

ALABAMA DEPARTMENT OF MENTAL HEALTH OFFICE OF FORENSIC MENTAL HEALTH SERVICES (OFMHS)

AT A GLANCE | ISSUE 1 | APRIL 2022

INTRODUCTION

The *At a Glance* series is a publication that introduces topics pertaining to forensic mental health. In addition to providing general information that is quick and easy to read, a list of resources is also provided for those who would like to learn more about the topic.

Visit our website to learn more about the OFMHS or the *At a Glance* Series

<https://mh.alabama.gov/forensic-mental-health-services/>



Serve • Empower • Support

TRAUMATIC BRAIN INJURY

WHAT IS TRAUMATIC BRAIN INJURY (TBI)

Traumatic Brain Injury, commonly referred to as TBI, results from an external force or impact to the body that causes displacement (movement) of the brain within the skull. Automobile accidents, falls, or being hit (i.e., punched, assaulted) on the head can cause a TBI.

TBI is diagnosed when a person has experienced brain trauma and demonstrates at least one of the following: loss of consciousness, memory deficits, confusion or appears disoriented (altered mental state), or presents with neurological changes such as new or worsening seizure disorder, changes in vision, or muscle weakness. TBI may be diagnosed by a health care professional, typically a neurologist or neuropsychologist, who specializes in identifying and treating neurocognitive disorders.

THE EFFECTS OF TRAUMATIC BRAIN INJURY (TBI)

TBI affects people differently depending on the type of impact, the area of the brain effected, the degree of force that the brain was subjected to, and the person's age at the time of the injury. TBI may affect cognitive, behavioral, emotional, social, and physical domains and could change the person's usual presentation. For example, cognitive changes could include problems with attention, memory, planning and reasoning (executive functioning), and slowed information processing. Mood/emotional changes could include depression, irritability, anxiety, and mood lability. Physical symptoms could involve sleep problems, headaches, and fatigue. Additionally, people with TBI may appear

more aggressive or irritable, may be more impulsive, may not respond to social cues, and could begin to demonstrate poor judgement. Some people with TBI become unable to care for themselves and lose basic living skills. The cognitive, behavioral, and social changes induced by TBI can improve gradually over time, but this is not always the case. For those with moderate to severe TBI, symptoms likely persist into the future and the condition may manifest as psychiatric impairment and psychosocial deficits.

TBI AND THOSE INVOLVED WITH FORENSIC SERVICES

A history of TBI is fairly common amongst the forensic population but is often unnoticed and untreated. Males, adolescents, and people over the age of 70 are at higher risk of TBI. Most research suggests that anywhere from 22% to 46% of patients who receive treatment at a secure forensic facility have a history of TBI but only around 24% of these patients are formally evaluated or treated prior to engaging in their offense.

People with TBI in the forensic system may be more prone to deficits in social communication, social cognition, limited empathy, rule violations, difficulty following directions, poor decision making, and impulse control problems. All of these deficits increase the person's risk receiving future impact injuries as well as contributes to recidivism. Research has also found a relationship between TBI, aggression and violence, including suicide. TBI is associated with substance abuse as well as personality disorders, particularly antisocial personality disorder.

OUTCOMES FOR THOSE WITH TBI

The effect that TBI has on a person is influenced by a multitude of factors including the severity of the impact and injury, the number of impact injuries that the person experienced, whether TBI was identified and how quickly thereafter interventions and therapies were provided. **While research has not established that TBI in and of itself results in criminality (i.e., is a causal relationship), or vice versa, research does suggest that there is a relationship between TBI and forensic involvement.** Forensic service providers should establish procedures for identifying and responding to people who have a history of TBI to possibly improve the outcomes for this population and potentially reduce recidivism.

APPROACH TO RESPONDING TO PEOPLE WITH TBI WHO ARE FORENSICALLY INVOLVED

Screening and Assessment → Interventions and Treatment Planning → Psychoeducation

The relatively high rate of TBI among people who are forensically involved suggests that TBI should be considered a risk factor that contributes to recidivism. As with all areas of risk, the best practice is to effectively **SCREEN** people coming into these settings to determine whether the person experienced an impact injury that resulted in a possible TBI. People identified as having a possible TBI should be further evaluated by a clinician familiar with neurocognitive disorders to understand the effects of the injury, if any. Using the evaluation and assessment data, an individualized plan should be developed to offer appropriate **INTERVENTIONS** that assist the person with developing compensatory skills e.g. memory strategies, social skills training to address deficits in interpreting social cues, building mindfulness skills to use coping skills. Finally, we recommend **PSYCHOEDUCATION** offered to the person with TBI, their families, staff and others.

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The Alabama Department of Mental Health encourages the use of TBI screening and intervention tools. Examples of such tools are made available by the Substance Abuse and Mental Health Services Administration (SAMHSA) in partnership with the Addiction Technology Transfer Center Network (ATTC) and can be found by visiting <https://attcnetwork.org/centers/mid-america-attc/traumatic-brain-injury-sud-series> The website also provides specific training on TBI and justice involved persons.

Those seeking more information on the topic of TBI are encouraged to review the list of resources provided.

RESOURCES

Additional sources for training on Traumatic Brain Injury (TBI)

Mindsource Brain Injury Network:

https://static1.squarespace.com/static/5eb2bae2bb8af12ca7ab9f12/t/5f66c915f6f62d6a78790702/1600571670721/STRATE_1.PDF

NASHIA Presentation: https://attcnetwork.org/sites/default/files/2021-06/Traumatic%20Brain%20Injury%20%26%20SUD-%20Criminal%20Justice_508.pdf

Literature

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