get there.”

“I have gotten the most out of this program, and seen others get the most out of it, more than any other program here.”

Release, Reentry, and Recidivism

“If we can do these (public support groups) from home, my wife could even attend and learn what I'm going through.”

“The more I learn, the more I realize I can learn, and the more I gain confidence to learn. Now I feel like there's something to recover.”

“I would like to have a network of people to help me upon release, to support my transition.”

“I got really bad news today — my address fell through; it will add another month or so to my release date. I was so happy I got this news when I did, just one hour before VSG, because I knew I could talk about it and be supported.”

“I'm excited to get out — not just to get out, but to take my TBI awareness with me out into the world!”

“I'm interested in learning the forensic aspect, understanding how TBI has played a part in the decisions we've made. We are uniquely situated. Most specifically as it relates to reducing recidivism, how this interplays with recidivism...”

“Is there a period of time between when what was done to us, and what we ultimately did to someone else... when that could've been changed?”

Lessons Learned

“The lesson is greater than TBI, and the lesson is greater than incarceration. Every person deserves accommodation and to be met where they are at.”

1. **Prevalence:** There is a higher prevalence of and potential for TBI than expected in the corrections system. This includes people living and working within the system.
2. **Barriers:** It is difficult to create a sustainable program from scratch. This is especially true when there is no precedent for such a program in the corrections environment, and when there is no high-level commitment or care for improving the corrections environment for TBI. It has required much more time and energy around institutional advocacy than expected. As with any state agency, there are a lot of political factors that can negatively impact efforts, which can be overwhelming and discouraging.
3. **Willing and Active Participation:** People living incarcerated actively attend and engage consistently with all available TBI programming. They are not participating simply to receive a certificate or credit. They have demonstrated they attend and participate in an active effort to support their own rehabilitation, recovery, and coping skills.
4. **Trauma-Informed:** People incarcerated with TBI are desperate for more informed and considerate programming within corrections. They have expressed interest and desire for options available to all incarcerated (no matter the length of sentence), and specifically groups related to mental health concerns.
5. **Intersectional Impact:** There are major equity impacts to be made at the intersections of incarceration, TBI, housing, health, and public safety.
6. **Need:** The program has been well-received and requested by people who are incarcerated with TBI. There has been a consistent waitlist since the beginning of the project and throughout its programming.
7. **Opportunity:** This is a prime opportunity to positively impact infraction rates, release and reentry success, and recidivism. It is an opportunity to prevent injury and violence, and to promote recovery and rehabilitation. It is an opportunity to build safety and resilience for people reentering the community, and for the communities we share.

“Through this class, I've learned what it is, I know what it is, and that gave me a little control back. Before it was just something I couldn't change, but now I know the signs, I can watch for it, and I can change. Before, I couldn't.”

Call to Action

It is critical to listen and honor strategic advice grounded in lived experience and community voice. Be humble, flexible, adaptable, creative, and intentional when designing and implementing projects.

“My frontal lobe was damaged, so some things are harder for me to realize, like consequences. It’s an important consideration, but it can’t be an excuse.”

Listen always and reflect often. This is especially beneficial for projects taking shape within corrections or institutional environments.

“Does the Governor and legislature know how much this has helped? They need to know. We’d like them to visit, see for themselves.”

Based on findings and lessons learned, the following is worth considering:

- Develop strategic plan to implement and sustain TBI programming in state prisons
- Continue research and expand upon data collected from this pilot project
- Prioritize internal awareness and information about resources for TBI
- Require correctional staff to attend TBI training
- Invest in TBI programming by:
 - ✓ screening all people who are incarcerated for TBI
 - ✓ documenting needs for TBI support or related resources
 - ✓ incorporating TBI awareness and education into staff training
 - ✓ offering TBI psychoeducation class
 - ✓ offering TBI support groups
 - ✓ maintaining the online library of TBI-related resources
 - ✓ leveraging the value and benefit of TBI programming with other services
 - ✓ increasing TBI awareness, coordination, and value with reentry efforts
 - ✓ incorporate TBI awareness and supports at the juvenile justice level

“It is shocking to me that when something works and we need it, it goes away. It feels like if it works, they're going to find a way to take it away — and that is very discouraging and does not encourage participation or trust.”

In Gratitude

To the participants who so readily opened their minds, hearts, and lives to drive this project;
To the workforce who dedicated so much time, energy, and care to this program;
To the facilitators who fully committed their expertise and lived experiences to this work;
To the platform that enabled us to design and cultivate such a safe and secure virtual space;
To the TBI Council members who invested so many years of advocacy and planning in this work;
and
To all the stakeholders and partners who put their best into this project for the good of all.

“I'm grateful for this program.”

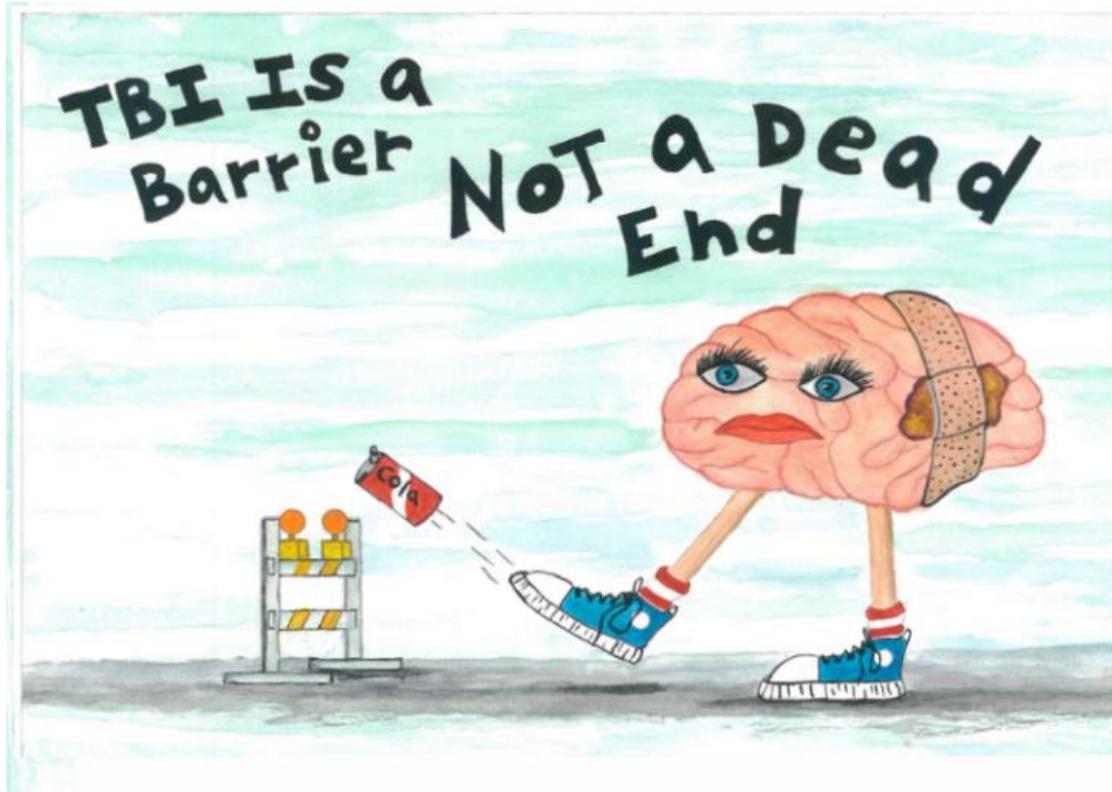
Your contributions to this work have made huge impacts for people incarcerated with traumatic brain injury. You are all champions of equity and belonging for people with TBI, and for people who experience incarceration and the corrections system. We thank you.

Specifically:

- ❖ Amber Medina, MA LMHC, Department of Corrections
- ❖ Jennifer Parsons, Department of Corrections
- ❖ Amanda Sullivan-Kersey, PsyD, Developmental Disabilities Administration
- ❖ Marysa Rogozynski, McHaney Facilitation Group
- ❖ Nick Mehrnoosh, McHaney Facilitation Group
- ❖ Robert McHaney, McHaney Facilitation Group
- ❖ Will Hitchcock, PhD, Department of Health
- ❖ Heather Bidwell-Clarke, Center for Dialog & Resolution
- ❖ Maralise Hood Quan, Center for Dialog & Resolution
- ❖ Tim Corey, Colibri Facilitation
- ❖ Adelle Moss, TBI Council Administrative Assistant
- ❖ David Minor, MIPM, TBI Council Funds Coordinator
- ❖ Dru Aubert, State Unit on Aging Care Management Unit Manager

In collaboration with those named above, this project report was authored by:

- ❖ Lauren Miles, MACP, TBI Project Manager



art by program participant

Hi everybody !! I am writing you today about a class that has changed my life for the better and I highly recommend it to people everyday , mostly because how it has helped me understand the after effects of traumatic brain injury I sustained in 2019 but also because how much fun we have in the class ! really these people have become like family to me and i look forward to the one hour class every Wednesday . I have seen people with TBI's that they have sustained in thier childhood or later in life come into the class and actually learn about why they have made poor decisions throughout their lives and can see now that it may have things to do with their injurys , I know me personally with a more recent TBI it has helped me because I was having a very hard time adjusting to what I call this new person I had become , I WAS A HOT MESS and didn't know why ?? As time goes on I am realizing that I may have had several TBI's over my younger years and thinking back at all the rough times I had it makes since . The first part of this class is a support class the first part being the foot work / support part , laying a foundation learning how the brain works plus having a group of people that have been through or are going through the same issues you are . I will say that our teacher also has a TBI so she can defiantly relate to what were going through . The next part of the program is a virtual support group from the streets and you talk to people on the outside about whats up with your life and why that may or may not be a good thing , I will say that the main teacher in this part of the journey is very cool and super smart , she also is going through the same issues alot of the time because of her TBI and can explain why . So to wrap this up , if any of this makes since to you I highly recomerd this class , it is what I think rehabilitation in prison should look like ?? I hope to see you in future classes let's support each other and make our futures healthy and happy , life is so much better for me now and it can be for you also .

letter from program participant

Appendix

- ❖ Project Flyer
- ❖ TBI Secondary Screening (DOC Form 13-599)
- ❖ Place Safety Muster
- ❖ Psychoeducation Curriculum Excerpts
- ❖ Psychoeducation Evaluations
- ❖ Virtual Support Group (VSG) Evaluation Form
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Project Flyer

Incarceration & Brain Injury

Improving the lives of those with Traumatic Brain Injury in DOC facilities

Each facility offers psychoeducation courses to help incarcerated individuals learn about Traumatic Brain Injury (TBI) in general, as well as learn coping skills to better manage their symptoms. Reach out to DOC mental health staff for resource.

Do you think you have a TBI?

Have you ever hit your head enough to be knocked out?
 ───────────→ AND ←──────────
 Struggle with any of the following since that injury:

- Controlling your emotions/mood swings
- Feeling overloaded by surroundings
- Difficulty with short term memory
- Understanding others
- Sensitivity to light or noise

If you're currently incarcerated...
 Seen a doctor after an injury before, or maybe you never saw a doctor.
 It can be difficult to manage symptoms caused by a brain injury.

BASIC STEPS

STEP 1 → If you haven't already, bring it to the attention of medical and mental health services within the jail/prison you are in. Ask if they can offer any testing or support.

STEP 2 → Explore resources that may exist in your setting such as support groups or case managers. They may be able to provide a brain injury focus to your treatment plan.

STEP 3 → If you aren't already, be mindful how you are in control of your overall health. Options might be limited in your setting but explore what is available.

Techniques for Dealing with Symptoms

Managing Impulse Control: Stop-Think-Choose

STOP: Calm down and breathe deeply. Consider everyone's feelings.
THINK: What is the problem? What are the options? What are the consequences of your actions?
CHOOSE: Make your choice.

TIP Talk to someone you trust for support. If there isn't anyone available, make the decision that you feel will have the most positive outcome.

Paying Attention

- Try to work on one task at a time
- If possible, reduce distractions
- Focus to the most important item

TIP You will be more able to pay attention if you are not tired, hungry, thirsty, or overly stressed.

Overload & Fatigue: Grounding

- Take ten slow breaths
- Focus your attention fully on each breath, on the way in and on the way out
- Say the number of the breath to yourself as you exhale

TIP Ask for breaks when needed, let staff know when you need a moment to calm down.

Memory and Learning

- Recite and Repeat
- Write it down
- Create associations

TIP You will be more able to pay attention if you are not tired, hungry, thirsty, or overly stressed.

Activities to engage in if available:

- Mindfulness
- Exercise
- Journaling
- Support Groups
- Proper Rest

Activities to avoid:

- Using substances -such as drugs that are not prescribed by a doctor and/or alcohol
- Things that make you feel provoked
- Any activity where you are taking blows to the head



Department of Corrections
WASHINGTON STATE

WASHINGTON STATE Department of Social & Health Services

Transforming lives



TRAUMATIC BRAIN INJURY
Strategic Partnership Advisory Council of Washington State

TBI Secondary Screening (DOC Form 13-599)



PATIENT I.D. DATA:
(name, DOC #, birthdate)

TRAUMATIC BRAIN INJURY SECONDARY SCREENING

DATE	FACILITY	UNIT (optional)
------	----------	-----------------

Possible events that could have resulted in a traumatic brain injury (TBI):

(e.g., car, bicycle, or motorcycle accidents, being hit by something or someone, falling down, playing sports, military service, etc.)

Incident	Age at Time	Were you dazed or confused (D/C) or get knocked out (KO)?	If knocked out, how long?	Were you treated in the ER, hospitalized, or admitted to a rehabilitation facility?
		Mark One		Mark One
		<input type="checkbox"/> D/C <input type="checkbox"/> KO		<input type="checkbox"/> None <input type="checkbox"/> ER <input type="checkbox"/> Hosp <input type="checkbox"/> Rehab
		<input type="checkbox"/> D/C <input type="checkbox"/> KO		<input type="checkbox"/> None <input type="checkbox"/> ER <input type="checkbox"/> Hosp <input type="checkbox"/> Rehab
		<input type="checkbox"/> D/C <input type="checkbox"/> KO		<input type="checkbox"/> None <input type="checkbox"/> ER <input type="checkbox"/> Hosp <input type="checkbox"/> Rehab
		<input type="checkbox"/> D/C <input type="checkbox"/> KO		<input type="checkbox"/> None <input type="checkbox"/> ER <input type="checkbox"/> Hosp <input type="checkbox"/> Rehab
		<input type="checkbox"/> D/C <input type="checkbox"/> KO		<input type="checkbox"/> None <input type="checkbox"/> ER <input type="checkbox"/> Hosp <input type="checkbox"/> Rehab
		<input type="checkbox"/> D/C <input type="checkbox"/> KO		<input type="checkbox"/> None <input type="checkbox"/> ER <input type="checkbox"/> Hosp <input type="checkbox"/> Rehab

Please respond to each question or statement below by marking one box per row.

In the past 7 days...	Never	Rarely	Sometimes	Often	Always
How often did you feel run down?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often did you find yourself getting tired easily?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often did your fatigue make you feel less alert?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often did your fatigue make you feel slowed down in your thinking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the past 7 days...	Never	Rarely	Sometimes	Often	Always
I had difficulty falling asleep.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I had trouble stopping my thoughts at bedtime.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt physically tense during the middle of the night or early morning hours.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was sleepy during the daytime.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

State law and/or federal regulations prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.

Place Safety Muster



Place Safety Muster

Traumatic Brain Injury (TBI)

What is and how do TBIs happen? A TBI is an injury caused by an external force with or without loss of consciousness. Damage can occur from falls, fights/assaults, car accidents, sports injuries, military service, gunshot wounds, intimate partner violence, etc.

What does a TBI look like? Symptoms can be delayed for days or weeks after an event and vary from person to person, but can include:

Physical	Behavioral/Emotional	Thinking/Memory
Restlessness, sluggishness	Decreased motivation	Difficulty problem-solving, decision-making
Headache	Sleep changes	Difficulty with focus or concentration
Nausea/Vomiting	Drowsiness or fatigue	Memory issues
Dizziness or light headedness	Trouble falling/staying asleep	Trouble finding words
Balance issues	More emotional, mood	Confusion
Sensitivity to light or noise	Irritable, anxious or depressed	Feeling mentally foggy

Individuals with a history of TBI are also more susceptible to substance abuse, mental health concerns, suicidal ideation, instability in their housing or employment, and increased recidivism. They also have lower treatment completion rates than those without a TBI history.

What's important to know? Every injury looks different, so look at each symptom individually. Each symptom has some options for how to accommodate or work with it.

	Might Look Like	Tips
Attention	<ul style="list-style-type: none"> Fidgeting Squirming Getting off topic 	<ul style="list-style-type: none"> Reduce distractions Keep instructions simple and brief Work on one thing at a time
Processing Speed	<ul style="list-style-type: none"> Confused appearance Slow responses Not following instructions 	<ul style="list-style-type: none"> Provide additional time to review information Speak slowly and clearly Check for understanding
Short-Term Memory	<ul style="list-style-type: none"> Disorganized Cannot remember details Appears manipulative 	<ul style="list-style-type: none"> Provide written reminders of appointments, instructions, etc. Stick to routine as much as possible Summarize discussions about expectations and next steps
Sensory-Motor Skills	<ul style="list-style-type: none"> Appearing overwhelmed Irritable Emotional meltdown 	<ul style="list-style-type: none"> Meet in a quiet, calm environment Schedule breaks Encourage rest, hydration, nutrition, and rescheduling if sick or overly stressed

	Might Look Like	Tips
Language – Receptive	<ul style="list-style-type: none"> • Withdrawing from social situations • Appearing confused • Struggles with abstract language 	<ul style="list-style-type: none"> • Allow extra time to process • Ask if needed to repeat or rephrase • Instruct slowly with one direction at a time
Language – Expressive	<ul style="list-style-type: none"> • Not staying on topic • Immature speech • Lack of social etiquette 	<ul style="list-style-type: none"> • Be patient • Compassionately give feedback • Allow extra time for them to respond
Language – Social	<ul style="list-style-type: none"> • Inappropriate body language • Lack of personal space boundaries • Over-sharing 	<ul style="list-style-type: none"> • Direct and concrete feedback • Role play to improve behaviors • Do not overly use or rely on body language and gestures
Initiation	<ul style="list-style-type: none"> • Appears unmotivated • Needs constant cueing • Following the lead of others 	<ul style="list-style-type: none"> • Provide small, tangible steps • Help them get started • Use or encourage the use of checklists and calendars
Mental Flexibility	<ul style="list-style-type: none"> • Fixating • Appears stubborn or argumentative • Resistant 	<ul style="list-style-type: none"> • Provide respectful feedback • Plan and prepare for transitions • Assist in developing alternative plans
Reasoning	<ul style="list-style-type: none"> • Concrete thinking • Difficulty learning from past experiences • Struggles with open-ended questions 	<ul style="list-style-type: none"> • Teach step-by-step problem solving • Point out possible consequences • Speak concretely
Emotional/Behavioral	<ul style="list-style-type: none"> • Argumentative • Meltdown • Overreaction to events 	<ul style="list-style-type: none"> • Model and practice positive interactions • Suggest breaks when appearing overwhelmed • Encourage mindfulness behaviors and exercises

Not all tips are appropriate for all individuals or all situations. Find what works best for you, the individual, and the situation.

Anything else we can do? If you suspect someone has a history of TBI, make a referral for screening using Form 13-420, noting that this referral is for TBI. During the screening appointment, the provider will assess for needs and determine if further organized treatment is appropriate for the individual.

What if I have more questions in general? Mental Health can provide a variety of TBI-related resources from our electronic library and course materials.

Psychoeducation Curriculum Excerpts

**Washington State Department of
Corrections**

**Group Psychoeducational
Curriculum for TBI**

March 2023



TRAUMATIC BRAIN INJURY

Strategic Partnership Advisory Council
of Washington State

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Video List

Week 1:	What is a Concussion or Brain Injury (4:35) https://www.youtube.com/watch?v=55u5lvx31og What is TBI? (3:32) https://www.youtube.com/watch?v=BLEiAGmMvdk
Week 2:	Cognitive Fatigue (4:04) https://www.youtube.com/watch?v=4vslRqZoOzs Anger Management Scene (1:43) https://www.youtube.com/watch?v=iuosfJ8Ki7Y
Week 3:	Memory and Attention/Concentration (1:01) https://www.youtube.com/watch?v=i_hSFNnZUf0
Week 4:	Chunking (2:25) https://www.youtube.com/watch?v=KhZrQQeZ0WA
Week 5:	The Importance of Routine (2:23, start at :35) https://www.youtube.com/watch?v=P8axkVdoMMQ
Week 6:	SMART Goals (2:52) https://www.youtube.com/watch?v=U4IU-y9-J8Q
Week 7:	Healthy Relationships (4:58) https://www.youtube.com/watch?v=lwZIFG-3Y4o
Week 8:	Psychological Triggers (2:50) https://www.youtube.com/watch?v=Cki4z61NaQ4
Week 9:	Active Listening (1:55) https://www.youtube.com/watch?v=3_dAkDsBQyk Problem Solving (2:07) https://www.youtube.com/watch?v=SPZRtlqBqYk&pbjreload=101

Psychoeducation Evaluations

Evaluations were completed at Stafford Creek Correctional Center (SCCC) covering four different cohorts of psychoeducation groups. Comments from psychoeducation evaluations include:

Suggestions	How has learning this material helped you?
longer time periods	yes! Understanding where some of issues in later life come from
follow up on questions from participants (research done) shared before last class	data provided explains much of the difficulties experienced and some coping methods
I think overall adding an extra hour would benefit this class	This material has helped by understanding why I struggle with life. However it has helped me build a skill that I can use to prevent me from doing the same criminal behavior. Thank you for this class!
Nothing outside what we discussed	related a lot of co-morbid symptoms, helped me adapt existing coping mechanisms
Everything is good	everything we learn about class helped me out
Keep the class, and the teacher	it helped me deal with things better, thank you
I would like to have been able to exert myself more in the class with less negative feedback from ____, there was times he bothered me with negativity towards me.	I did enjoy the moments in the class where I was included with the conversation, but ____ did have some negative feedback on me at times.
Ice cream	The ways I think, try to remember things. Great teacher.
Ice cream, and cake	I now know how and why I have some problems and how to cope with them
I would have liked to talk about the homework more, one on one check up would have been cool too	I learned that I am not the only one with the problems that I have and I can talk to other people that understand me
I like this class, thank you	I understand more about myself now and I have family that has TBI and I have learned a lot too, what he is going through. Thank you
Try to give others a chance to talk when there's a "share hog" in the group, not giving others a chance to talk	Honestly, most of these suggestions are things I have learned over the years. But it is good to be reminded of things, and you always learn something new
Better online access/videos - because research in TBI is expanding rapidly, and in some cases corroborating media helps retention/understanding	Recognizing that problems and symptoms I have observed in my life are hallmarks of the after effects of injuries/events I've incurred show the causal relationship I hadn't understood. Thanks!
I like the class	

Virtual Support Group (VSG) Evaluation Form

Virtual Support Group (VSG) Evaluation

Instructor: VSG Staff Facility and Group Number: _____

This form is to provide you with an opportunity to give feedback on the VSG session.

This evaluation is important because it gives information used for VSG improvement.

CHECK the appropriate block and add any comments about the TBI VSG below.

Today's Topic: _____ Date _____

	Strongly Disagree	Disagree	Agree	Strongly Agree
I like being able to talk with others who understand my situation.				
This week's topic was useful.				
I had the opportunity to speak and felt heard.				
This group isn't helpful, it's a waste of my time.				
I feel more equipped to manage my symptoms.				
I feel more hopeful about my future.				
I would recommend this group to others with brain injury.				
The VSG is providing skills and tools for use.				

What would you change about the group or this topic?

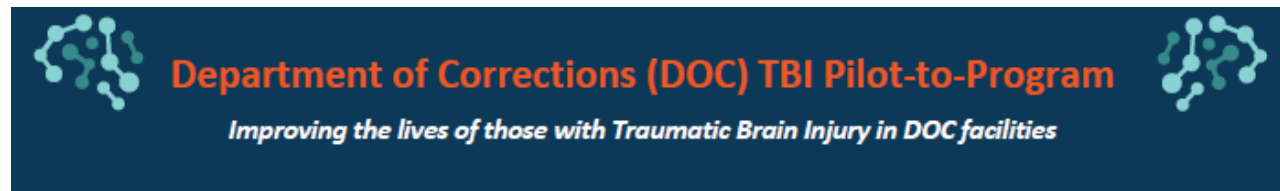
Virtual Support Group (VSG) Evaluations

Evaluations were completed at Stafford Creek Correctional Center (SCCC) covering three different cohorts of virtual support groups. Comments from the VSG evaluations include:

Nothing, it's very helpful
Thank you!
Nothing, it is good how it is, thank you
Nothing, this class is the shiznit
Open this type of VSG to others "more VSG type interactions"
More like this please!
Understanding what the subject is about instead of just going with the flow of being in the class
Very informative session, lots of fun!
Great group
Nothing, the class is great
We need some cogent, practical examination of the topic of the relationship between exercise (and how much) and brain "clarity"
I would be interested in seeing some of the younger population in these groups
Better network connections!
I think we should have spent more time on this subject
Not much just more ways to communicate effectively with others that strongly disagree with your communication skills
It might be useful to distill some of the TBI-diet information, such as from Flint rehab
This program and support group has been the most valuable program I have been in in the 20 years of DOC captivity
Add snacks
Nothing yet, it is all good
movie once a month about TBIs
Better internet
I would like to have heard more on this topic today. The larger group size may have impeded things a little.
Use the cards in each group to create a topic
I'm very grateful for our discussion on change, anxiety rigidity vs elasticity, and sleep for healing
Use the box more. Keep the people doing the class.
Better planning goals for when I am released with shopping, laundry, planning, and my cooking and meal planning
Hire full time computer tech
It was nice to meet David
This is an important topic, and I wish we could have done more on the brain injury aspect of it

I love the box and keep the teacher
Another hour of group each week
Nothing, this class provides good tools and good information, very useful
I am grateful for Nick being a part of the group
Longer sessions and workshops around topics that come up. i/e interpersonal problems due to and after TBI
Everything is ok. A lot of people in class today may be too much for me, might have to quit. Hee hee just joking
I like the questions, they get you thinking
Good group today
More of them. There are more people out there who need help. Thanks to this class we have a release at least once a week
Can you print out TBI so I can read about it, I want to learn a lot more TBI
Consider a group for people who are in the IMU. More opportunity for DOC staff to learn about TBI and how incarcerated with TBI function or struggle to function in their environment.
I was especially intrigued by the idea of a "TBI" court
I might possibly be going to camp soon. How nice it would be to have TBI groups in camps.
Hoping to understand more about passive-aggressive
It would be good to see this in the transition pod of the IMU
More of it for more people. More TBI screenings and classes. Not just for those with TBI, but those without so they may understand how to deal with those impacted.
I like the cards cuz they ask some very important questions of things that need to be discussed, to help us better ourselves.
allow to invite one guest sometimes possibly once per quarter
More of it please
I would like to know more about false cues when it comes to NVC and body language
I liked this topic. I wrote some notes. But I'll still forget things at opportune time
Today's conversation seemed a little too diffuse to be truly useful
I'm especially grateful for Nick's input on the kickoff question
Have more time on it would be better if more people could have the opportunity
Check-ins are especially helpful
Keep moving forward in this direction
Good conversation that leads to thinking about how to advocate in a different/more effective way. Thanks, don't know what I would do without this support group! We need more like this in DOC
Please update agreements for this (should be five). Everyone gets the chance to speak if they would like to
I'm thankful to have people to talk to about my TBI and learn new tools to do day to day activities
I would like to explore this again, along with the personality test

Business Case Development Example



Department of Corrections (DOC) TBI Pilot-to-Program
Improving the lives of those with Traumatic Brain Injury in DOC facilities

The TBI Strategic Partnership Advisory Council of Washington State has sponsored investment in a 4 year project in partnership with Department of Corrections (DOC) and Department of Social and Health Services (DSHS) in the establishment of the DOC TBI Pilot-to-Program ending 6/30/2024.

TBI are 8X more prevalent in Washington state incarcerated individuals than the general public

72% of people in the corrections system have experienced a TBI **VS** **8.5%** of the public have experienced a TBI

What is a TBI?

A Traumatic Brain Injury (TBI) is an injury to the brain caused by physical trauma. Common causes include but are not limited to incidents involving motor vehicles, sporting and athletics, physical assaults, and falls.

Health Equity and Belonging

While anyone can experience a TBI, data shows that certain groups are more likely to experience long-term health effects from a TBI. This includes people in correctional and detention facilities.

When funded statewide, this investment:

- Improves safety and health of people living and working within correctional systems and facilities
- Implements trauma-informed, person-centered practices to increase health equity and belonging
- Reduces recidivism and infractions with data-driven and evidence-based programming
- Increases support networks and resources critical for community reentry and transit

Reducing Recidivism Cost

- Annual average cost for one person incarcerated is \$41,000
- People with TBI often have increased health needs, whether incarcerated or in community
- TBI awareness and supports through stable programming increase positive reentry and reduce recidivism costs

Voices from the Inside

"I am a participant in the TBI Group and class here at SCCC, this program has been the most helpful group I have been in over my 20yr incarceration. I have recommended several people."

"Access to awareness and learning more about my symptoms and behaviors has given me the ability to prepare for them in advance."

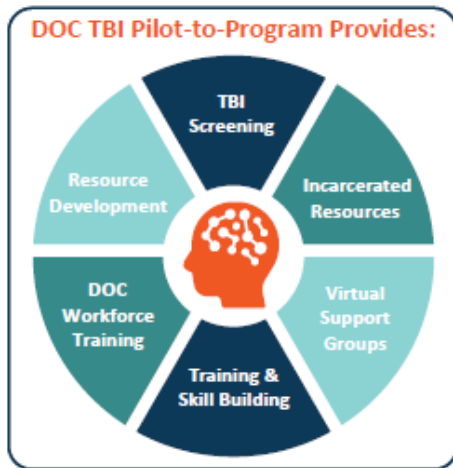
"I have learned there are many layers to TBI & incarceration. There are a lot of younger veterans in here who don't have this awareness. There are a lot of people in here who experienced domestic violence & aren't aware of the link between behaviors & trauma. Everyone needs this group."

"Meds don't really do it for me. Interactive sessions, learning & working the brain, that is what works for me."

"The TBI program has really made me aware of my current TBI disability and have improved my life tremendously."

Trauma-Informed and Person-Centered Support

Using a targeted universalism approach, the DOC TBI Pilot-to-Program has six components of support



Outcomes

Through screening and identifying a TBI, the program helps the individual understand TBI related symptoms or behaviors that can lead to reoffending and recidivism. In addition, the person is provided relevant interventions such as psychoeducation and rehabilitation programs to help navigate the inherent challenges they face after a TBI (Williams, et. al, 2018).

Symptoms of TBI, as well as incarceration, add extra challenges to this population. People who are incarcerated and have experienced a TBI are 3.4 times more likely to suffer from depression and anxiety than those without a history of TBI (The Disabilities Trust, 2016). Those with moderate to severe TBI had a 42.6% increased rate of being placed in maximum custody, driving up the cost of incarceration (Lutze, et. Al, 2016).

TBI Screening

- Upon entry to corrections center
- Secondary event incident
- Extensive TBI assessment
- Commitment to well being and understanding

Incarcerated Resources

- TBI programming
- TBI Resources and Workbook for independent study
- TBI library of materials developed by TBI Council
- Commitment to well-being and understanding

Virtual Support Groups (VSG)

- Coping strategies and awareness support
- Sense of community
- Important role in recovery and treatment
- Connection to professionals

Training and Skill Building

- Resources for critical health and safety supports
- Reduce recidivism
- Skills and resources for reentry connections
- Only 48% with TBI are successful with reentry

DOC Workforce Training

- TBI awareness
- Specialty group training
- Place Safety Muster handouts
- TBI workforce development training

Resource Development

- Institutional advocacy and awareness
- Policy and procedures manuals
- Business and fiscal model development
- Internal and external strategic partnerships

Initial outcomes show the DOC TBI Pilot-to-Program can be very effective, despite limitations with programming, facilities, and duration of pilot:

- Increased screening for those incarcerated upon system entry and after injury
- 600 Virtual Support Group attendees over last two years
- Resource materials support across all facilities being provided
- Developed behavioral / mental health skills for future reentry support

DOC TBI Pilot-to-Program

Aligns with state law, DOC Strategic Plan, Governor Executive Order, and TBI Council Mission

- RCW 72.460.09 (8): The provision of assessment, treatment, and accommodation for Traumatic Brain Injuries.
- DOC Strategic Plan 2019-2023 People's Safety: Corrections believes in creating an environment that values physical, mental, and emotional security and well-being. We honor those who advance safety for all.
- DOC Mission, Vision, Commitment, Values: To improve public safety by positively changing lives; working together for safer communities; to operate a safe and humane corrections system and partner with others to transform lives for a better Washington.
- Governor's Executive Order 16-05, Building Safe and Strong Communities Through Successful Reentry: It's the state's responsibility, once an individual has been sentenced to correctional facility or residential facility, to ensure facilities are secure and humane while also providing treatment, programming, and opportunities that will ultimately reduce likelihood that those individuals will harm future victims when they return to their communities.
- TBI Council's Statewide Comprehensive Plan



Funding

In order to expand statewide, an estimate of \$400,000 is used in the table below to show investments that:

- Build capacity for program implementation
 - Monitor and support DOC facilities
 - Develop resource support for long-term sustainability
- *Estimated program cost for 12,500 in WA Corrections at \$400,000/year. (avg. \$32/year per incarcerated person)

Current Pilot Program	Expansion Estimates
Annual Cost: \$75,000	Annual Cost: \$400,000 (estimate)
People with TBI served: 700+	People with TBI served: As many as 9,000 with TBI statewide
Staff supporting: 1 Staff at SCCC, other staff in additional facilities as available	Staff supporting: 3 full-time staff (West / East), Statewide oversight
Groups: <ul style="list-style-type: none"> • 2 Psychoeducation Groups • 12 Virtual Support Groups 	Groups (example): <ul style="list-style-type: none"> • 40+ Support Groups • 1-2 psychoeducation groups per facility

Voices from the Inside

"Access to awareness & learning more about my symptoms & behaviors has given me the ability to prepare for them in advance."

"My TBI did a number on me. I don't know how to deal with it all the time, so this support group & this space is super important to & for me."

"This class is my silver lining... if it wasn't for this class I would be lost and have lost all progress made with mental health and myself. This class helps my MH, comms, and self-advocacy."

"I don't want anyone else to be deprived of this information or education."



Learn more at
[Traumatic Brain Injury](#)



Resources Referenced

Economics of Injury and Violence Prevention. (2024). Centers for Disease Control and Prevention. <https://www.cdc.gov/injury-violence-prevention/economics/index.html>

Health Disparities in TBI. (2024). Centers for Disease Control and Prevention. <https://www.cdc.gov/traumatic-brain-injury/health-equity/index.html>

Public Health Considerations for Correctional Health. (2024). Centers for Disease Control and Prevention. <https://www.cdc.gov/correctional-health/about/index.html>

TBI and Correctional Facilities. (2024). Centers for Disease Control and Prevention. <https://www.cdc.gov/traumatic-brain-injury/health-equity/correctional-facilities.html>

Traumatic Brain Injuries (TBIs) and the Incarcerated Population. (2020). Washington State Department of Corrections. <https://www.doc.wa.gov/docs/publications/fact-sheets/600-FS007.pdf>

Supporting Research

- ❖ **“The Effects of Traumatic Brain Injury and Post-Traumatic Stress Disorder on Prison Adjustment and Recidivism among Military Veterans”** (2021):
 - PTSD and TBI are robust predictors of incarceration.
 - Presence of TBI increased the risk of re-arrest by 49%, risk of supervised release revocation by 85%, and risk of reconviction by 44%.
- ❖ **“The Consequences of Traumatic Brain Injury from the Classroom to the Courtroom: Understanding Pathways Through Structural Equation Modelling”** (2019):
 - Prevalence rates of TBI have been identified as being consistently and significantly higher among young people exposed to a criminal justice system.
 - Young people with TBI have been found to have higher problematic substance use than those without, as well as earlier onset of substance misuse.
 - TBI can increase the likelihood of substance misuse problems, which can contribute to pathways to crime post-injury.
 - Previous TBI has been linked to higher likelihood of committing a serious violent crime and is increased when there is a history of problematic alcohol consumption.
- ❖ Kim Gorgen’s TED Talk **“Surprising Connection Between Brain Injuries and Crime”** (2019):
 - More likely to be rearrested than not. Focused more on treating the underlying issues that get people into trouble, not so much treating the brain injury itself.
- ❖ **“Traumatic Brain Injury: A Potential Cause of Violent Crime?”** (2018):

- TBI is a risk factor for earlier, more violent offending.
- TBI is linked to poor engagement in treatment, in-custody infractions, and reconviction.
- Lifetime costs of crime by a single offender are in the range of 1.3 to 2.3 million pounds. This is equivalent to 1.67 million to 2.9 million U.S. dollars (at time of publishing).
- **Within a year of release from prison, 47% of adults, and 73% of those under 18 years, are reconvicted.**
- Two linked studies found that adults who had TBIs as children were significantly poorer at perceiving emotion than controls and had externalizing behavior, poor pragmatic communication ability, and greater trouble with law enforcement.
- **DOC data shows roughly 46% of those incarcerated had their first TBI before the age of 15.**
 - TBIs before the age of 12 were linked to earlier onset of criminality in a study in Finland.
 - In other studies, TBI alone did not increase criminality, but TBI along with alcohol or drug use did.
 - TBI is often linked to hazardous alcohol use, externalizing symptoms, behavior problems, and ADHD.
 - Severe injury is more likely to be associated with problem behavior in the long-term.
 - When doing full-sibling same sex analyses, increased risk of offender was found only among males with TBI, and TBI was associated with violent offending in men only.
 - **Man or woman, TBI was associated with later increased risk of incarceration.**
 - Looking at a US-based TBI model system, it was found that pre-TBI offending and other premorbid variables were linked to post-TBI arrests. However, higher numbers of post-TBI arrests were predicted by loss of consciousness (greater than 24 hours). Participants had moderate to severe TBI (greater than 30 min LOC) and predominately over 25 years old. **The fact that they had been in a TBI model system might have had a protective factor on their behavior.**
 - Multiple studies have concluded that **TBI is an independent risk factor for crime.** Those injured after the age of five were linked to increased likelihood of offending.
 - **Three or more TBIs were associated with greater violence.** TBI linked to mental health problems, misuse of cannabis, and more convictions.
 - **Washington State DOC TBI data shows majority have experienced more than one TBI.**
 - **Any form of neurorehabilitation could offset the risk of violent crime.**
 - Screening and support within a prison system, as well as training and support for staff, has been shown to be beneficial.
 - Poorer treatment gains, earlier incarceration, more incarcerations, more infractions, increased risk of self-harm and suicidal behavior, increased cost associated with incarcerating those with TBI.

- **Providing education and support to those with a TBI not only improves the lives of those who offend, but also reduces crime.**

❖ **“Traumatic Brain Injury and Recidivism among Returning Inmates”** (2017):

- Data from one county in Indiana. Males only, no supervision data available, no measure or accounting for personality traits or disorders.
- Talks about TBI leading to “host of negative outcomes ... all of which are particularly salient if the injury occurs during childhood.”
- **Washington State DOC TBI data shows roughly 46% of those incarcerated having their first TBI before the age of 15.**
 - Those with TBI are more likely to have symptoms of a psychiatric disorder as well as increased aggressive behaviors, so having a TBI might also result in symptoms of mental illness, substance abuse, or violence, which could increase the likelihood of arrest.
 - There is a large overlap with mental health treatment and those engaged in TBI services or on the waitlist for services.
 - This study does not look at whether TBI influenced the initial cause of arrest or incarceration, only at recidivism after identifying TBI while incarcerated.
 - Those with TBI have a greater number of prior lifetime arrests than those without a TBI, and those with TBI were more likely to have been incarcerated on personal offense type than those without TBI.
 - TBI has a huge effect on personal offenses and not just drug and property crimes (“victimless” crimes).
 - Those without TBIs went longer before having a recidivism event. At the 6-month rate, 74% of those without TBI had not yet recidivated, whereas 64% of those with TBI had not. At the 12-month rate, those without TBI was 62%, whereas 48% of those with TBI had not yet recidivated.
 - Hazard of **recidivism increased about 69%** for those with TBI.
 - Someone with TBI is more likely to recidivate.
 - Someone with TBI is more likely to experience arrest sooner than those without TBI.
 - Those with TBI had a greater number of prior arrests than those without TBI.
 - Those with TBI have a higher number of personal offense types, supported by prior research that suggests that brain injuries are associated with violence and aggression.
 - **Even when accounting for prior arrests in a multivariate model, the presence of TBI was still associated with recidivism.**

❖ **“Assessing the Behavior and Needs of Veterans with Traumatic Brain Injury in Washington State Prisons”** (2016):

- Self-reported history of TBI strongly correlates with hospital records, which would mean they were seen by a medical professional after TBI, which is not always the case.

- Prior research suggests that experiencing a TBI during periods of significant brain development may have a greater long-term impact than experiencing a TBI later in life.
- Experiencing multiple TBIs within a short period of time may also enhance the likelihood of long-term complications.
- **TBI is a common experience for incarcerated veterans living in Washington’s prisons.**
- The veterans with TBI studied were more likely to use medical services during their incarceration.
- Those with moderate to severe TBI are more likely to be assessed with mental illness.
- The TBI group of veterans studied were significantly more likely to commit a violent infraction than the non-TBI group.
- **Incarcerated veterans with moderate to severe TBI had a 42.6% increase in the incident rate of being placed in maximum custody (which costs more than general population placement and comes with significantly more paperwork).**

❖ **APA Code of Ethics** (2016):

- Preamble: Psychologists are committed to increasing scientific and professional knowledge of behavior and **people’s understanding of themselves** and others and to **the use of such knowledge to improve the condition of individuals, organizations, and society.**
- Principle A: Psychologists strive to benefit those with whom they work and take care to **do no harm.**
- Principle C: Psychologists strive to **keep their promises** and to avoid unwise and unclear commitments.
- 10.10 Terminating Therapy
 - Psychologists **terminate therapy when it becomes reasonably clear that the client/patient no longer needs the service, is not likely to benefit, or is being harmed** by continued service.
 - Psychologists may terminate therapy when threatened or otherwise endangered by the client/patient or another person with whom the client/patient has a relationship.
 - Except where precluded by the actions of clients/patients or third-party payors, **prior to termination** psychologists provide pretermination counseling and suggest **alternative service providers** as appropriate.

❖ **“Traumatic Brain Injury and Juvenile Offending: Complex Causal Links Offer Multiple Targets to Reduce Crime”** (2015):

- TBI can alter a person and increase the chances of offending.
- A Finnish study found that a TBI during childhood or adolescence was associated with a four-fold increased risk of mental disorder, with coexisting offending in adult males.
- A history of loss of consciousness (LOC) among offending youth has been linked to persistent offending (rather than adolescent-limited offending).
- This study mentions a brain injury service developed by the Disabilities Trust Foundation in the UK that enables better assessment and rehabilitation among youth offenders in

custody. Protocol based on successful model of intervention for adult offenders with TBI in a secure facility.

- It is often opined that the TBI rate in corrections facilities is so high that to meet their needs would overwhelm the system. The situation can be at least partially remedied.
- Opportunities to make reasonable progress in addressing TBI: advice to manage effects with milder TBIs, neurorehabilitation services for those with more substantial injuries.
 - Failure on the part of authorities to address the needs of those with TBI **causes greater chaos** in the lives of those charged with managing them, as well as the society at large.
 - Based on the costs associated with arrest, jail, court, incarceration, even if the interventions are only moderately effective in reducing reoffending, are likely still good value for the investment and should be provided.
 - Identification of TBI could **increase understanding of factors that may lead to reoffending and increased likelihood of recidivism** and **assist in identifying relevant interventions such as psychoeducation and rehabilitation programs**.
 - There needs to be greater awareness at all levels of the criminal justice system of the role of TBI in crime.
 - **Those who commission and pay for services for offenders ought to demand that providers (healthcare, forensic, etc.) assess and manage TBI in offender populations.**

❖ **“Impact Case Study”** (2014):

- High incidence of head injury among young offenders is tied to repeat offending.
- Surveying male prisoners in a UK prison, those with a TBI history were younger at initial entry into custodial systems and had higher rates of repeat offending and longer periods of incarceration.
- **Frequency of reported TBI was associated with number of convictions, and three or more TBI episodes with greater violence in their offences.**
- Greater risk of mental health problems and misuse of cannabis.
- This study also **references a report stating that offending and reoffending could be reduced by acknowledging the role of TBI in criminal behavior**, early intervention and neuro rehabilitation in childhood could reduce crime.

❖ **“Self-Reported Traumatic Brain Injury in Male Young Offenders: A Risk Factor for Re-Offending, Poor Mental Health and Violence?”** (2010):

- This article discusses **drug use and TBI**. Significant difference in drug use between non-TBI and TBI groups. More frequent drug misuse noted in the self-reported TBI group. TBI participants used cannabis significantly more frequently than the non-injured group.
- Drug use feeds into criminality, and drug treatment is a major focus of prison rehabilitation.