



TBI in the Justice System: Screening and Support

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Cota's Mission Statement

To support individuals with mental health and cognitive challenges to live well within their communities

Cota offers a wide range of services to adults living with:

- serious mental illness
- geriatric mental health conditions
- acquired brain injuries
- developmental disabilities and dual diagnoses

Our services include:

- case management
- supportive housing
- short-term residential beds
- day programs
- court and justice-related services



Outline:

1. Signs and symptoms of TBI
2. Strategies to work with individuals with TBI
3. Introduction to a TBI Screener
4. Case scenarios for small group discussion
5. Review of group findings and summary



TBI Changes Individuals

- TBI can result in significant cognitive, behavioural, physical and emotional changes to an individual
- TBI is often referred to as an “invisible” disability because there may be no obvious/outward signs of the disability, and the symptoms may be seen as other illnesses or character traits

Memory

- Memory is one of the most common cognitive deficits where the brain takes in, stores, recalls and uses information. A brain injury can affect any of these areas of memory.
- Signs of a possible memory impairment:
 - Difficulty recalling information
 - Having to repeat important information to the person
 - Lack of memory of important events
 - Difficulty following instructions



Strategies for Memory Impairment

Some strategies for an individual with memory impairment include:

- ✓ Written or verbal reminders
- ✓ Setting alarms for important tasks (e.g. Meds)
- ✓ Blister packs
- ✓ Developing routines
- ✓ Repetition and practice of important activities or tasks
- ✓ Use of a calendar, planner or smart phone to track important appointments

Attention

Signs of Attention Deficits:

- Problems with staying on task
- Lack of retention of information
- Easily distracted
- Confusion

Attention Deficits can be confused with the following issues:

- Memory problems
- Defiance or stubborn behaviour



Strategies for Attention Deficits

- ✓ Decrease external distractions
- ✓ Avoid fatigue, as it worsens attention problems
- ✓ Have individual repeat back important information to check for understanding and retention

Behavioural Changes

- People with TBI are likely to experience changes in their behaviour. Family members report that the individual “isn’t the same person” they once were.
- The following behavioural challenges can occur after TBI:
 - Lack of empathy
 - Rigid and inflexible
 - Lack of initiative or motivation, apathy
 - Poor judgement and disinhibition
 - Impulsive behaviour
 - Aggressive behaviours

Aggressive Behaviours

- Aggressive behaviour is more likely to occur after a brain injury due to frontal lobe damage that can affect a person's ability to control their behaviour and emotions
- Their reactions may be more intense through verbal and/or physical outbursts

Strategies for Aggressive Behaviour

Strategies to support someone with aggressive behaviours due to TBI:

- Immediately- give the person space to calm down, if possible
- Once the person is calm -
 - ✓ Offer feedback after the event
 - ✓ Help them identify possible triggers
 - ✓ Help identify signs of anger and develop plans for how to manage that anger
 - ✓ Support groups/behaviour therapy

Impulsive Behaviour and Disinhibition

- A person with TBI may engage in impulsive behaviour or experience disinhibition, reacting quickly without stopping to think about the consequences and saying exactly what they are thinking without “filtering” their thoughts.
- **Strategies to assist someone with these problems:**
 - ✓ Give feedback about the behaviour immediately in the moment
 - ✓ Problem-solve and talk through potential problems
 - ✓ Involve a Behaviour Therapist in treatment of these behaviours.



TBI Screener

Traumatic Brain Injury Identification Method

A Tool for Health Care and Social Service Professionals



Wexner Medical Center

Ohio Valley Center for Brain Injury Prevention and Rehabilitation
Department of Physical Medicine and Rehabilitation
The Ohio State University



Presentation produced in partnership with BrainLine, a project of WETA

Screening for TBI

Why is screening important?

- The effects of TBI can significantly impact the individual's responsiveness to your services/treatment
- Some people don't know they've had a TBI and there may be no documentation of it in their medical records
- You can use a person's head injury history to assess their current presentation (cognitive, behavioural and emotional)

Ohio State University TBI Identification Method — Interview Form

Step 1

Ask questions 1-5 below. Record the cause of each reported injury and any details provided spontaneously in the Chart at the bottom of this page. You do not need to ask further about loss of consciousness or other injury details during this step.

I am going to ask you about injuries to your head or neck that you may have had anytime in your life.

1. In your lifetime, have you ever been hospitalized or treated in an emergency room following an injury to your head or neck? Think about any childhood injuries you remember or were told about.

No Yes—Record cause in chart

2. In your lifetime, have you ever injured your head or neck in a car accident or from crashing some other moving vehicle like a bicycle, motorcycle or ATV?

No Yes—Record cause in chart

3. In your lifetime, have you ever injured your head or neck in a fall or from being hit by something (for example, falling from a bike or horse, rollerblading, falling on ice, being hit by a rock)? Have you ever injured your head or neck playing sports or on the playground?

No Yes—Record cause in chart

4. In your lifetime, have you ever injured your head or neck in a fight, from being hit by someone, or from being shaken violently? Have you ever been shot in the head?

No Yes—Record cause in chart

5. In your lifetime, have you ever been nearby when an explosion or a blast occurred? If you served in the military, think about any combat- or training-related incidents.

No Yes—Record cause in chart

Interviewer instruction:

If the answers to any of the above questions are "yes," go to Step 2. If the answers to all of the above questions are "no," then proceed to Step 3.

Step 2

Interviewer instruction: If the answer is "yes" to any of the questions in Step 1 ask the following additional questions about each reported injury and add details to the Chart below.

Were you knocked out or did you lose consciousness (LOC)?

If yes, how long?

If no, were you dazed or did you have a gap in your memory from the injury?

How old were you?

Step 3

Interviewer instruction: Ask the following questions to help identify a history that may include multiple mild TBIs and complete the Chart below.

Have you ever had a period of time in which you experienced multiple, repeated impacts to your head (e.g. history of abuse, contact sports, military duty)?

If yes, what was the typical or usual effect—were you knocked out (Loss of Consciousness - LOC)?

If no, were you dazed or did you have a gap in your memory from the injury?

What was the most severe effect from one of the times you had an impact to the head?

How old were you when these repeated injuries began? Ended?

Step 1 Cause	Step 2 Loss of consciousness (LOC)/knocked out				Dazed/Mem Gap		Age
	No LOC	< 30 min	30 min-24 hrs	> 24 hrs	Yes	No	

If more injuries with LOC: How many? _____ Longest knocked out? _____ How many > 30 mins.? _____ Youngest age? _____

Step 3 Cause of repeated injury	Typical Effect		Most Severe Effect				Age	
	Dazed/ memory gap, no LOC	LOC	Dazed/ memory gap, no LOC	LOC < 30 min	LOC 30 min - 24 hrs.	LOC > 24 hrs.	Began	Ended

Step 1: Record the Cause of Each Injury

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 No Yes—Record cause in chart
- In your lifetime, have you ever injured your head or neck in a car accident or from crashing some other moving vehicle like a bicycle, motorcycle or ATV?
 No Yes—Record cause in chart
- In your lifetime, have you ever injured your head or neck in a fall or from being hit by something (for example, falling from a bike or horse, rollerblading, falling on ice, being hit by a rock)? Have you ever injured your head or neck playing sports or on the playgrounds?
 No Yes—Record cause in chart
- In your lifetime, have you ever injured your head or neck in a fight, from being hit by someone, or from being shaken violently? Have you ever been shot in the head?
 No Yes—Record cause in chart
- In your lifetime, have you ever been nearby when an explosion or a blast occurred? If you served in the military, think about any combat- or training-related incidents.
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Were you knocked out or did you lose consciousness (LOC)?
If yes, how long?
If no, were you dazed or did you have a gap in your memory from the injury?
How old were you?

Step 3
Interviewer instruction: Identify a history of repeated injuries by completing the chart below.

Have you ever had 1 or more repeated injuries (e.g. history of abuse) if yes, what was it?
if no, were you dazed or did you have a gap in your memory from the injury?
What was the most you had an impact?
How old were you when it ended?

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How old were you when it ended?

Cause	Loss of consciousness (LOC)/knocked out			
	No LOC	< 30 min	30 min-24 hrs	> 24 hrs
car accident				
high school football				

if more injuries with LOC: How many? _____ Longest _____

Cause of repeated injury	Typical Eff.
	Dazed/ memory no LOC

5 Questions:

The goal of these questions is to help recall injuries to the head or neck by reminding the respondent about hospital visits and probing for common causes of TBI.

Don't be concerned about whether a TBI occurred, only if it was possible.



Step 2: Determine if TBI Occurred

In Step 2, you'll ask the following questions to explore details about each injury identified in Step 1:

1. "Were you knocked out or did you lose consciousness (LOC)?"

- If yes: "How long?"
- If no: "Were you dazed or did you have a gap in your memory from the injury?"

2. "How old were you?"



Step 3: Determine if History of Multiple Blows to Head

In Step 3, you'll ask about any period of time when they may have sustained multiple blows to the head:

1. "Have you ever had a period of time in which you experienced multiple, repeated impacts to your head (e.g., history of abuse, contact sports, military duty)? If yes:
 - "What was the typical or usual effect—were you knocked out (LOC)?"
 - If no LOC, "Were you dazed or did you have a gap in your memory from the injury?"
2. "What was the most severe effect?"
3. "How old were you?"



Step 4: Interpreting the Results

A person may be more likely to have ongoing problems if they have ANY of the following:

- **Worst** – one moderate or severe TBI
- **First** – TBI with loss of consciousness before age 15
- **Multiple** – 2 or more TBIs close together, including period of time when they experienced multiple blows to head
- **Recent** – A mild TBI in recent weeks or a more severe TBI in recent months
- **Other sources** – Any TBI combined with another way that their brain has been impaired (e.g., stroke)



TBI Resources

Information:

- Brainline - TBI info online www.brainline.org
- Ontario Brain Injury Association www.obia.ca

Referrals:

- In Toronto - Toronto ABI Network at www.abinetwork.ca (e.g., day programs, case management, housing, Behaviour Therapy and specialists)
- Outside Toronto visit www.obia.ca for a directory of local ABI services
- Brain Injury Society of Toronto (BIST) www.bist.ca (support groups and social activities for people with brain injuries)

TBI Screener:

- Template is available at:
http://www.brainline.org/multimedia/presentations/OSU/includes/pdf/OSU_TBIform_July2013.pdf
- Screener tutorial - <http://ohiovalley.org/tbi-id-method/>



Group Activity: Case Scenarios

- Some tables will be working on Scenario #1 (Jane Doe) and others will have Scenario #2 (John Smith)
- You will see that a screener has been completed for you
- Work together as a group, use the information in the scenario and screener to answer the 5 questions (identical questions for both scenarios)
- You'll have about 20 minutes for this group exercise



Scenario #1: Jane Doe

- 59 year old female - Homeless in community moving between different women's shelters and on the streets. Charged with theft and on probation
- You are her probation officer
- Client is panhandling, getting into fights and often barred from drop-ins and shelters.
- Missing her appointments with PO on a regular basis. Losing temper in meetings with PO and walking out before it's over, yelling and swearing. Verbally abusive to office staff and does not want to wait. Often intoxicated from alcohol use.



Scenario #2: John Smith

- 55 year old male with alcohol dependence - currently in jail charged with assault
- You're a Social Worker at the Detention Centre asked to meet with John after he was issued a warning about making inappropriate comments to other men on the range, leading to verbal arguments and disruption
- You find him distracted in your meeting and not listening. He keeps going off topic and not following your directions
- He denies making any inappropriate comments on the range and does not recall receiving a warning



5 Scenario Questions

Questions

1. Do you think the individual is likely to have a TBI with ongoing problems related to his/her injuries?
2. What symptoms or signs of TBI might he/she be presenting?
3. For every sign or symptom listed above what can the worker do to support this client to be more successful in their environment?
4. What aspects of their environment might make their possible symptoms worse?
5. Without use of the screener how might these symptoms be interpreted?