Colorado Probation Research in Brief

The Impact of Traumatic Brain Injury on Prison Health Services and Offender Management


Summary/Conclusions

The aim of the current study was to explore the effects of traumatic brain injury (TBI) on offender services and management. The study used data from 998 offenders admitted to the Minnesota Department of Corrections from September 2006 to January 2007. Based upon initial TBI screens, the sample consisted of 17.1% (171) low probability, 57.6% (575) moderate probability, and 25.3% (252) high probability of TBI. The high probability group was significantly more likely to use psychological services, health services, crisis intervention services, and had significantly higher recidivism rates than the low probability TBI group.

Limitations of Information

TBI was determined by self-report, which may not be indicative of an actual TBI. Recidivism data was limited to new crimes committed within Minnesota. The sample may not be representative of the Colorado Probation population. It is unclear how the groups would compare with a sample of non-incarcerated individuals diagnosed with a TBI. The study did not analyze other dynamic risk factors that may have influenced the results of the study.

Caveat: The information presented here is intended to summarize and inform readers of research and information relevant to probation work. It can provide a framework for carrying out the business of probation as well as suggestions for practical application of the material. While it may, in some instances, lead to further exploration and result in future decisions, it is not intended to prescribe policy and is not necessarily conclusive in its findings. Some of its limitations are described above.

Offenders come to the criminal justice system with a variety of unique characteristics and needs. Some of these may require professionals to respond according to maximize the potential that individuals will be successful. One specific responsibility factor that is seeing an increase in research and support is traumatic brain injury (TBI). The current study explores prison service needs and post-release success of offenders with TBI.

The researchers examined new prisoner data from the Minnesota Department of Corrections between September 2006 and January 2007. During that time, new prisoners (998) completed a screen to determine the likelihood of a prior TBI. The screened prisoners were English speaking males over the age of 18. The screening process discovered that 17.1% (171) of the individuals were determined to be a low probability for a TBI. Another 57.6% (575) were labeled as moderate probability. Finally, 25.3% (252) of the population were found to be at high probability for TBI. To determine if there were any effects that could be linked to TBIs, researchers matched treatment completion, mental and physical health encounters, crisis intervention, minor and major disciplinary actions, and recidivism to the various groups.

The results of the study discovered that offenders as high probability were significantly more likely to have encounters with physical and mental health professionals while in prison, were significantly more likely to have a crisis intervention, and were significantly more likely to be arrested for a new law violation up to four years (2010) after leaving prison. Interestingly, individuals in the high probability TBI group were also less likely to complete treatment and more likely to receive minor or major discipline, but these results were not statistically significant.

Practical Applications:

√ When conducting a PSI or assessment interview, ask the client if they have ever hit their head during a fight, car accident, fall, or been near an explosion.

√ Review resources available on Judicialnet>Probation>Tips and Tools>Traumatic Brain Injury.

√ The Brain Injury Alliance of Colorado has a website that can provide support and resources for both POs and probationers. Probationers can receive support overcoming barriers in their everyday life and officers can find resources, including lists of potential accommodations and suggestions on how to work with probationers who have neurological impairments (e.g. memory issues, light and noise sensitivity).

√ Ask probationers with a TBI what method and frequency of communication would be beneficial.

√ If memory problems are present, try frequent/repeated role-plays to help develop skills.

√ Collaborate with treatment providers to address any specific responsivity factors (e.g. TBI, trauma, learning problems) and set the probationer up for success in treatment and probation.