

# Honoring Trauma: Serving Returning Youth With Traumatic Brain Injuries

2022 Second Chance Month

April 12, 2022

*This project was supported by Grant No. 2020-CZ-BX-K002 awarded by the Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the Department of Justice's Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the Office for Victims of Crime, and the SMART Office. Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice.*



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# Second Chance Month—April 2022

Help **individuals, communities, and agencies** across the country recognize the importance of reentry and their role in **building second chances**



# Track News and Updates on Social Media

**#ReentryMatters**

**#SecondChanceMonth**

**#SecondChanceMonth22**





**FRISBI**

Facilitated Re-entry Interventions  
Subsequent to Brain Injury

# Decreasing Recidivism Among Juveniles With Brain Injury

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A SECOND CHANCE ACT YOUTH OFFENDER RE-ENTRY PROGRAM GRANT  
FUNDED BY THE OFFICE OF JUVENILE JUSTICE AND DELINQUENCY  
PREVENTION

# Collaborators

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- Florida Department of Juvenile Justice



- University of South Florida



- Youth Opportunity Foundation



- Youth Opportunity Investments



- Florida Division of Vocational Rehabilitation/  
Department of Education



# Vision and Mission

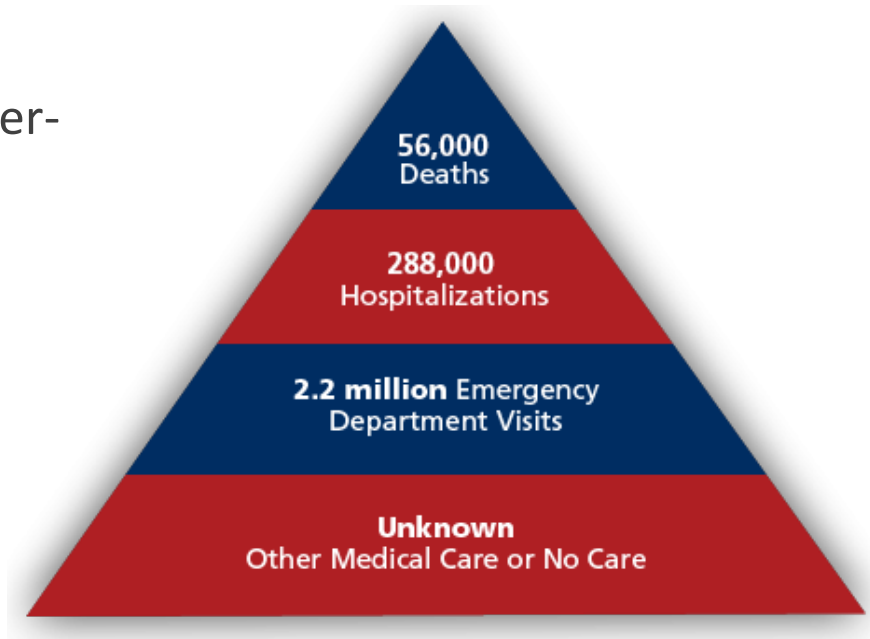
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- **VISION:** A world without recidivism for youth with acquired brain injury; empowering them to think better, perform better, and live better
- **MISSION:** Improve the effectiveness and efficiency of juvenile justice by implementing a continuum of care pathway to address the unique needs of youth with acquired brain injury



# How big is the problem?

- Brain injury as a disease or disability continues to grow (CDC statistics)
- We are finding that traumatic brain injury (TBI) is under-identified in certain parts of the population, such as children (CDC “Report to Congress,” Nagele 2019)
- Certain populations have an overrepresentation of brain injury (Dams-O’Connor 2014):
  - Those living in poverty
  - People who are homeless
  - Populations that are incarcerated
- Administration on Community Living (ACL) has identified juvenile justice as a priority for states to build competency and capability



CDC TBI Statistics

# How big is the problem?

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- Closed brain injury: May occur as a result of, for example, falls, motor vehicle crashes; damage is focal (specific location) and diffuse(widespread areas); there is no penetration of the skull
- Open brain injury: May occur as a result of, for example, bullet wounds, stab wounds; largely focal damage but effects can be more serious; skull is penetrated; there is risk of infection
- Nontraumatic brain injury: Includes stroke, cardiac arrest, anoxia, tumor, encephalitis; effects can be focal as well as diffuse



# And what about concussion?

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- Incidence of diagnosed concussions among people younger than age 20 increased 71% between 2010 and 2015 among the general population
- Boys suffered almost twice as many concussions
- Greatest increase was among girls, up 119%
- Many recover fully from the impact of a single concussion within 2–4 weeks
- 10–15% have persistent symptoms, which for some can be long-lasting and life-altering symptoms

# Brain Behavior Relationships

## Parietal Lobe

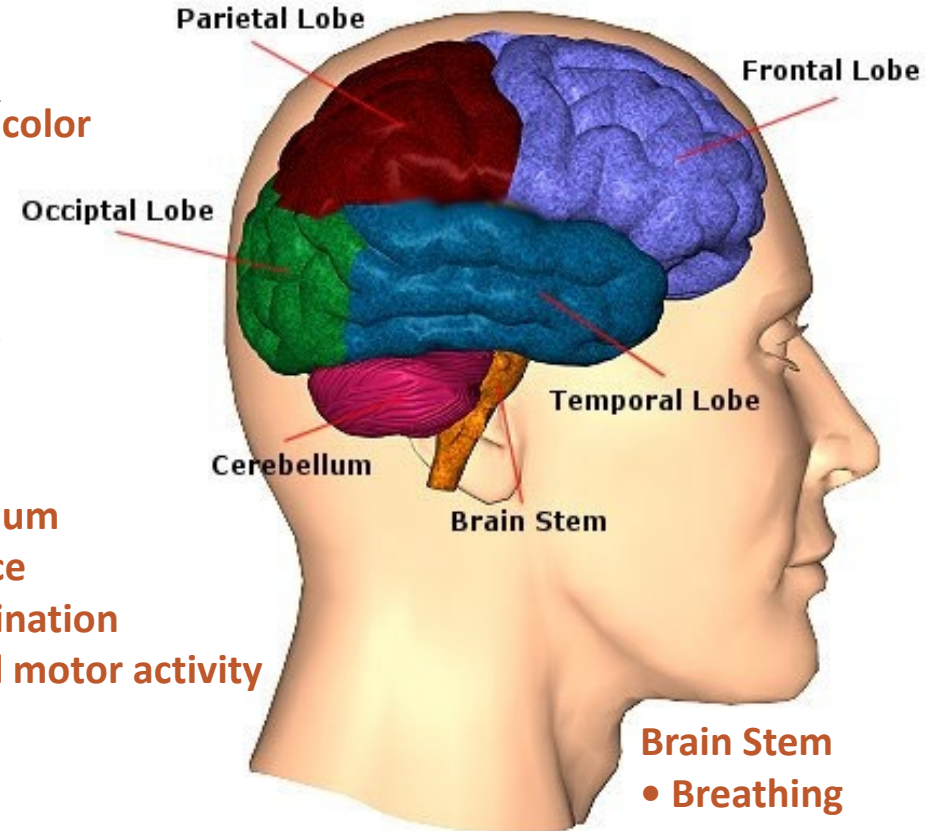
- Sense of touch
- Differentiation: size, shape, color
- Spatial perception
- Visual perception

## Occipital Lobe

- Vision

## Cerebellum

- Balance
- Coordination
- Skilled motor activity



## Frontal Lobe

- Initiation
- Problem solving
- Judgment
- Inhibition of behavior
- Planning/anticipation
- Self-monitoring
- Motor planning
- Personality/emotions
- Awareness of abilities/limitations
- Mental flexibility
- Speaking  
(expressive language)

## Temporal Lobe

## Brain Stem

- Breathing
- Heart rate
- Arousal/consciousness
- Sleep/wake functions
- Attention/concentration

- Memory
- Hearing
- Understanding language  
(receptive language)
- Organization and  
sequencing

# Recovery vs. Improvement in Functioning

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- Brain injury is permanent, and neurological “recovery” really refers to a stabilization of the damaged area, reduction of swelling, resumption of intact pathways
- Residual deficits are usually significant and permanent
- Continual expectation of “recovery” can lead to denial, frustration, disappointment, depression, and unrealistic expectations and planning

# Cognitive Functions Affected

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- Attention
- Concentration
- Learning and Memory (for novel information)
- Speed of Processing
- Social Perception
- Impulsiveness
- Anosognosia
- Executive Functions
  - Planning
  - Organizing
  - Initiating
  - Problem Solving
  - Following Through
  - Decision Making
  - Judgment



# Memory

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- Memory is not a unitary function
- Multiple types of memory include:
  - Working Memory (Buffer)—holding on to information while processing other information
  - Memory for New Information—ability to store, access, and retrieve new or novel information
  - Memory for Old Information—store and access information from the past
  - Prospective Memory—remembering into the future; remembering to do the things you intend to do
  - Episodic Memory—recall of ongoing events, situations, episodes

# Initiation and Intentional Behavior

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*The brain lacks the ability to generate what should occur next  
and implement the plan via action.*

- Has trouble getting started
- Needs frequent prompts to complete a task
- Can identify a goal but cannot achieve it
- Appears passive or unmotivated
- May be thought of as depression
- Perceived as lazy



# Impulsivity and Disinhibition

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*The brain lacks the ability to think ahead, anticipate consequences, or automatically employ rules.*

- May say or do things without thinking
- May not know when to stop
- May not regard safety
- May not follow directions or rules
- May dominate conversations
- May be perceived as rude

# Planning and Organization

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*The brain has difficulty figuring out how things fit together and/or sequencing things.*

- May be late for or miss appointments
- May have trouble remembering things to be done in the future
- May have messy rooms, backpacks, and so forth
- May give up easily on complicated or multistep tasks



# Mental Flexibility

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*The brain has difficulty shifting, or seeing multiple options, and gets stuck easily.*

- May have difficulty thinking on the spot
- May get stuck on one idea or way of thinking
- May not be able to see another person's perspective
- Has difficulty adjusting to the unexpected
- Has difficulty solving problems

# Undiagnosed Brain Injuries

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- Brain injury is often referred to as the “hidden disability”
- Individuals may:
  - Drop out of school
  - Start misusing substances
  - Fail at relationships
  - Be unable to obtain or maintain employment
  - Seek treatment through the mental health system
  - Become victims
  - Become homeless
  - Get into trouble with the law



# Brain Injury Research in Offender Populations

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- Adult studies find that 60% of those incarcerated have a lifetime history of brain injury (Shiroma et al., 2014)
- Prevalence of rates for juveniles range from 15.5% to 72.1%—rate is 3 to 8 times higher in juveniles in the justice system (Hughes et al., 2015)
- Studies find that 65% of youth offenders have a lifetime history of TBI

Shiroma, E. J., Ferguson, P. L., & Pickelshimer, E. E. (2012). Prevalence of traumatic brain injury in an offender population: A meta-analysis. *The Journal of Head Trauma Rehabilitation, 27*(3), E1-E10.

Hughes, N., Williams, W.H., Chitsabesan, P., Walesby, R.C., Mounce, L.T., & Clasby, B. (2015). The prevalence of traumatic brain injury among young offenders in custody: a systematic review. *The Journal of Head Trauma Rehabilitation, 30*(2), 94-105.

# Adolescent TBI and Crime

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- 508 psychiatric inpatient adolescents (Luukkainen, et al. 2012)
- Adolescents with TBI had committed crimes significantly more often (53.8%) compared to adolescents without TBI (14.7%)
- Subjects with TBI had significantly more violent crimes
- TBI during childhood and adolescence increased the risk of:
  - Any criminality 6.8-fold (95% 3.0–15.2)
  - Conduct disorder 5.7-fold (95% 2.1–15.4)
  - Concomitant criminality and conduct disorder 18.7-fold (95% 4.3–80.1)

# Brain Injury in Juvenile Justice

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- Study of adolescents in the New York City jails shows that 67% of screened detainees reported a history of at least one brain injury (Kaba et al., 2014)
- Most frequent causes were assaults (55.5%) followed by falls (41%)
- Juvenile inmates with brain injury were more likely to be users of mental health services
- Emotional dysregulation and impaired processing speed may be linked to criminal justice involvement

Kaba, F., Diamond, P., Haque, A., MacDonald, R., & Venters, H. (2014). Traumatic brain injury among newly admitted adolescents in the New York City jail system. *Journal of Adolescent Health, 54*(5), 615-617.

# Brain Injury in Juvenile Justice

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- Youth with TBI display significantly more
  - Psychiatric distress
  - Earlier onset of criminal behavior
  - Earlier onset substance abuse behavior
  - More lifetime substance abuse and suicidality (Perron & Howard, 2008)
- Ray & Richardson (2017) used the OSU-TBI-ID to screen for traumatic brain injury and then looked at recidivism
  - More likely to have psychiatric diagnosis



# Juvenile Summary of Data—ACL

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<b>Pennsylvania ACL project</b>	
Screened for brain injury	485
Screened positive for a lifetime history of brain injury	235 <b>49%</b>
Average number of episodes per youth	3.0
Administered neurocognitive testing	146
Showed evidence of cognitive impairments that could affect success in programming	83 <b>57%</b>

# Reducing Recidivism for Those With TBI

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- Ahlers and colleagues (2018) reported that participating inmates with a reported TBI history were 4.22 times more likely to have experienced trauma and 3.52 times more likely to have a mental illness diagnosis relative to those without TBI
  - Case management appeared to confer a protective benefit and prevent escalation of needs. Six months after release:
    - ▶ 56.8% of participating individuals with a history of TBI were receiving community treatment
    - ▶ 27.8% of these individuals were not in treatment
    - ▶ 3.4% reported that they had completed treatment

# Characteristics Associated With Pediatric/Youth Brain Injury

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- Lower educational attainment
- Increased rates of substance misuse
- Less sophisticated interpersonal skills
- Increased risk for psychopathology
- Lower levels of prosocial behavior
- Increased rates of aggression



# Characteristics Associated With Brain Injury That Put Youth at Risk for Justice Involvement

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- Decreased cognitive skills
- Poor impulse control, emotional dysregulation
- Decreased academic engagement
- Susceptibility to negative peer influence
- Poor insight
- Limited ability to self-monitor or self-evaluate



# Undiagnosed Brain Injuries

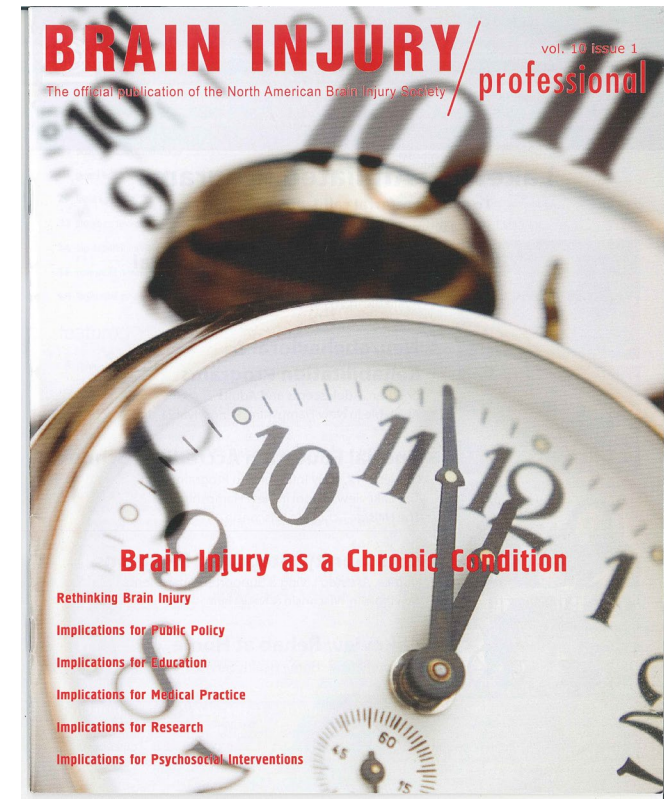
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- Systems that have primary functions other than brain injury do not document brain injury
  - Unless medical documentation is available or
  - Brain injury screening is in place
- Many brain injuries are unreported and/or undiagnosed
- A need for screening exists



# Brain Injury as a Chronic Condition

“Injury to the brain can evolve into a lifelong health condition termed chronic brain injury (CBI). CBI impairs the brain and other organ systems and may persist or progress over an individual’s life span. CBI must be identified and proactively managed as a lifelong condition to improve health, independent function and participation in society.” (*Brain Injury Professional*, 2013, Volume 10, Issue 1)



# Managing Brain Injury as a Chronic Condition

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- **Clinical surveillance** to enable early detection and intervention for health complications
- **Preventive interventions** that target high incidence/high risk complications
- **Patient engagement and self-management training** to improve health and well-being
- **Access to medical care and rehabilitation services** to treat complications and optimize function

# Managing TBI as a Chronic Condition: TBI Surveillance

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TREXLER, L., PARROTT, D., DILLAHUNT-ASPILLAGA, C., & SUTTER, S. (2021). FEASIBILITY AND SATISFACTION WITH A SURVEILLANCE PROTOTYPE FOR TRAUMATIC BRAIN INJURY. ARCHIVES OF PHYSICAL MEDICINE AND REHABILITATION, 102(10), E12-E13.



# What is MyBrain?

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DISCOVER WHAT'S HAPPENING IN YOUR CLIENT'S HEALTH  
AND WELL-BEING BETWEEN VISITS



AVATAR-LED  
ASSESSMENTS  
FOR YOUR  
CLIENTS



THE POWER  
OF DATA  
TO DEVELOP  
PERSON-CENTRIC  
CARE PLANS  
FOR YOU

# Benefits for the Participant



- Nonintrusive way to monitor health and wellbeing
- If assessment score signals the need, client transitions to applicable interventions
- Will automatically alert staff of emergencies that require immediate action
- Eliminates need for travel

# MyBrain Dashboard

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- **Pre-Injury Risk Variables**

- Lifetime substance misuse or treatment for illicit drug use
- Lifetime misuse of pain medication
- Lifetime misuse or treatment for alcohol
- Misdemeanor or felony history
- Previous TBI (OSU-TBI-ID)
- Previous psychiatric treatment

- **Post-Injury Risk Variables**

- Pain Intensity
- Prescription pain medication misuse
- Brief Anger and Aggression Questionnaire
- PHQ-4, PHQ-9 and GAD-7
- Alcohol negative consequences
- Severity of substance abuse
- Self-efficacy for managing emotions
- Sleep-related impairment
- Cognitive functioning
- Mayo-Portland Adaptability Inventory-4
- Ability to participate in social roles and activities

# MyBrain Parameters

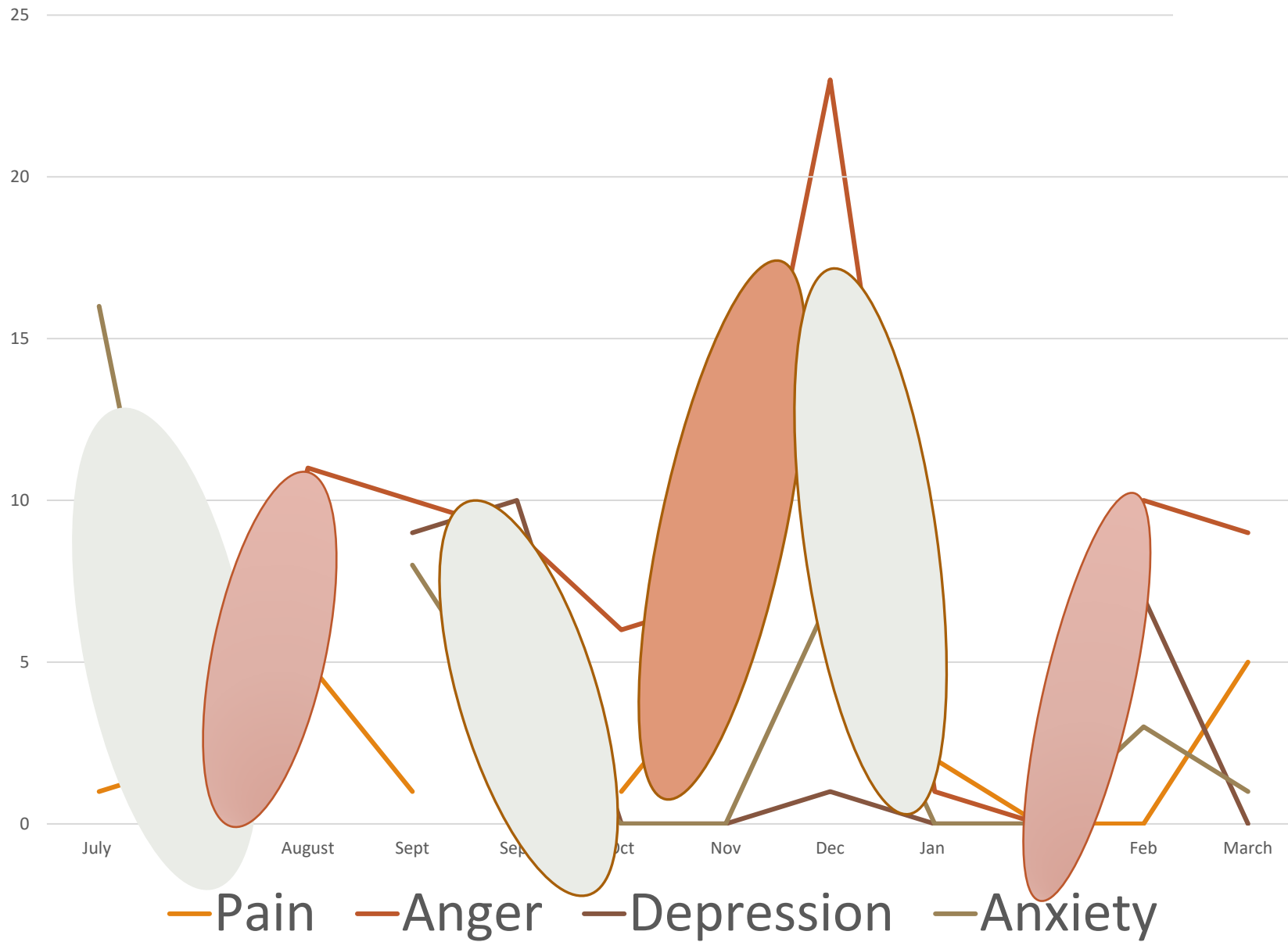
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- Determine when each measure was administered, for example:
  - Frequency
  - Day of the week
- Identify core versus individualized measure
- Identify on dashboard which measures were “high risk”
- Provide serial assessment of recovery or lack thereof
- Provide suggested self-management strategies based on participants responses
- Provide immediate notification of suicidality

# MyBrain Risk Assessment: Sample of Post-Injury Variables

Domain	Measure	Reassessment frequency	Monthly surveillance measure	Criteria for high or low risk		Risk rating
				Low = 1	High=2	
Pain	PROMIS Pain Intensity 1a	Override	Monthly	T < 59	T > 60	
Opioid use	PROMIS Prescription Pain Medication Misuse 7a	Override	Monthly	T < 59	T > 60	
Anger	BAAQ	Override	Monthly	0–8	≥9	
Mood	PHQ-4: Items 1 + 2	Override	Monthly	< 2 (score 1)	≥ 2 admin GAD-7	
	PHQ-4: Items 3 + 4	Override	Monthly	< 2 (score 1)	≥ 2 admin PHQ-9	
	PHQ-9	Override	Monthly	0–4	5–27	
	GAD-7	Override	Monthly	0–4	≥ 5	

24-year-old with significant frontal dysexecutive function impairment



# Acute “Recovery” of Cognitive Functioning for 17 People With TBI

669	26	26	34	28	31	32	28	38	34	30
812	39	40	37	34	29	40	40	36		
1006	30	39	38	39	36	32	26	37	38	37
1257	15	8	19	24	24	40	8	24	24	25
1285	18	23	26	30	25	26				
1385	23	26	30	29						
1409	32	40	39	22						
1433	17	16	18	13	16	16				
1513	28	33								
1342	35	38	37	33	40					
1359	37	39	37	38	40	27	40	34	38	39
1544	27	31	26	30						
1543	16	21	13	12						
1585	29	36	36	37	28	33	37	34		
1657	26	15								
1618	16	28								
1643	26	24	29	18	27	22				

# Results: Satisfaction

Items	% agree and strongly agree
1. I understand why I am using MyBRAIN on the Kindle	79%
2. I am satisfied with the training I received on MyBRAIN on the Kindle	57%
3. MyBRAIN was easy to use once training was completed	64%
4. I was satisfied with the selection of available avatars	71%
5. I believe using MyBRAIN on the Kindle on a regular basis makes a difference in my recovery.	43%
6. I understood what MyBRAIN questions were asking	71%
7. I felt comfortable answering the questions asked on MyBRAIN	79%
8. The questions asked on MyBRAIN were related to my needs at that time	57%
9. The activities offered through MyBRAIN and MyBRAIN Now, such as Mindfulness, MeMinder, Skills Training, and more, were helpful	57%
10. I was satisfied with my Resource Facilitator's availability to help with MyBRAIN on the Kindle.	79%
11. I value having the option to access MyBRAIN NOW when needed	71%
12. Overall, I am satisfied with MyBRAIN	71%



# Results: Post-Study System Usability Questionnaire

- Sample Items
  - Overall, I am satisfied with how easy it is to use this system.
  - Whenever I made a mistake using the system, I could recover easily and quickly.
  - The interface of this system was pleasant.

There was no significant univariate relationship between participant education, age, or sex and satisfaction or PSSUQ results.

	Results	Goal
System usefulness	1.29 (1.32)	< 2.80
Information quality	1.55 (0.74)	< 3.02
Interface quality	1.95 (1.05)	< 2.49
Total score	1.58	< 2.82

# Results: Qualitative Analyses

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## Describe what you liked the *best* about your MyBRAIN

- Participants liked best the capability to record their changes or progress and the opportunity to conduct their own assessment
- Positive about the amount of information provided and opportunities to do a variety of things, e.g.:
  - getting answer to their questions,
  - having access to resources, and
  - receiving guidance on how to use relaxation and meditation
- Participants also liked that My BRAIN was free, handy to use, and has a variety of avatars with different personalities

## Describe what you liked the *least* about your MyBRAIN

- The lack of a reminder system to let them know when to complete an assessment
- It was not modified to account for the COVID situation
- The questions get repetitive, consequently, the answers become redundant making them feel like they did not need it or tired
- A participant indicated that “they are all in separate apps. I wish they were all in 1 app and navigate from there”

# Overall Results

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- Clinical data were viewed as extremely useful by the team managing resource facilitation
- Participant satisfaction was relatively good (71%)
- Qualitative findings revealed important strengths and weaknesses from which we revised MyBrain
- Resource facilitator comfort with technology and ability to train users was a critical success factor

# Implications for TBI Surveillance and Enhancements—MyBrain 2.0

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- Make MyBrain 2.0 available on smart phone, PC, or tablet
- Add family portal: Assessment of person with TBI (awareness) and assessment of caregiver burden
- Feedback to the participant on their scores over time
- More rigorous training for the trainer
- Decrease number of measures in core assessment and use those explicitly designed for ecological momentary assessment in context of a mobile health system (Behavioral Assessment Screening Tool -Shannon Juengst, PhD)

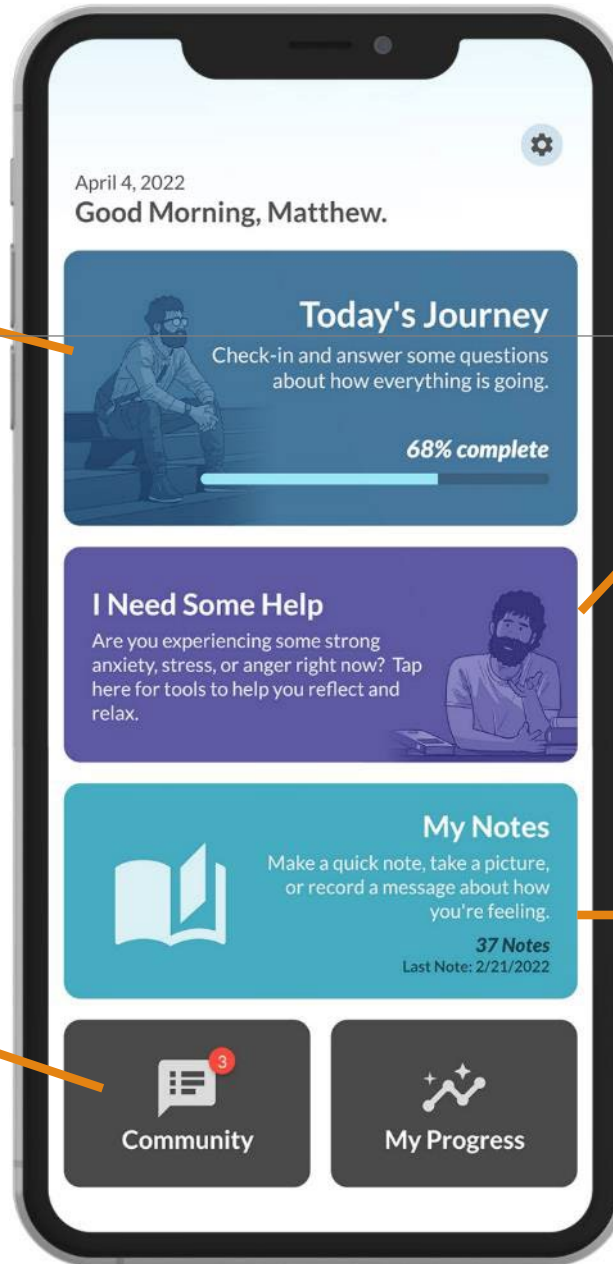
Shannon B. Juengst, Lauren Terhorst, Brad E. Dicianno, Janet P. Niemeier & Amy K. Wagner (2018): Development and content validity of the behavioral assessment screening tool (BAST $\beta$ ), *Disability and Rehabilitation*. DOI: 10.1080/09638288.2017.1423403

Shannon B. Juengst, Lauren Terhorst & Amy K. Wagner (2018): Factor structure of the Behavioral Assessment Screening Tool (BAST) in traumatic brain injury, *Disability and Rehabilitation*. DOI: 10.1080/09638288.2018.1496487

# MyBrain 2.0

Surveillance

Chat with others  
with similar lived  
experiences



Self-management  
applications, e.g.,  
relaxation training

Notes for memory,  
pictures, audio records

# MyBrain 2.0—Surveillance

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## Today's Journey

Check-in and answer some questions about how everything is going.

**68% complete**



# MyBrain 2.0—Self-Management Applications

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This includes relaxation training

## I Need Some Help

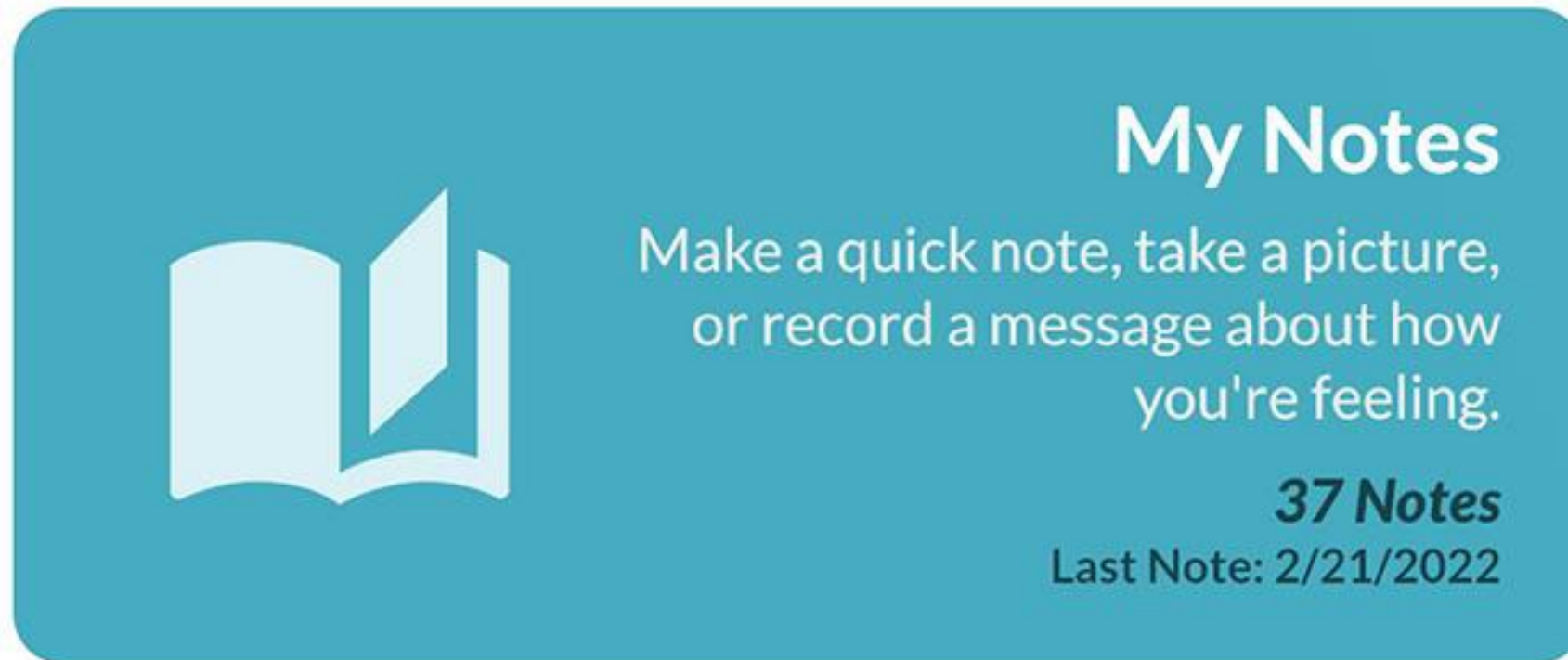
Are you experiencing some strong anxiety, stress, or anger right now? Tap here for tools to help you reflect and relax.



# MyBrain 2.0—Notes

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This includes notes for memory, pictures, audio records



**My Notes**

Make a quick note, take a picture,  
or record a message about how  
you're feeling.

**37 Notes**  
Last Note: 2/21/2022



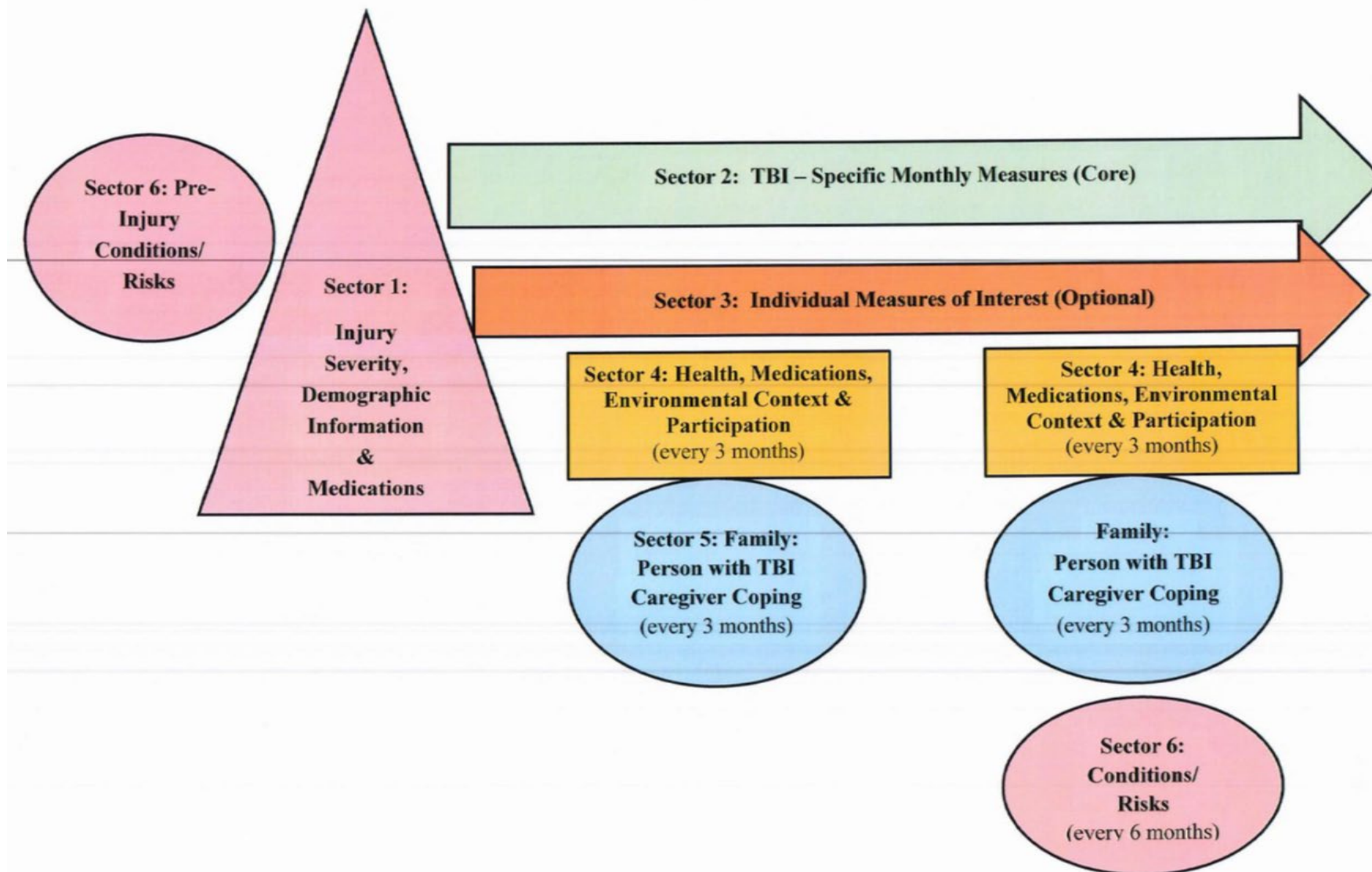
# MyBrain 2.0—Chat and Feedback

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Chat with others with similar lived experiences



Visual feedback of progress



# Surveillance drives risk-stratified intervention



# Managing TBI as Chronic Condition: Resource Facilitation

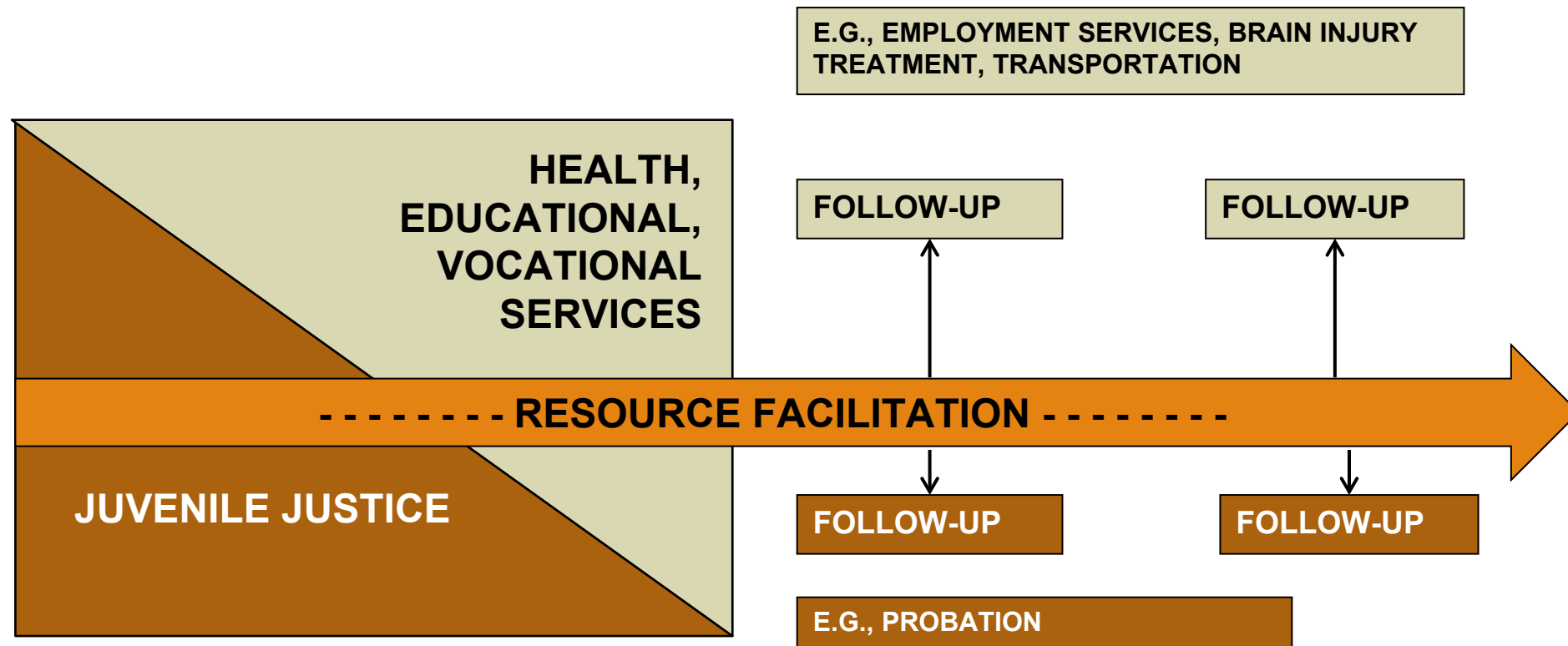
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TREXLER, L. E., TREXLER, L. C., MALEC, J. F., KLYCE, D., & PARROTT, D. (2010). PROSPECTIVE RANDOMIZED CONTROLLED TRIAL OF RESOURCE FACILITATION ON COMMUNITY PARTICIPATION AND VOCATIONAL OUTCOME FOLLOWING BRAIN INJURY. *THE JOURNAL OF HEAD TRAUMA REHABILITATION*, 25(6), 440-446.

TREXLER, L. E., PARROTT, D. R., & MALEC, J. F. (2016). REPLICATION OF A PROSPECTIVE RANDOMIZED CONTROLLED TRIAL OF RESOURCE FACILITATION TO IMPROVE RETURN TO WORK AND SCHOOL AFTER BRAIN INJURY. *ARCHIVES OF PHYSICAL MEDICINE AND REHABILITATION*, 97(2), 204-210.

TREXLER, L. E., & PARROTT, D. R. (2018). MODELS OF BRAIN INJURY VOCATIONAL REHABILITATION: THE EVIDENCE FOR RESOURCE FACILITATION FROM EFFICACY TO EFFECTIVENESS. *JOURNAL OF VOCATIONAL REHABILITATION*, 49(2), 195-203.

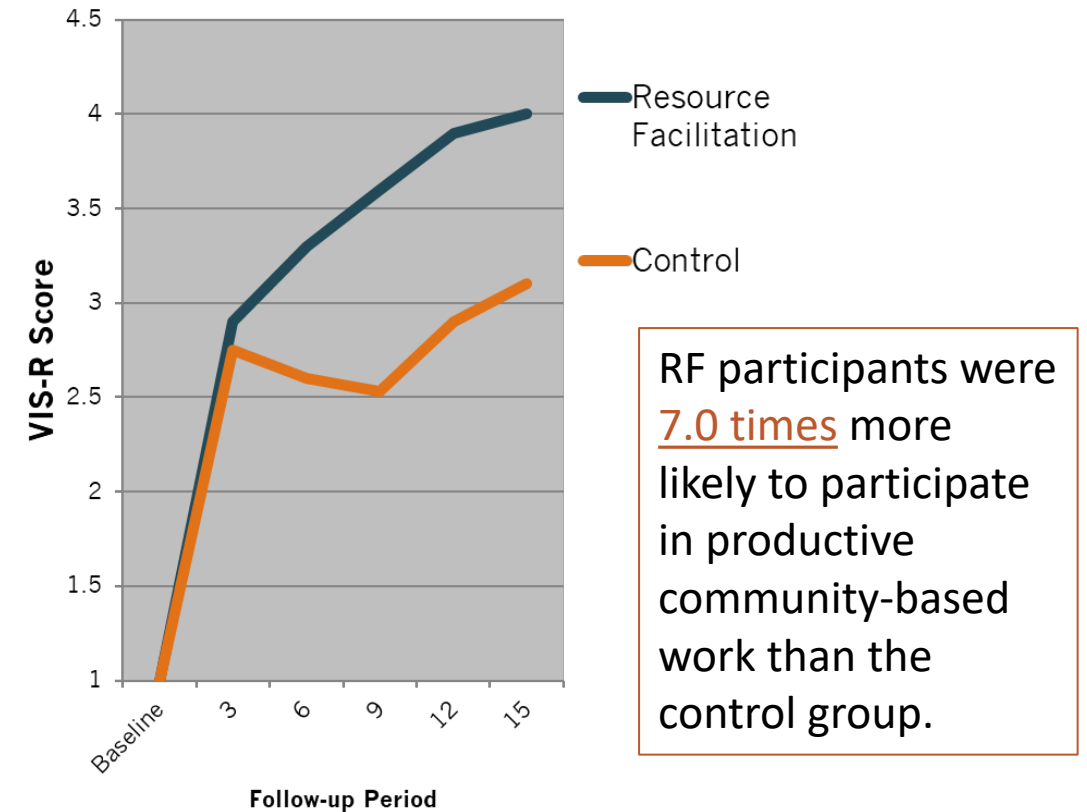
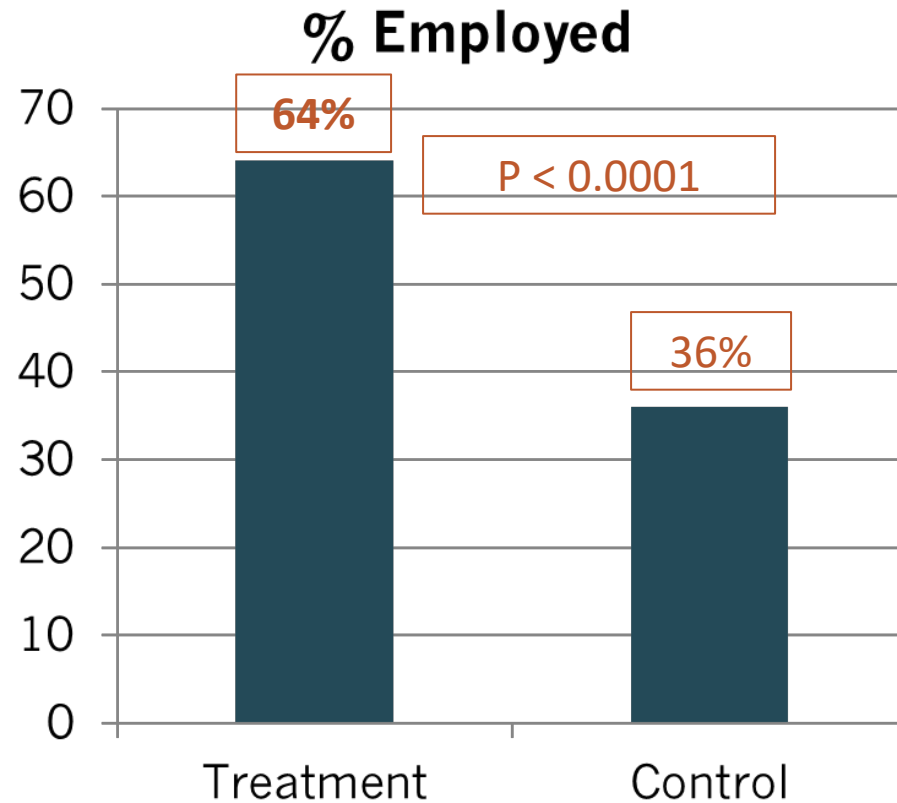
# Resource Facilitation and the Post-Acute Continuum



# The Evidence for Resource Facilitation

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# Impact of Resource Facilitation on Return to Work and School: Two RCTs



# Activities of Daily Living Scale

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- Self-care activities
- Household care
- Employment and recreation
- Shopping and money management
- Travel
- Communication
- Total

Results demonstrated a statistically significant decrease in the reported amount of assistance required to complete activities of daily living after RF ( $t = 5.35, p = .000$ )

Johnson, N., Barion, A., Rademaker, A., Rehkemper, G., & Weintraub, S. (2004). The activities of daily living questionnaire: A validation study in patients with dementia. *Alzheimer Disease & Associated Disorders, 18*(4), 223-230.



# Survey of Unmet Needs Service Use

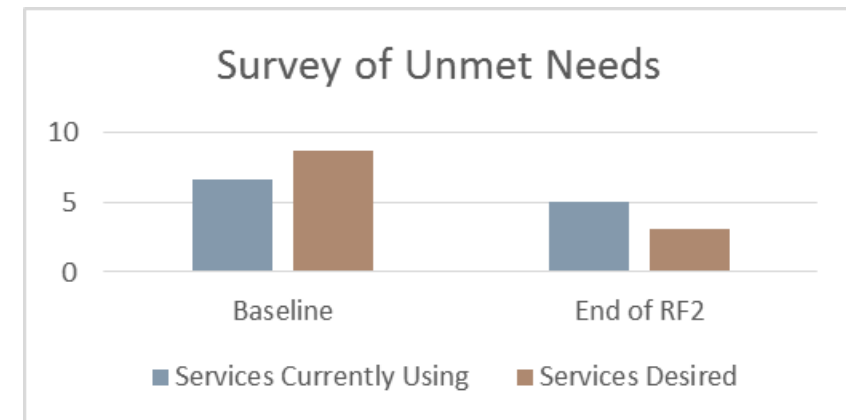
Heinemann, A. W. et al. (2002). Measuring unmet needs and services among persons with traumatic brain injury. *Archives of Physical Medicine and Rehabilitation*, 83, 2052-1059,

- Developed specifically for brain injury
- Variety of instrumental and service needs
- Addresses both what they are receiving and perceived needs

<b>Receive help now</b>		<b>Need/want help</b>
<input type="checkbox"/>	traveling in my community	<input type="checkbox"/>
<input type="checkbox"/>	finding housing that is affordable and accessible	<input type="checkbox"/>
<input type="checkbox"/>	controlling alcohol and/or drug use	<input type="checkbox"/>
<input type="checkbox"/>	improving my memory, solving problems better	<input type="checkbox"/>
<input type="checkbox"/>	controlling my temper	<input type="checkbox"/>

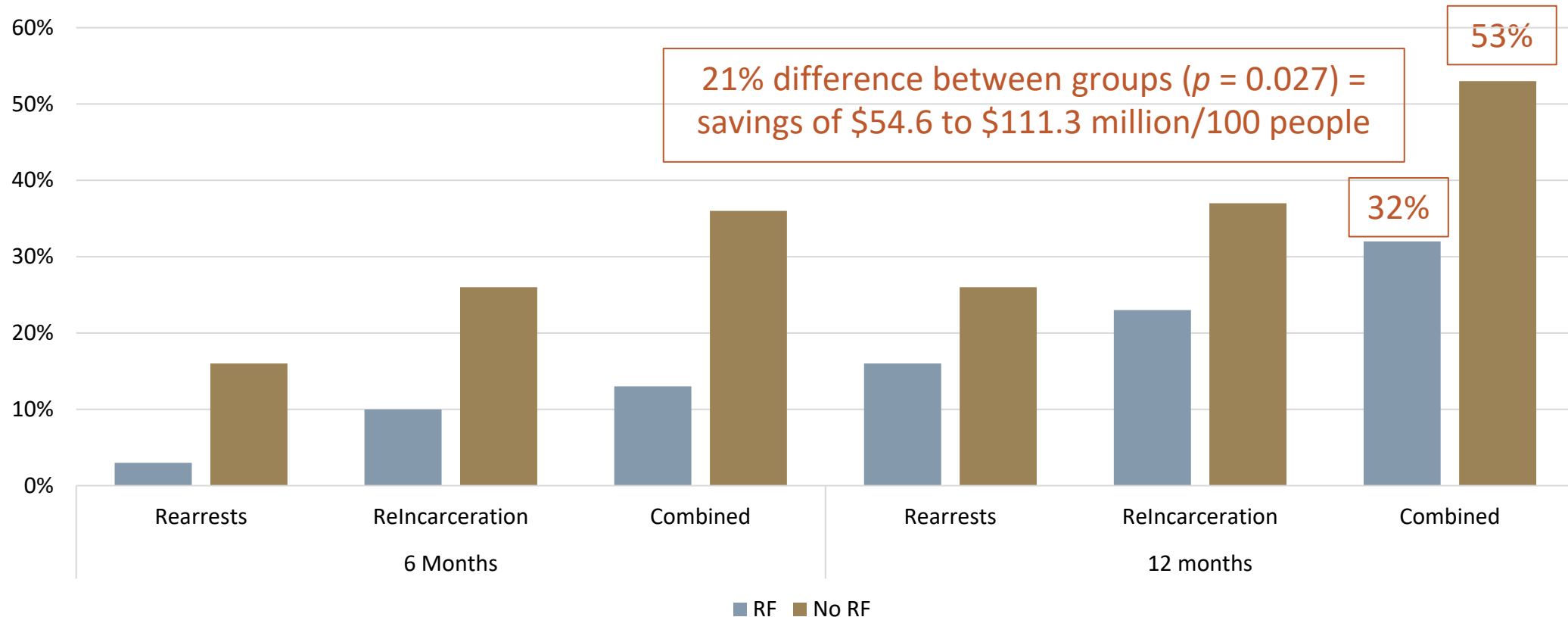
# Survey of Unmet Needs and Service Use

- Number of services used declined significantly from baseline to discharge ( $t = 2.83, p = .005$ )
- Desired services declined significantly from baseline to discharge ( $t = 13.53, p = .000$ )
- Examples of needs that were met through RF:
  - Controlling alcohol and/or drug use
  - Increasing independence in eating, dressing, and bathing
  - Finding housing that is affordable and accessible



# Resource Facilitation

Lance E. Trexler & Devan Parrott (2022): The impact of resource facilitation on recidivism for individuals with traumatic brain injury: A pilot, non-randomized controlled study, *Brain Injury*. DOI: 10.1080/02699052.2022.2051207



Cohen MA. The monetary value of saving a high-risk youth. *J Quant Criminol.* 1998;14(1):5–33.doi:10.1023/A:1023092324459.26.



# FRISBI

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Facilitated Re-entry Interventions  
Subsequent to Brain Injury

# Is it offending risk or brain injury symptom?

<b>Residential Assessment for Youth (RAY)</b>	<b>Associated with Brain Injury</b>
School (performance, attendance)	Cognitive deficits, decreased engagement
Use of free time	Lack ability to generate alternative options
Employment	Require accommodations
Negative peer associations	Susceptibility to influence
Family problems	Increased frustration (both sides)
Substance use	Peer influence, symptom self-medication
Mental health and related problems	Emotional dysregulation, inability to self-monitor
Antisocial attitudes	Impaired awareness
Aggression	Diminished frustration tolerance, aggressiveness
Social skill deficits	Poor impulse control, poor insight

# What does a positive screening mean?

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- Not all possible episodes of brain injury lead to cognitive impairment
- Certain episode characteristics are associated with a greater likelihood of long-lasting effects
- Neurocognitive testing and symptoms checklists can be used to determine if cognitive impairments are present and likely to affect programming and community reentry

# Neurocognitive Assessment

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- Used when criminal justice personnel need a more in-depth understanding of the cognitive impairments
- Identifies neurocognitive deficits
- Can target interventions to be applied
- Additionally, appropriate screening can lead to eligibility for brain injury specific resources such as FL VR STAR Program PreEmployment Transition Services (PreETS)

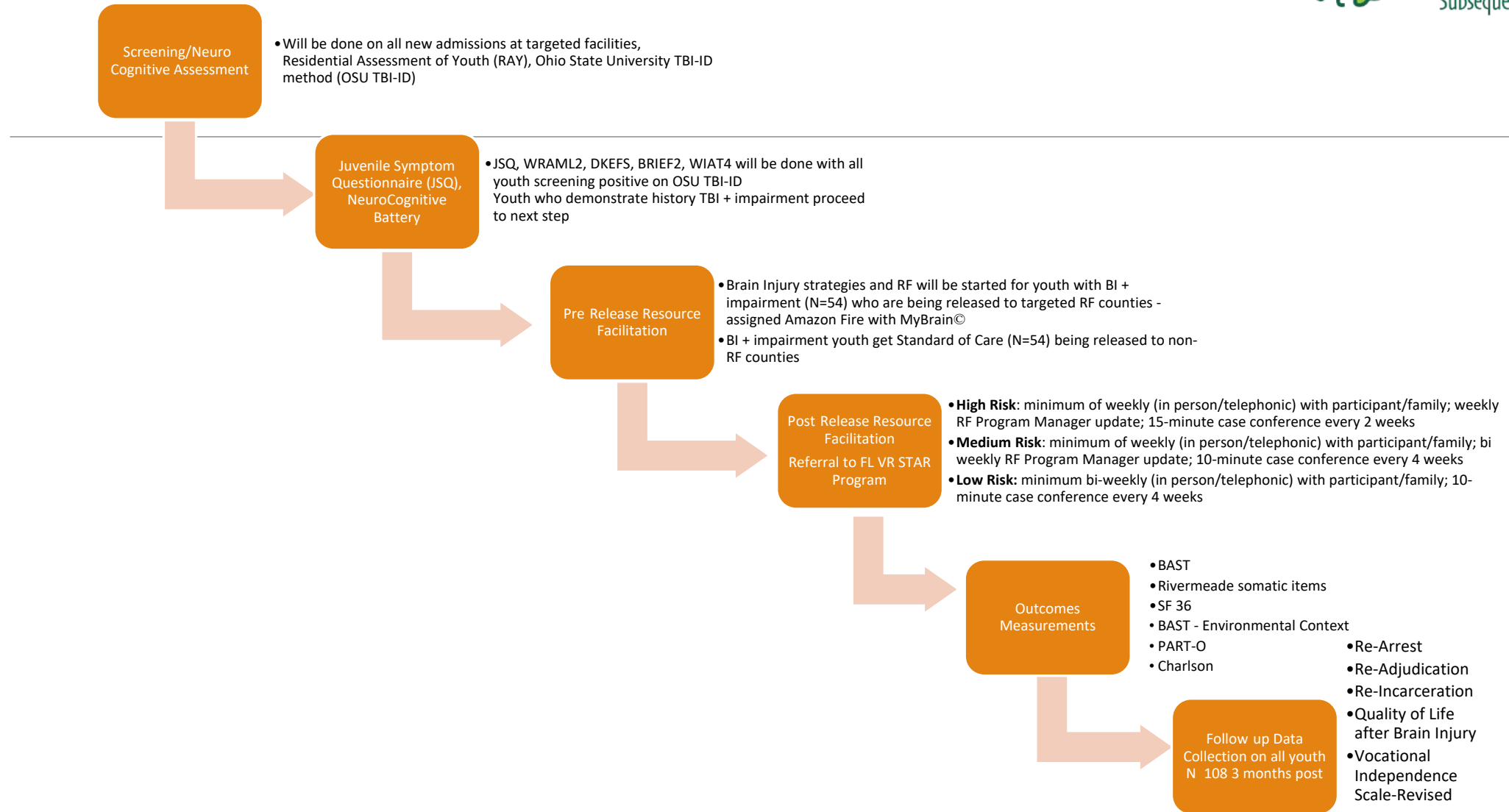
# Who will receive resource facilitation?

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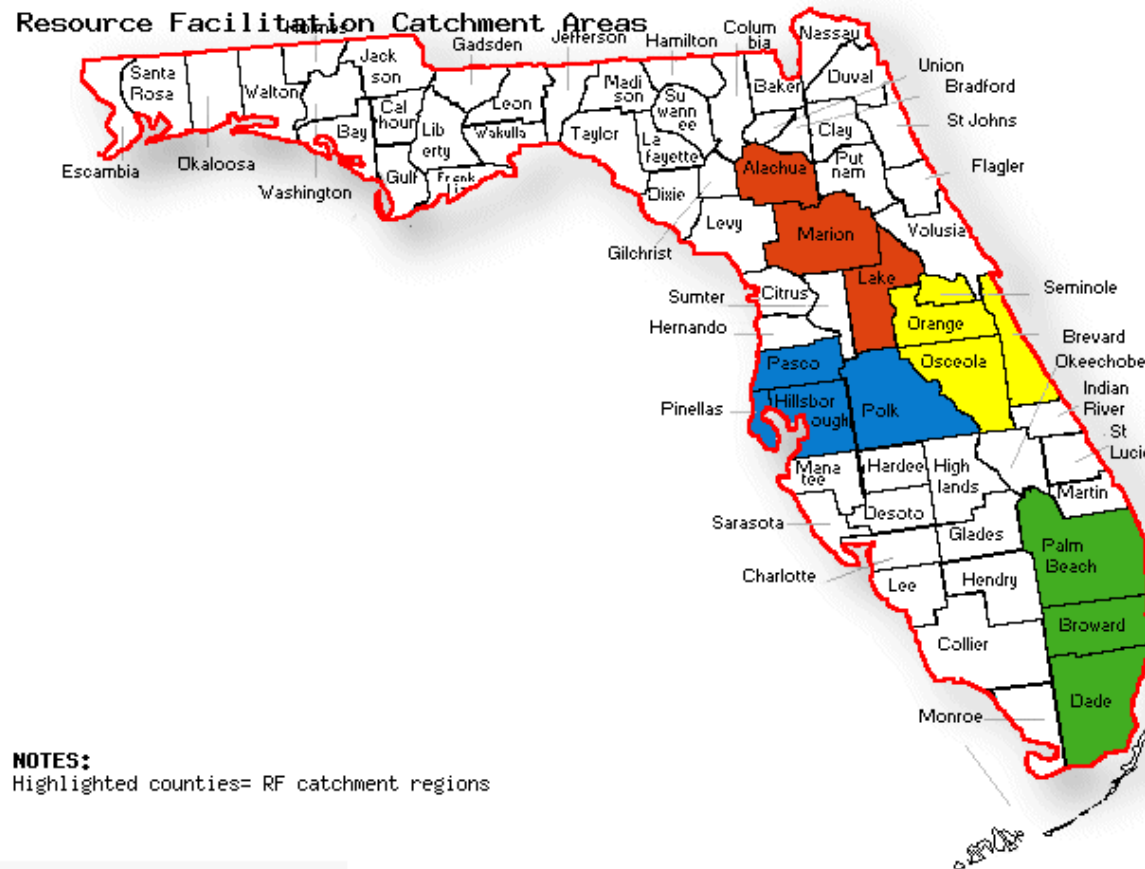




# Grant Phases



# Counties Where Resource Facilitation Will be Available



**NOTES:**  
Highlighted counties= RF catchment regions

Source: diymaps.net (c)

# Call to Action

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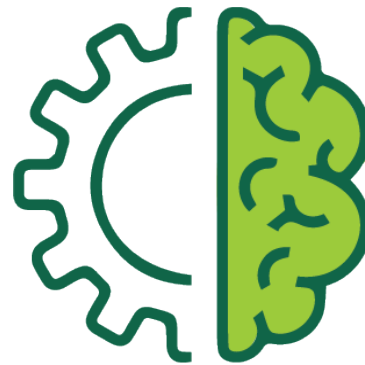
- DOE—Youth will be returning to classrooms
- DVR—Youth will benefit from STAR program
- DVR—Once they graduate, young adults will benefit from supported employment
- FDJJ Aftercare/Probation—Youth will benefit from brain injury strategies
- FDJJ—Implement the brain injury continuum throughout the JJ system

# Questions/Discussion?

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**Youth Opportunity  
Foundation**



**FRISBI**

Facilitated Re-entry Interventions  
Subsequent to Brain Injury

# Thank you!

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