

# FINDINGS ON THE RELEVANCY OF THE CRIMINAL AND JUVENILE JUSTICE COMPETENCIES

May 25, 2021

The Criminal and Juvenile Justice Workgroup



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## Introduction

The purpose of the Administration for Community Living (ACL) Traumatic Brain Injury State Partnership Program is to “create and strengthen a system of services and supports that maximize the independence, well-being, and health of persons with a TBI across the lifespan, their families and their caregivers.” The competitive, 2018-2021 grant opportunity included a priority for the formation of workgroups for further focused and collaborative efforts on particular topics of importance in the area of traumatic brain injury of which Criminal and Juvenile Justice (CJ/JJ) was one. For more information about the ACL Traumatic Brain Injury State Partnership Program Grants, please visit <https://acl.gov/grants>.

### The CJ/JJ Workgroup Overview

The CJ/JJ Mentor Leads included representatives from Colorado, Indiana, and Pennsylvania. This workgroup’s partners included representatives from Alaska and Vermont. Other interested states, Alabama, Arizona, Iowa, Nebraska, Oregon, and Washington, joined to form a CJ/JJ Full Collaborative Workgroup. Mentor leads met every other month to review accomplishments, plan upcoming agendas and explore product and mentorship opportunities. The CJ/JJ Full Collaborative Workgroup met on the alternative month, allowing mentorship support to partner states and the opportunity for discussion and collaboration on the Criminal and Juvenile Justice Best Practice Guide, a major workgroup product outcome.

One ACL grantee identified outcome was to “review existing training, curricula and other educational materials, identify gaps, and create a national, culturally competent, person-centered professional training infrastructure for professionals serving the TBI community”. For the 2018-2021 grant timeframe, workgroups focused on foundational determination of TBI core competencies. The CJ/JJ Full Collaborative Workgroup, which included states and organizations noted above, with various levels of expertise, drafted a set of competencies, designed to serve as an initial guide for the professional development of knowledge, skills, and abilities for professionals in the criminal and juvenile justice systems.

### Project Summary/Highlights

The effort to gauge perceived relevancy of 28 brain injury competencies across the Substance Abuse and Mental Health Services Administration’s (SAMHSA) Sequential Intercept Model (SIM) framework resulted in extensive information that can be used to tailor training curriculum geared for providers of adults as well as juveniles in the CJ/JJ system. In addition to the original 28 competencies, the survey respondents helped to identify additional, potential competencies for consideration. Two highlights from the project results were that 1) relevancy of competencies trended upward across the SIM, in other words – as the competency relates to people with brain injuries who have moved into higher levels of criminal justice involvement and 2) the results indicated overall stronger perceptions of relevancy related to competencies for juveniles.

### Competencies, Evidence, and the Role of Expert Opinion Overview

It is important to note that the intention of this project and associated report was not to demonstrate scientific validity. The process utilized by the workgroup was intended to serve as a starting point based on available evidence. The hierarchy of research design and levels of scientific evidence includes several levels. Randomized controlled trials (RCT’s) and meta-analysis of systematic reviews represent a very high level of evidence, while case reports, case studies, narrative

reviews, expert opinion, and editorials represent a lower level of evidence. Due to a lack of RCT's and meta-analysis systematic reviews, the workgroup concluded these competencies represent the current, best available evidence and may guide the ongoing development of performance and practice standards.

### **SAMHSA's SIM Overview**

The CJ/JJ Full Collaborative Workgroup determined that the Substance Abuse and Mental Health Services Administration's (SAMHSA) Sequential Intercept Model (SIM) framework, which details how individuals with mental health and substance use disorders come into contact and move through the criminal justice system<sup>1</sup>, offered a structure from which to build a competency survey. The six intercepts in SAMHSA's SIM are:

- Intercept 0: Community Services
- Intercept 1: Law Enforcement
- Intercept 2: Initial Detention/ Initial Court Hearings
- Intercept 3: Jails/Courts
- Intercept 4: Re-entry
- Intercept 5: Community Corrections

As noted, this framework was adopted to guide the listing of professionals, who may interact with the individual with a brain injury, at any intercept from community service to community re-entry and community corrections. Individuals with relevant experience, or subject matter experts (SME's), were recruited to help validate the list of competencies.

## **Methodology**

### **Target Population**

Subject Matter Experts (SMEs) in brain injury, criminal justice systems and/or juvenile justice systems were identified and contacted to rate a list of competencies identified by the CJ/JJ Workgroup. Each SME contacted responded to either the adult or juvenile competency grids or both.

### **Instrument and Data Collection**

A list of competencies was collated by the CJ/JJ Workgroup based on a review of literature, consultations with local SMEs and with staff from the TBI Technical Assistance and Resource Center (TARC). These competencies were used to develop two similar Competency Rating Grids using Microsoft Excel for adult and juvenile criminal justice systems.

The Competency Rating Grids were developed using SAMHSA's SIM to capture information on each proposed competency across the six points of intercepts consisting of key personnel in various workforce settings, across the spectrum of criminal and juvenile justice settings. The descriptions of the intercepts in the Competency Rating Grids were expanded to add more details regarding the resources and services included within each intercept. See Appendix A for a list of the intercepts, examples of key personnel identified for each intercept, and Appendix B for all 29 competencies.

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<sup>1</sup> For information on the SIM see <https://www.samhsa.gov/criminal-juvenile-justice/sim-overview>

The grids were sent to identified SMEs via email to rate the level of relevancy of each proposed competency along a scale from not relevant to highly relevant. Reminders were sent out several times and data collection was coordinated from *September 2020 to March 2021*.

### Data Validation and Analysis

Individual-level responses were imported into a master sheet, cleaned, and split across the six intercepts. An analysis of aggregate counts of the relevancy ratings was performed and used to create charts. Missing responses for any competency were omitted from the final analysis.

Data quality standards were maintained throughout the importation, data cleaning and analysis processes by having one member of the team perform data cleaning and analysis and having another member of the team perform quality control procedures.

## Results

Twenty-eight SMEs responded to the competency grids; 21 responses collected for the adult criminal justice grids and 13 responses for the juvenile criminal justice grids. Six SMEs responded to both adult and juvenile competency grids and two declined to participate.

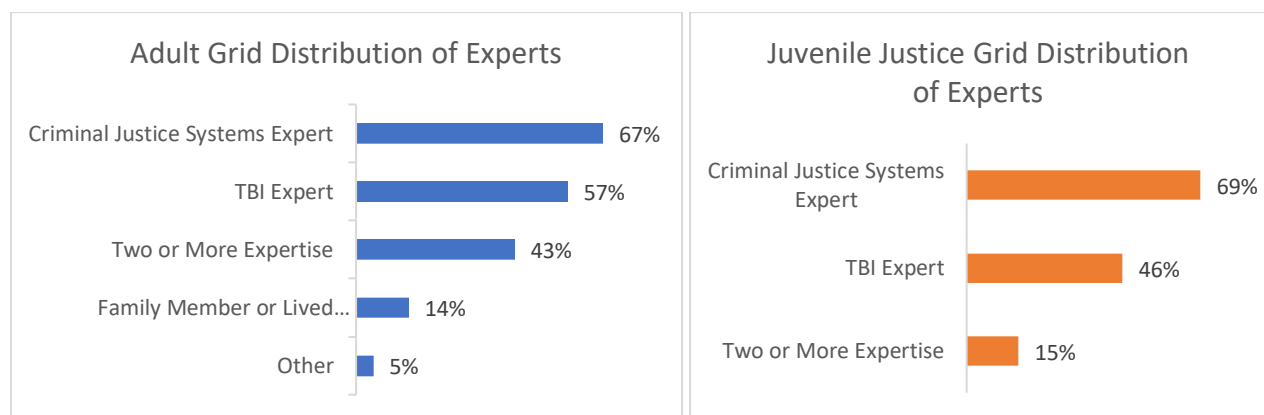
### Background Information of SMEs

SMEs responded from various states such as Washington, Pennsylvania, Indiana, Colorado, Oregon, Minnesota, Tennessee, New York, as well as from the United Kingdom and Canada. Sixty-eight percent (19) of SMEs had state jurisdiction compared to 11% (3) and 21% (6) who had county and other kinds of jurisdiction respectively. The other kinds of jurisdiction were international, mix of country, statewide and private sectors, community, supreme court defendants, prison releases, and providers of mandatory treatment.

Exhibits 1 through 3 show the distribution of experts and their focus areas.

Of the SMEs that responded to the adult and juvenile competency grids close to 70% were criminal justice systems experts. TBI experts were also represented within the SMEs, with 57% of those completing the adult grids and 47% completing the juvenile grids identifying as a TBI expert. Fourteen percent (14%) of the SMEs completing the adult grids identified as having lived experience or being a family member (Exhibit 1).

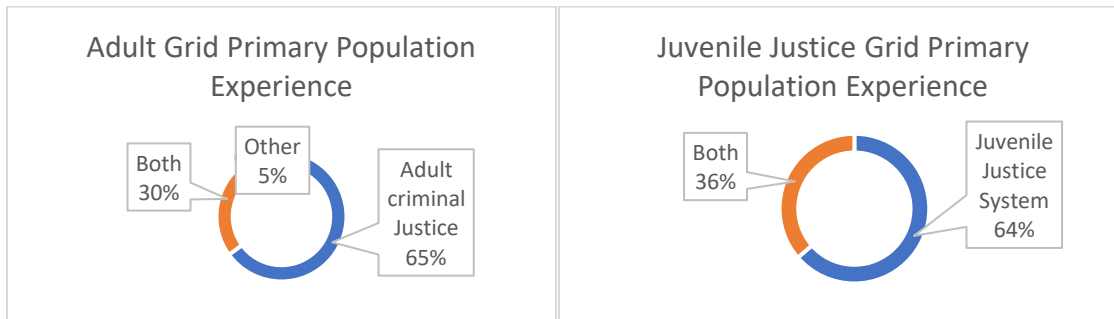
*Exhibit 1. Distribution of Experts*



Notes: Number of adult (21) and juvenile justice (13) competency grids completed by SMEs. The "Other" expert among the Adult SMEs was field administrator.

Close to two-thirds of the SMEs identified their primary population experience as being with the adult criminal justice or juvenile justice systems. Some of the SMEs had experience with both populations (Exhibit 2).

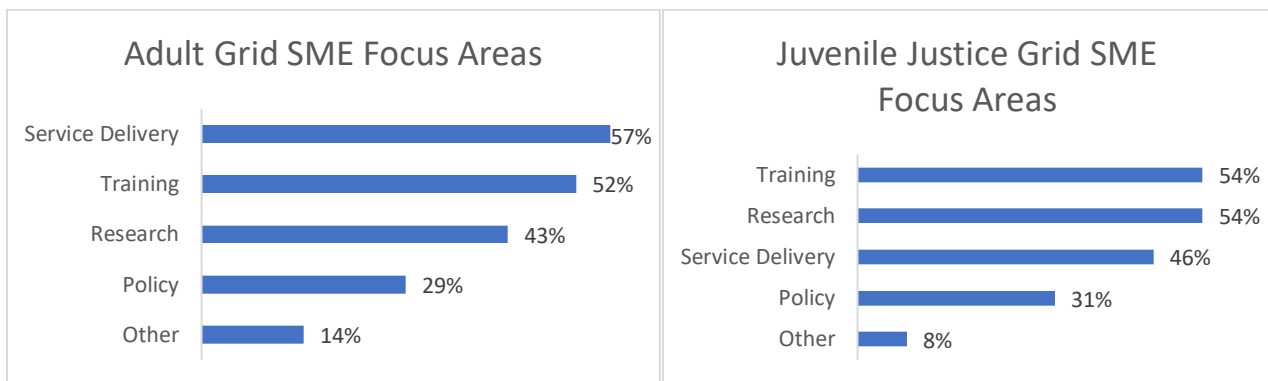
*Exhibit 2. SMEs Primary Population Experience within TBI Field*



Notes: Number of adult (21) and juvenile justice (13) competency grids completed by SMEs. Other primary population experience includes parole and probation.

The primary focus within the TBI field for over half of the SMEs who completed the adult competency grid was service delivery (57%) or training (52%). Fifty-four percent of the SMEs who completed the juvenile competency, identified training and research as their primary focus in the TBI field (Exhibit 3).

*Exhibit 3. SMEs Focus Areas*



Notes: Number of adult (21) and juvenile justice (13) competency grids completed by SMEs. Other focus areas include knowledge translation (evidence to practice), advocacy, training and justice-related projects, the confluence of law, policy, and service delivery from the perspective of law enforcement and large social services system leadership.

### Competency Grids

Exhibits 4 through 32 show how SMEs rated the relevancy of each of the competency in the adult and juvenile justice systems.

The results showed varying degrees of relevancy for each competency across the intercept points. Generally, SME responses revealed a trend that showed a competency relevancy rating to increase across the intercepts from intercept 0 to intercept 5.

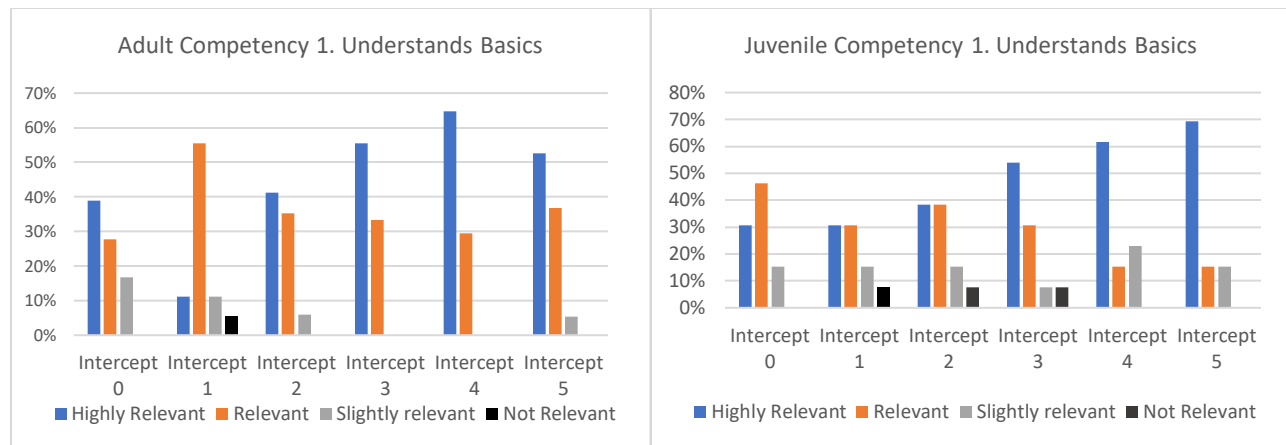
Competencies 1 (juvenile grid), 6 (adult grid), 12, 17, 22, 23 and 24 show higher proportions for being rated highly relevant especially from Intercept 3 to Intercept 5. A few competencies (3, 4, 5, 7, 9, 11, 14, 15, 16, and 21) had generally higher ratings of being not relevant or slightly relevant especially at Intercept 1, however competencies 1 (adult), 5-6 (juvenile), 10, 12 (juvenile grid), 22, 23

(adult), 24, 25 (adult) and 27-29 (juvenile grid) are rated either relevant or highly relevant at Intercept 1 by about fifty percent or more of SMEs.

Detailed graphs that show the proportions of SME responses per competency in both grids are presented below. Responses of SMEs with no expertise or opinion on each competency are not shown and were factored into the denominator for calculating proportions. The valid number (N) of responses per intercept varied and therefore are not displayed.

Competency 1 (Understands Types and Causes of BI) shows the trend that reveals increased relevancy of the competency as one progresses across the intercepts (Exhibit 4). However, this competency is not rated as highly for Intercept 1 (law enforcement and arrest).

*Exhibit 4. Competency 1: Understands Types and Causes of BI*

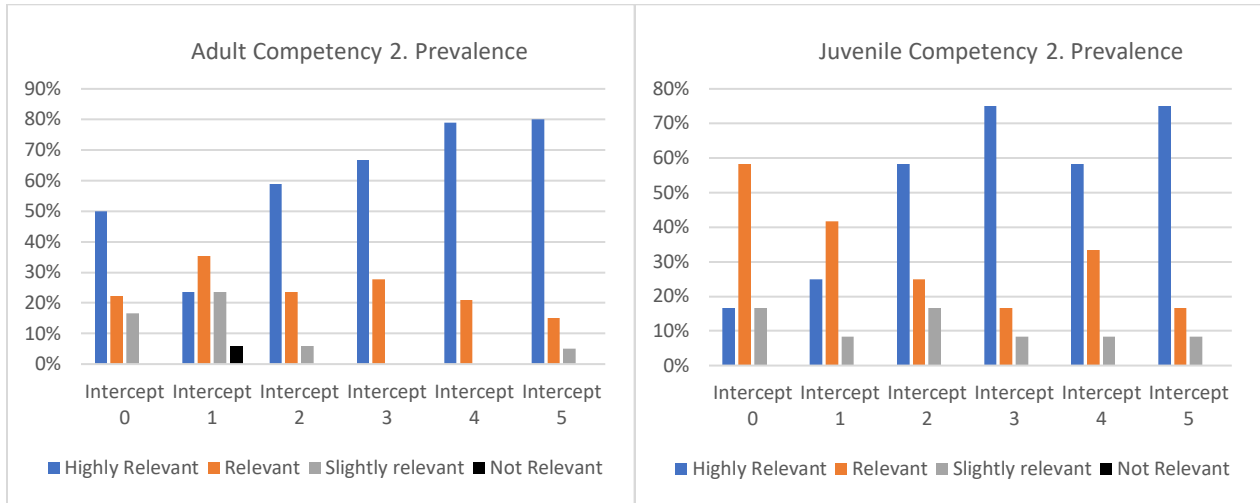


Competency rated was: Understands types and causes of BI

Competency 2 (Knowledge Regarding Prevalence of BI within Justice System) also shows higher relevancy ratings from Intercept 2 to Intercept 5 which fits into the trend across intercepts, although a small proportion of SMEs believe this competency is only slightly relevant across the intercepts especially at intercept 0 and 2 (Exhibit 5).



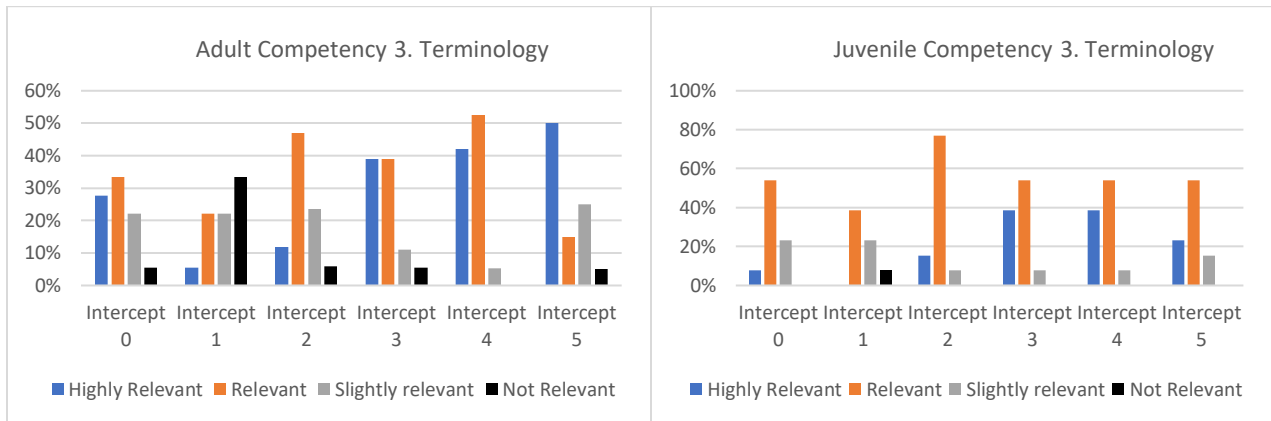
*Exhibit 5. Competency 2: Knowledge Regarding Prevalence of BI within Justice System*



Competency rated was: Has knowledge regarding the prevalence of BI within the justice system

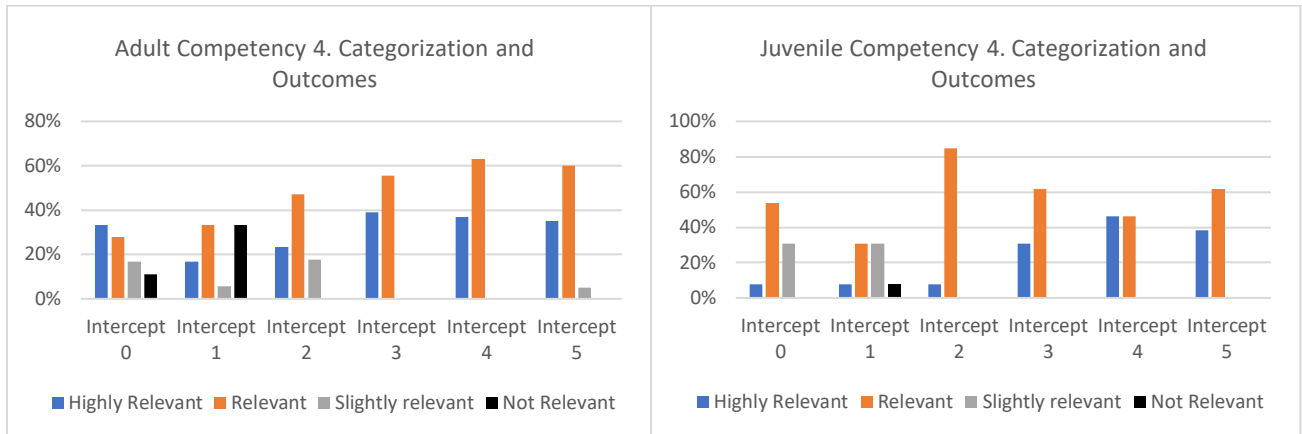
Competencies 3 (Understands Terminology Pertaining to BI), 4 (Understands that Categorization of Initial Injuries May Not Predict Long-term Outcomes) and 5 (Understands Recovery from BI and Long-term Outcomes are Individualized) in the adult criminal justice grids have higher proportions of being rated as not relevant or slightly relevant especially at intercepts 0 and 1 (Exhibits 6, 7, and 8). When compared to the juvenile grid at intercept 2, competency 5 is rated less relevant than in the adult grid.

*Exhibit 6. Competency 3: Understands Terminology Pertaining to BI*



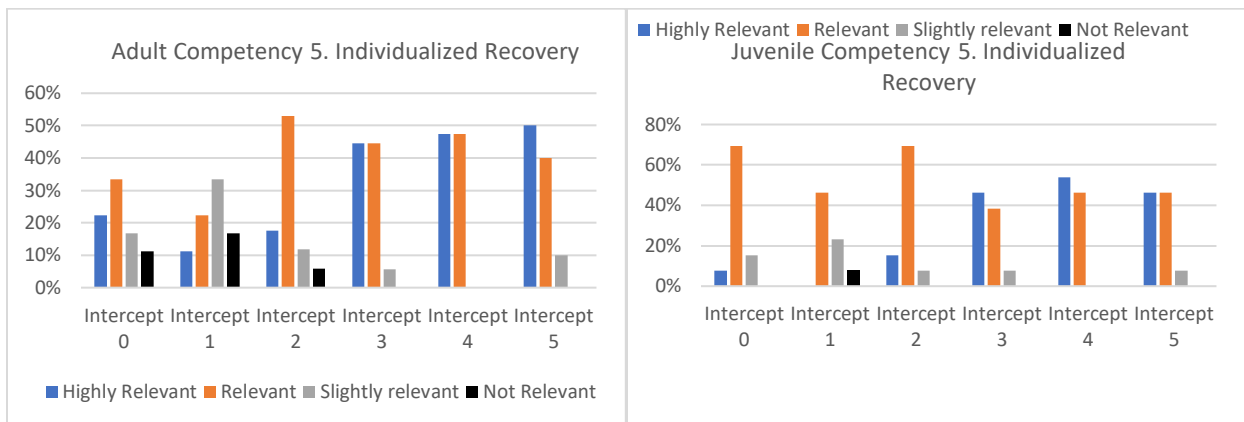
Competency rated was: Understands medical and rehabilitation terminology pertaining to BI

*Exhibit 7. Competency 4: Understands that Categorization of Initial Injuries May Not Predict Long-term Outcomes*



Competency rated was: Understands that categorization of initial injuries may not predict long-term outcomes

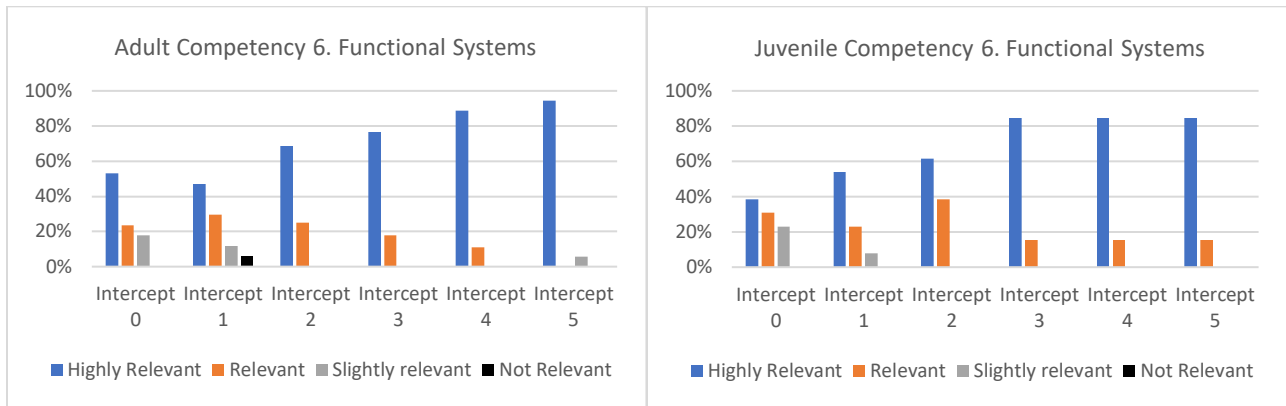
*Exhibit 8. Competency 5: Understands Recovery from BI and Long-Term Outcomes are Individualized*



Competency rated was: Understands that recovery from BI, and long-term outcomes are individualized and based on many variables

Competency 6 (Understands how Brain Injury Affects Functional Systems) shows increasing proportions of being rated highly relevant across the intercepts from 0 to 5 (Exhibit 9). It also shows higher proportions of SMEs rating a competency highly relevant at intercept 1.

Exhibit 9. Competency 6: Understands how Brain Injury Affects Functional Systems

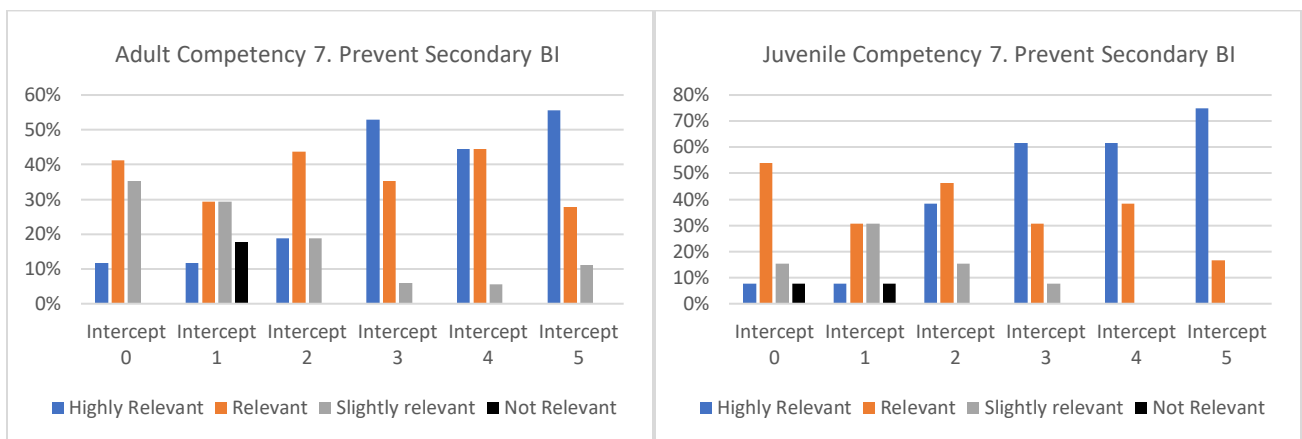


Competency rated was: Understands how BI affects the following functional systems:

- Cognition (memory, attention, executive skills, problem solving, etc.)
- Speech and language production and comprehension
- Physical, motor, and sensory abilities (strength, endurance, range of motion, vision, perception, hearing, balance, etc.)
- Behavior and mood regulation (awareness, adjustment, mood, interpersonal skills, etc.)

Competency 7 has higher proportions of being rated slightly relevant at intercepts 0, 1 and 2 and showed the same trend of higher proportions of being more relevant across the intercepts (Exhibit 10).

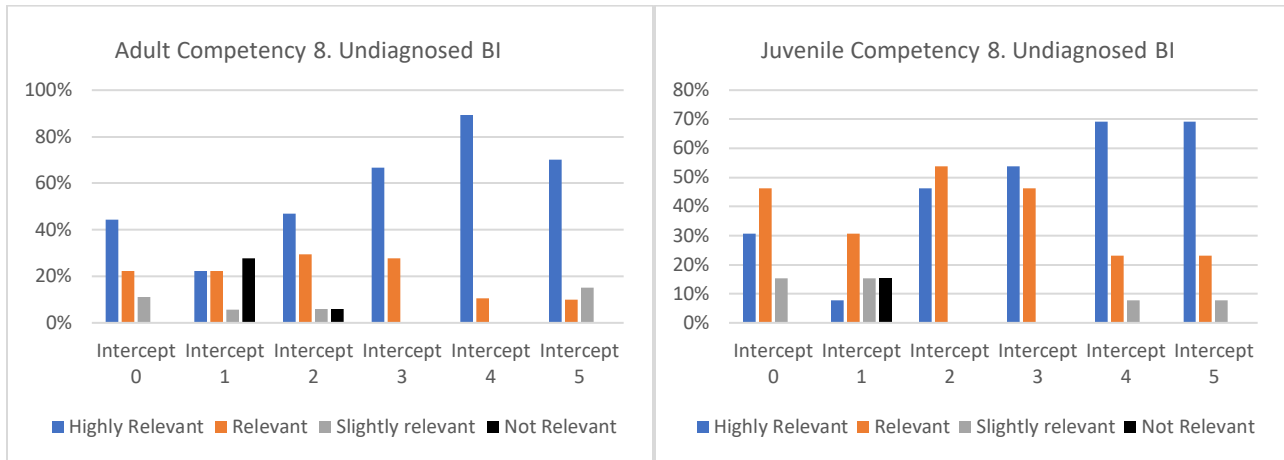
Exhibit 10. Competency 7: Understands the Importance of Preventing Secondary, Tertiary BI



Competency rated was: Understands the importance of prevention of secondary, tertiary BI

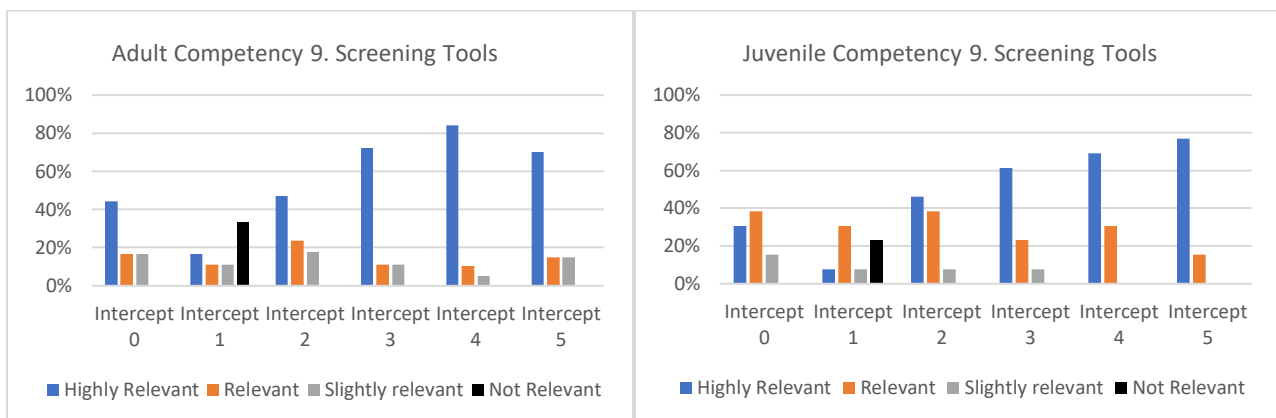
Competencies 8 to 13 show a similar trend of higher proportions of being more relevant across the intercepts (Exhibits 11-16). They also show that at intercept 1, the proportions of SMEs rating the competency highly relevant decrease and consequently the proportion rating these competences as slightly relevant or not relevant increase.

*Exhibit 11. Competency 8: Understands how BI Screening Tools/Best Practices May Assist Identifying Potentially Undiagnosed BI*



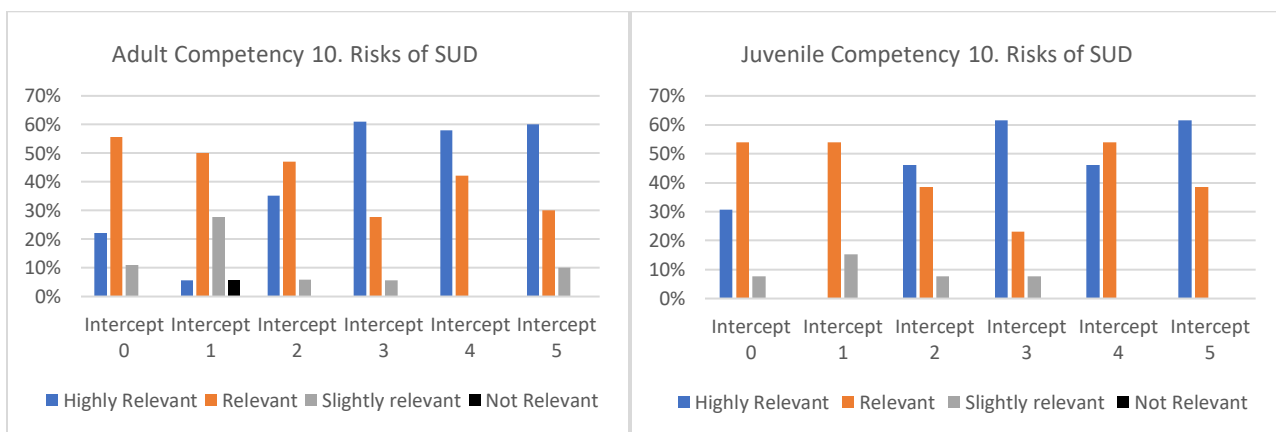
Competency rated was: Understands how BI screening tools/best practices (e.g., OSU-TBI ID, BISQ, HELPS, Brain Check Survey) may assist in the identification of potentially undiagnosed BI

*Exhibit 12. Competency 9: Able to Implement and Interpret BI Screening Tools*



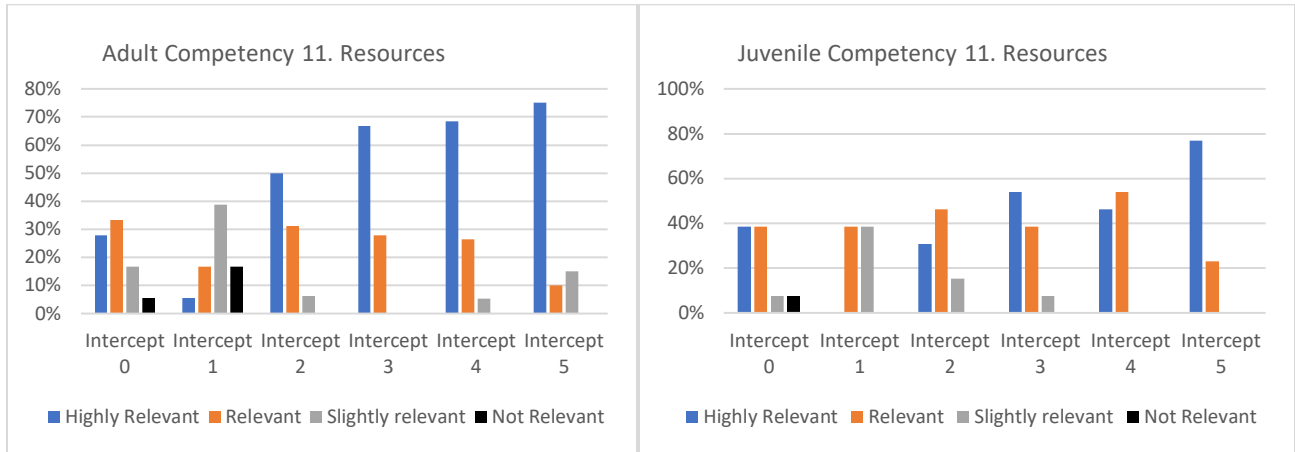
Competency rated was: Is able to implement and interpret agency-sanctioned BI screening tools

*Exhibit 13. Competency 10: Understands Risks of Substance Use Disorders for People with BI*



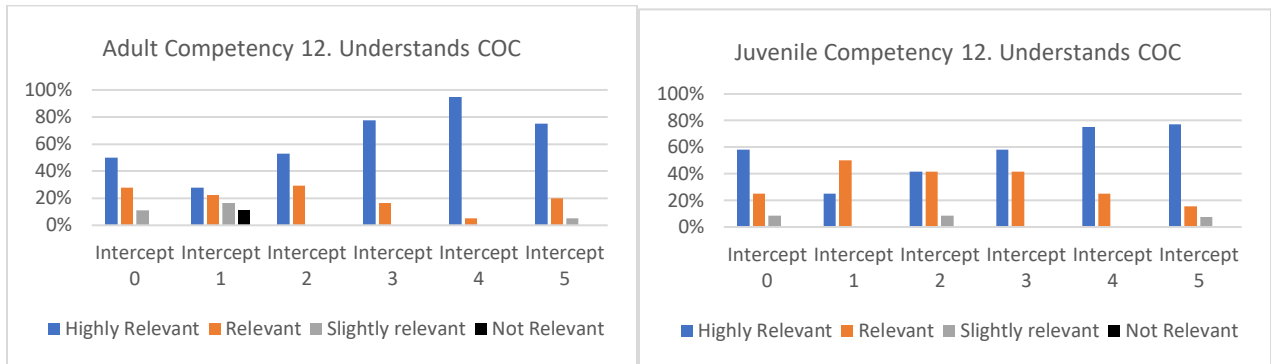
Competency rated was: Understands the risks of substance use disorders for people with BI

*Exhibit 14. Competency 11: Knows Resources to Support Substance Use Abstinence for Individuals with BI*



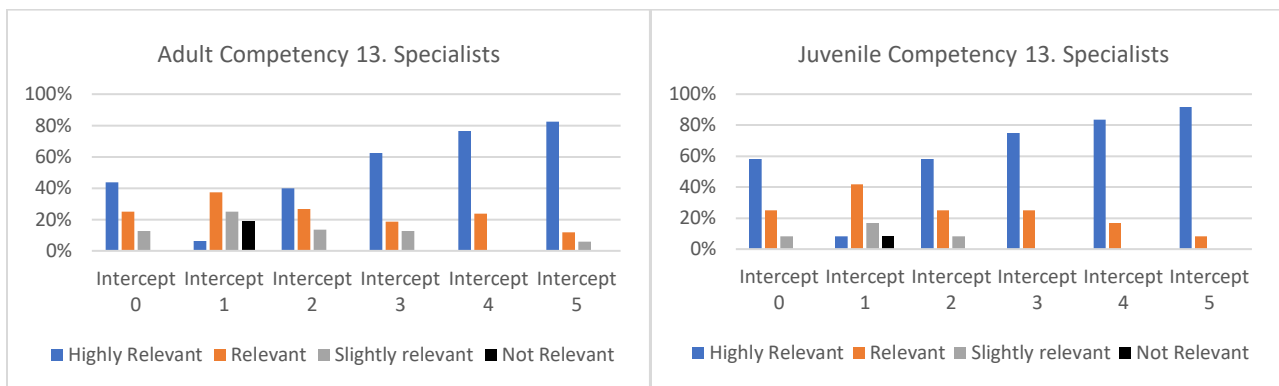
Competency rated was: Knows the resources to support abstinence from substance use for individuals with BI

*Exhibit 15. Competency 12: Understands Prevalence, Effects, and Support Needs of Individuals with Co-occurring Disorders*



Competency rated was: Understands the prevalence, effects, and support needs presented when a person has co-occurring disorders (such as a mental illness or substance misuse)

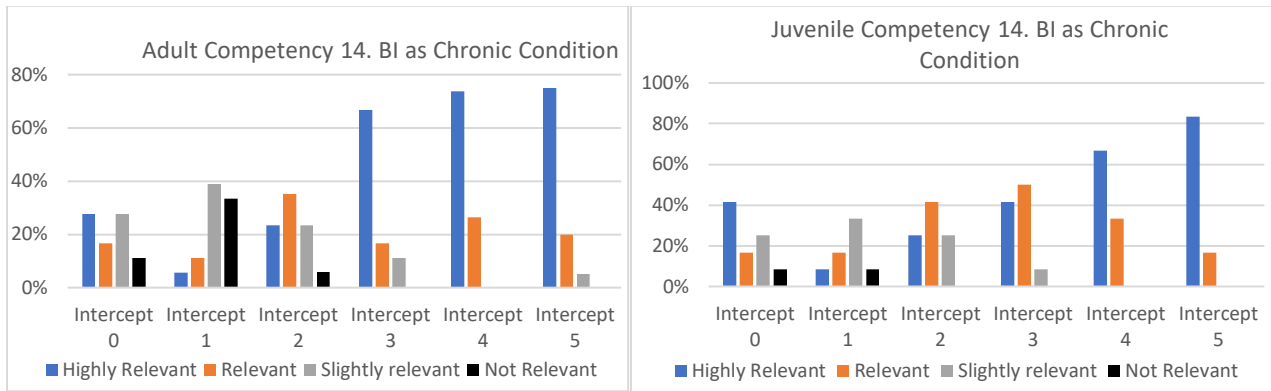
*Exhibit 16. Competency 13: Able to Identify Specialists, Professionals, and Services that may Address BI needs, Challenges, and Impairments and Where to Locate Resources*



Competency rated was: Is able to identify the range of specialists, professionals, and services in their state (e.g., county, regional, state funded programs, case management, information, and referral agencies) that may address BI needs, challenges and impairments and knows where to locate resources

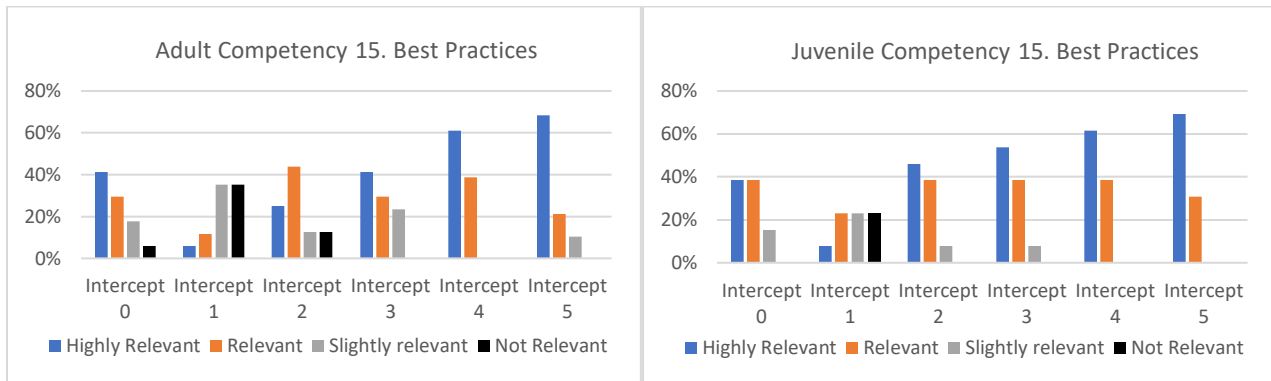
Competencies 14 to 21 show a similar trend of higher proportions of SMEs who rated the competency more relevant across the intercepts, as well as higher proportions who rated the competency less relevant (slightly or not relevant) at intercept 1 in both adult and juvenile grids (Exhibits 17-24).

*Exhibit 17. Competency 14: Understands Implications of BI as a Chronic Condition and is Familiar with Rehabilitation Needs & Life Care Planning*



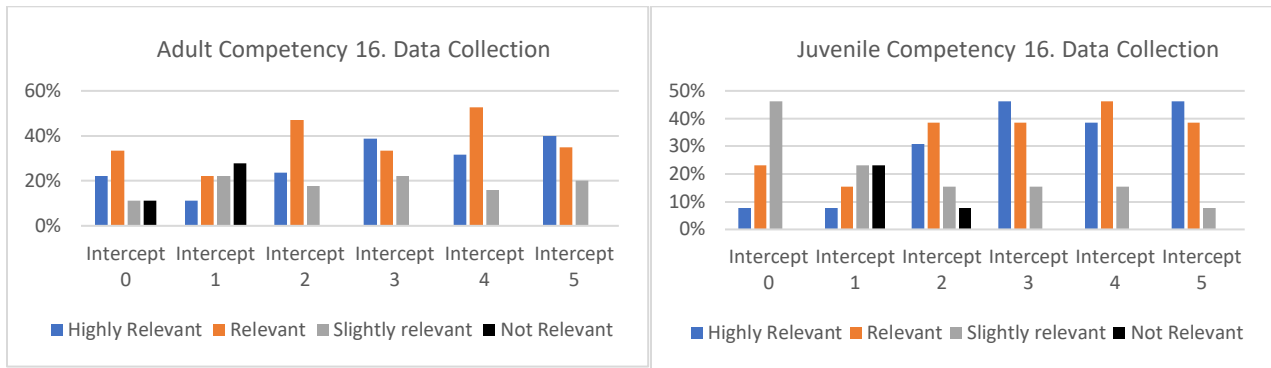
Competency rated was: Understands the implications of BI as a chronic condition, including aging with BI, and the implications for future rehabilitative and community-based employment supports, and is familiar with the long- and short-term rehabilitation needs & life care planning

*Exhibit 18. Competency 15: Stays Abreast of Best Practices/Research Related to Treatment Approaches, Pharmacology, and More, and Able to Refer to Specialists*



Competency rated was: Stays abreast of best practices/research related to treatment approaches (Motivational Interviewing, Person Centered Planning, etc.), pharmacology, and more, and is able to refer to specialists for same

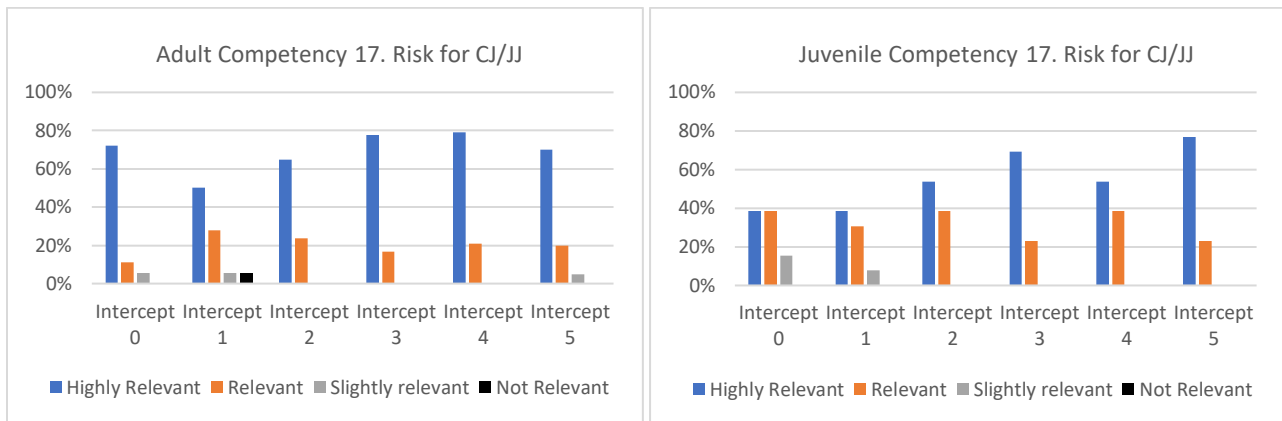
*Exhibit 19. Competency 16: Understands the Importance of Uniform Data Collection*



Competency rated was: Understands the importance of uniform data collection for program outcome analysis, comparison across programs, fidelity management

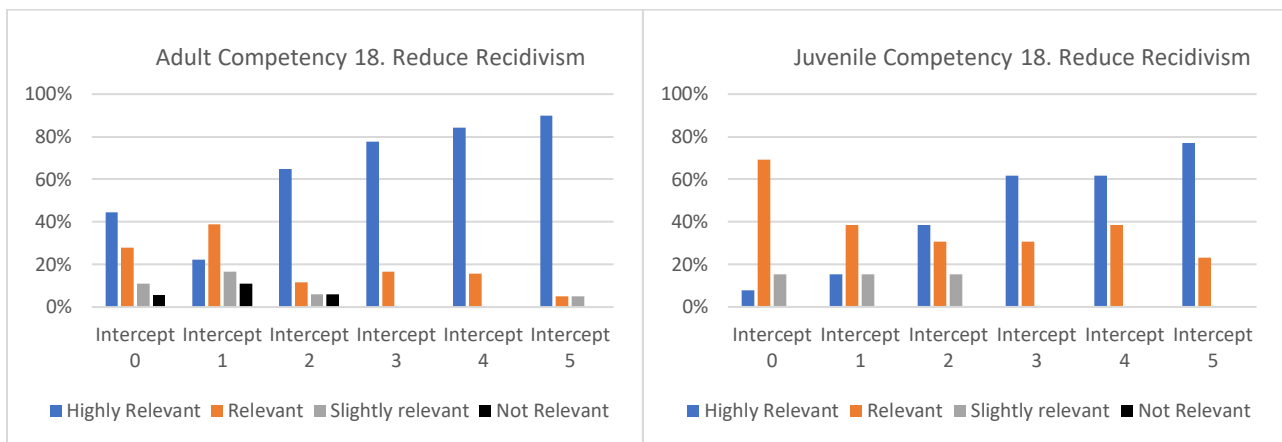
Competency 17 shows higher proportions of SMEs rating a competency highly relevant at intercept 1 when compared to other competencies in the adult grid (Exhibit 20).

*Exhibit 20. Competency 17: Aware that TBI is a Risk Factor for Engagement in Justice Systems*



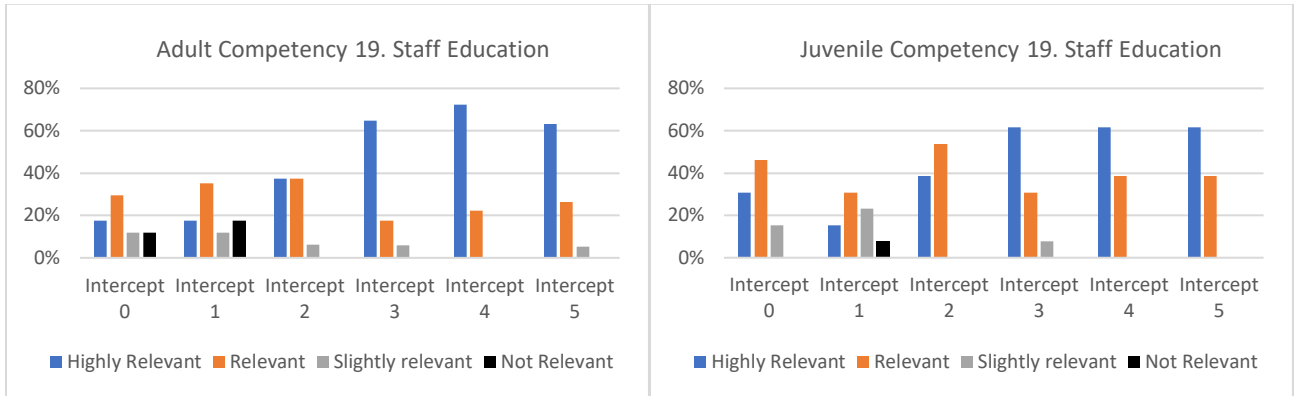
Competency rated was: Is aware that TBI is a risk factor for engagement in CJ/JJ Systems

*Exhibit 21. Competency 18: Aware of Best Practices to Reduce Recidivism*



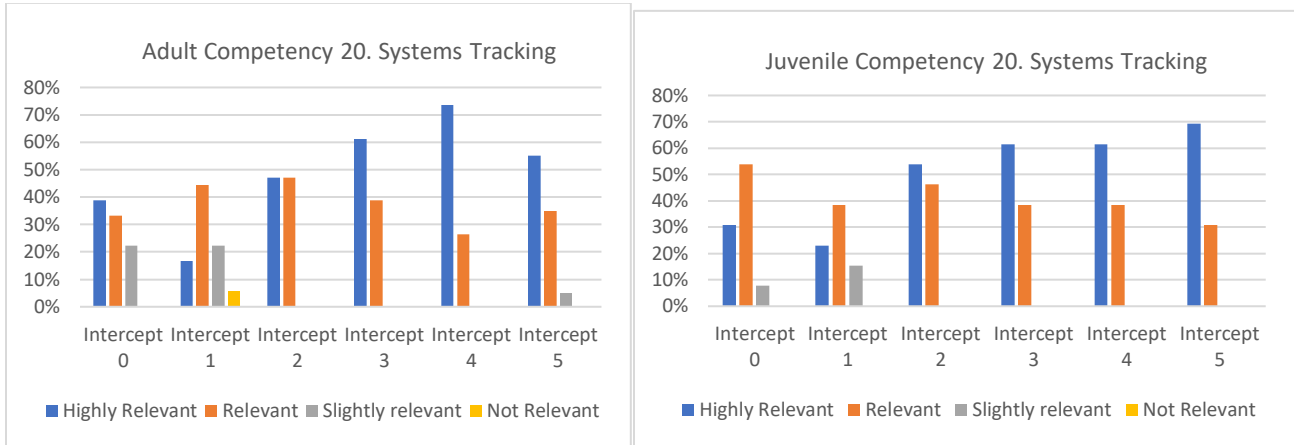
Competency rated was: Is aware of best practices to reduce recidivism

Exhibit 22. Competency 19: Understands Staff Education and Support Needs



Competency rated was: Understands staff education and support needs

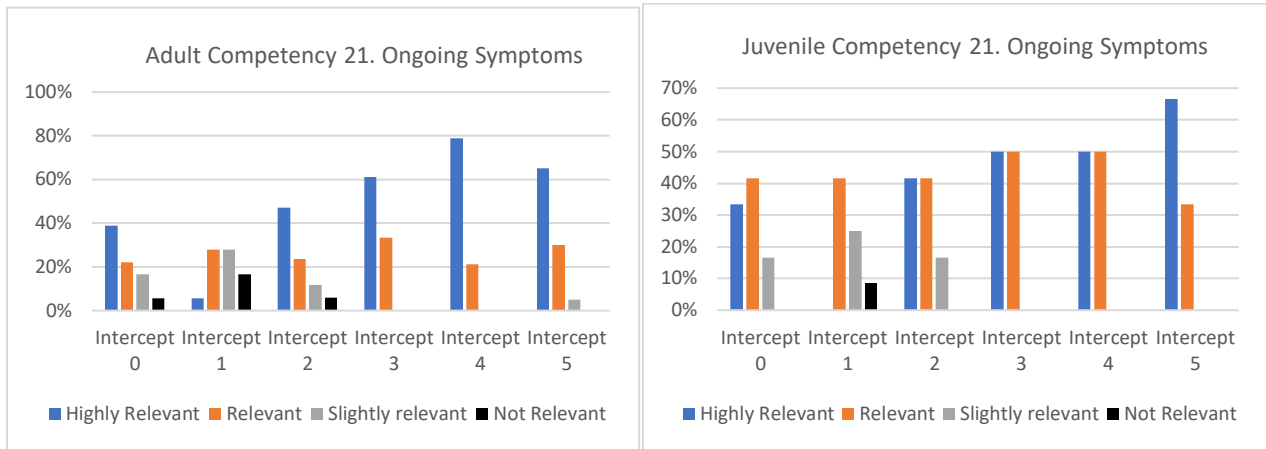
Exhibit 23. Competency 20: Understands Relevance of Tracking Documentation and Communication Across Systems



Competency rated was: Understands the relevance of tracking documentation and communication across systems



*Exhibit 24. Competency 21: Understands that a BI diagnosis not Always Imply Expression of Ongoing Symptoms and Understands When to Offer Services*

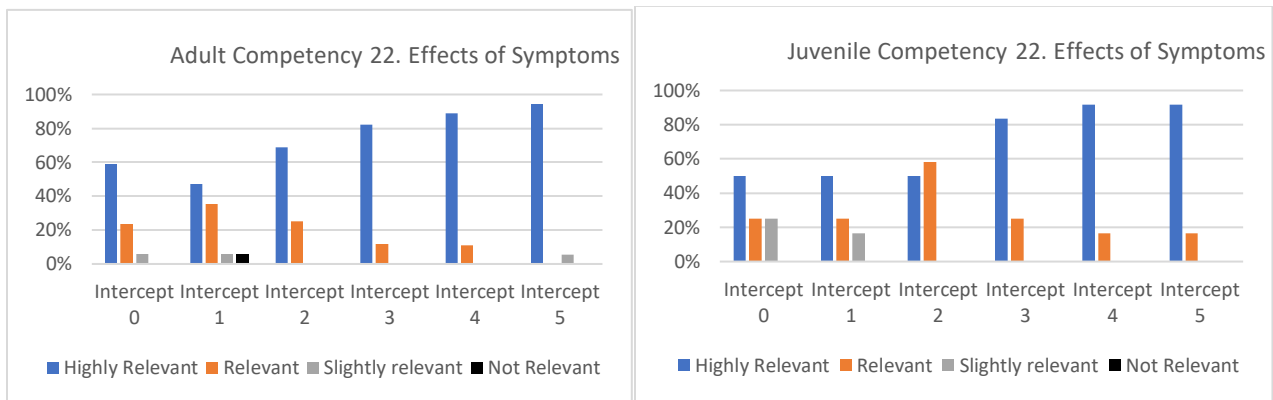


Competency rated was: Understands that a diagnosis of BI does not always imply the expression of ongoing symptoms of BI. Understands when to offer services.

Competencies 22 to 29 show a similar trend of higher proportions of SMEs who rated the competency more relevant across the intercepts. Competency 24 (de-escalation) is rated by a large proportion (at least 70%) of SMEs as highly relevant across all intercepts especially in the adult grid (Exhibits 25-32).

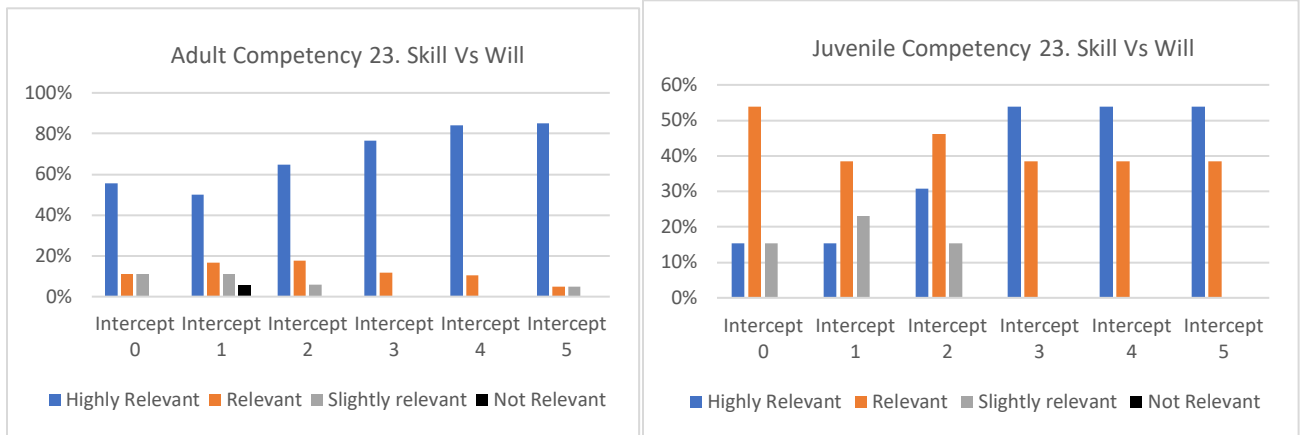
In the juvenile grid, very few competencies in this group are rated as not relevant and a large proportion of SME's rated these competencies as relevant or highly relevant.

*Exhibit 25. Competency 22: Recognizes Symptoms of BI Can Affect Different Areas and is able to Apply Different Models into the Justice System*



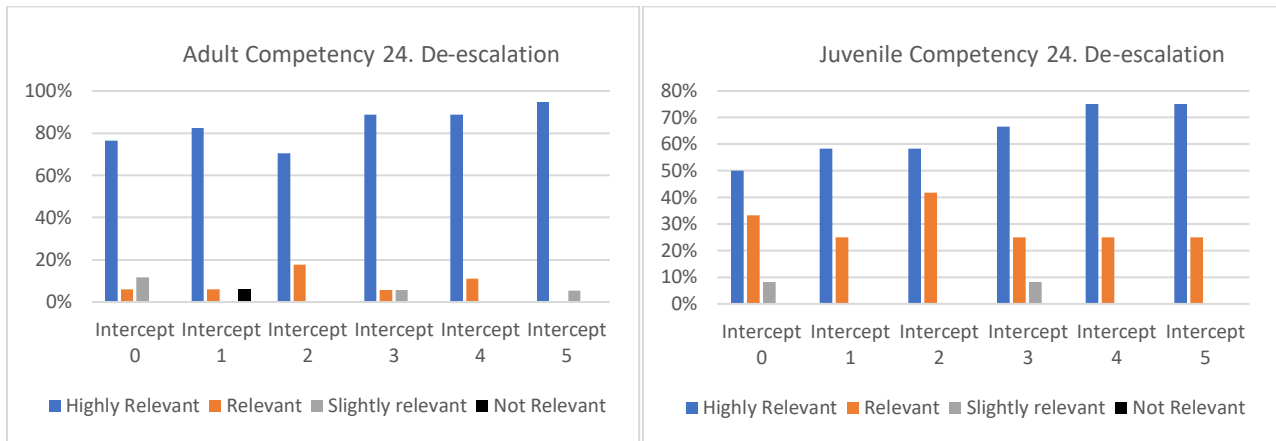
Competency rated was: Recognizes how symptoms (fatigue, reduced auditory comprehension, impaired attention, impaired memory, decreased executive skills, and more) of BI can affect interpersonal abilities, functional independence and ability to understand, follow, and recall interactions/information/requests and is able to apply a medical, biological, social model of interaction into the CJ/JJ system

*Exhibit 26. Competency 23: Understands Difference Between Skill Versus Will, How and Why Matters*



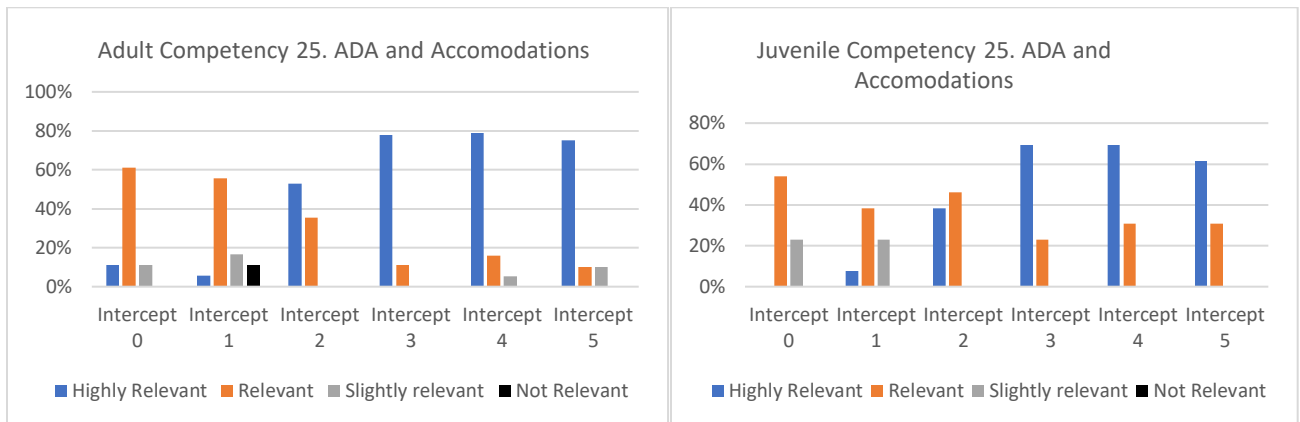
Competency rated was: Understands the difference between skill versus will, how and why these differences matter

*Exhibit 27. Competency 24: Understands Appropriate Crisis De-Escalation Techniques with Individuals with BI*



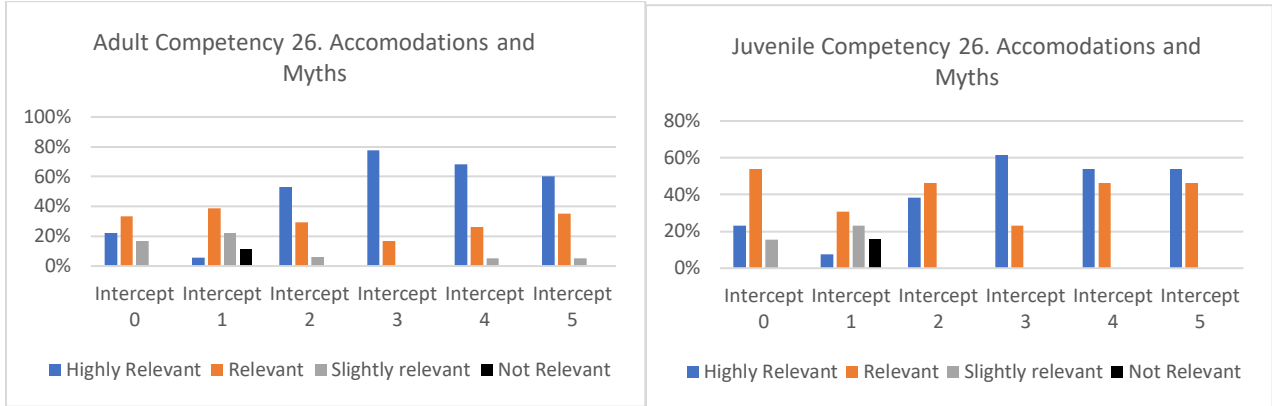
Competency rated was: Understands appropriate crisis de-escalation techniques with individuals with BI (similar to DRE - Drug Recognition Evaluation)

*Exhibit 28. Competency 25: Versed in ADA and Accommodations in Justice Systems*



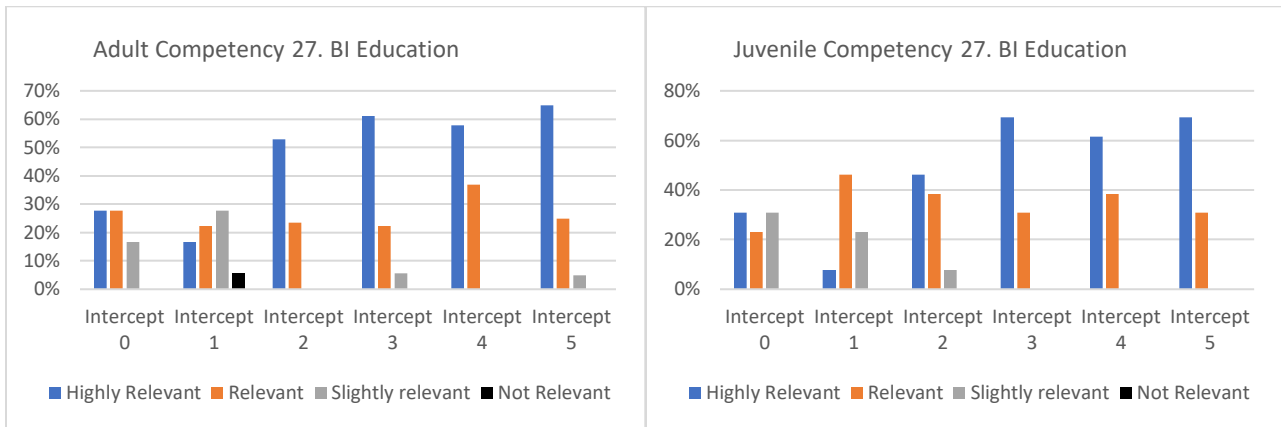
Competency rated was: Is versed in ADA and accommodations in the CJ/JJ systems

*Exhibit 29. Competency 26: Understands Importance of Implementing Accommodations and Dispelling Myths Related to Secondary Gains*



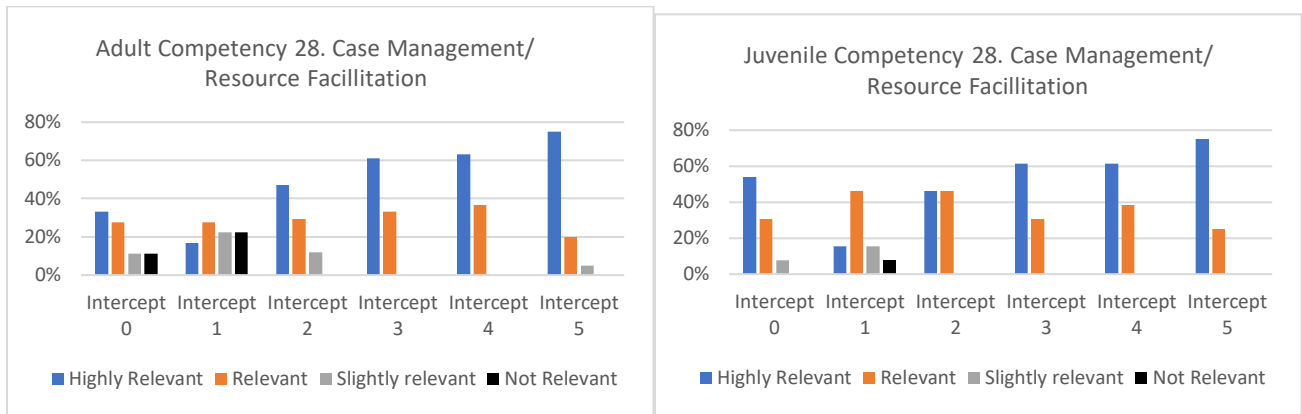
Competency rated was: Understands the importance of implementing accommodations and dispelling myths related to secondary gains

*Exhibit 30. Competency 27: Understands Value of BI Education for Individual Engaged in Justice System and Key Personnel at Each SIM Intercept*



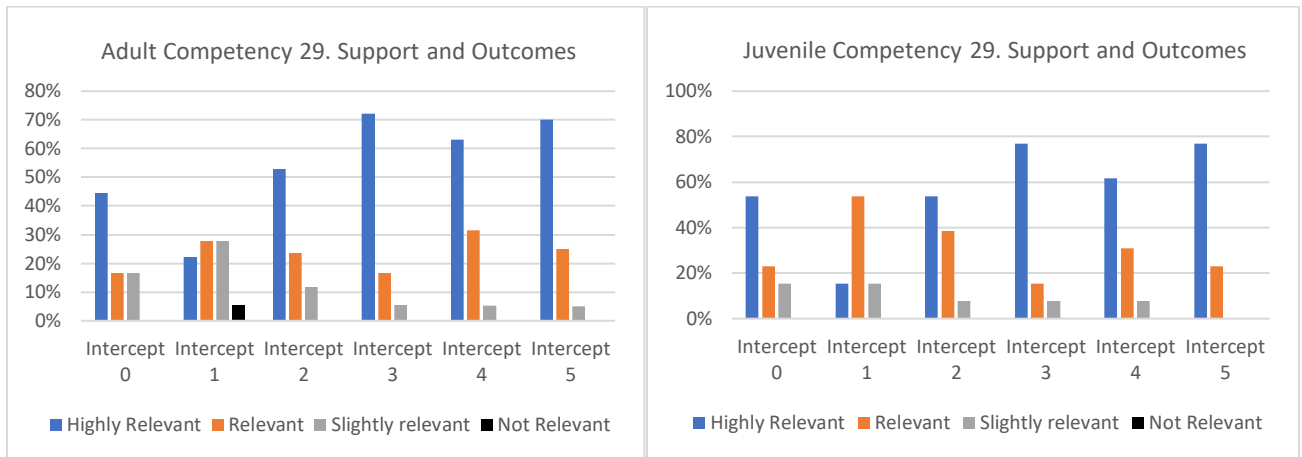
Competency rated was: Understands the value of BI education for the individual engaged in the criminal justice system, as well as the key personnel, at each intercept phase of the Sequential Intercept Model

*Exhibit 31. Competency 28: Understands Value of Case Management/Resource Facilitation and Effort Coordination at Each SIM Intercept*



Competency rated was: Understands the value of case management/Resource Facilitation and the coordination of efforts at each intercept phase of the Sequential Intercept Model

*Exhibit 32. Competency 29: Understands Role Family & Support Persons have Related to Outcomes and Supports Education and Engagement*



Competency rated was: Understands the role family & support persons have related to outcomes and supports education and engagement

It is important to note that a higher proportion of SMEs rated competencies as more relevant in the juvenile grids compared to the adult grids thus underscoring the importance of these competencies in the juvenile justice system.

## Qualitative Input from Subject Matter Experts

Some SMEs offered qualitative input on the competencies and intercepts. The major themes are highlighted below:

### Adult Criminal Justice

- The emphasis on high relevance for certain competencies in intercepts that included the police (e.g., recognizing effects of TBI on communication)
- In each intercept, the role with the most decision-making power was considered when rating relevancy e.g., behavioral health practitioner at intercept 0, judge at intercepts 2 and 3, and administration and ADA coordinator at intercept 4

### Juvenile Criminal Justice

- Rewording of competencies to reflect specificity to brain injury
- Relevance at each intercept was based on role with the greatest decision-making power. However, at some intercepts, some competencies may be more relevant to certain roles and not to others e.g., at intercept 2 many of the competencies weren't relevant for booking staff but they were relevant for judges
- Some competencies were difficult to rate because they were perceived as being double-barreled such as Competency 14 and 21
- Some SMEs felt that knowing how to implement these practices is more important than knowing about the practices such as in Competency 15
- Outline specific strategies for individuals with TBI for Competency 18

## New Competencies Identified by the Subject Matter Experts

New competencies were suggested by SMEs for both the adult and juvenile criminal justice systems. Generally, the new competencies covered the following areas:

### Adult Criminal Justice

- Identifying and providing ADA accommodations/modifications
- Overlap of symptoms between brain injury and other disabilities
- Brain injury as a risk factor for homelessness
- Intimate partner violence as a risk for TBI
- Recognizing brain injury with a person-centered approach
- Communication style that focuses the persons' ability to understand, follow and respond in conversation
- The impact of the environment on the person's ability to communicate

### Juvenile Criminal Justice

- The impact of the environment on the person's ability to communicate
- Communication style that focuses the persons' ability to understand, follow and respond in conversation
- Neurodevelopmental Approach that considers the impact of brain injury on neurodevelopmental trajectory and the basic principles of neurocognitive development in children and youth

Details of suggested competencies are in Appendix C.

## Recommended Next Steps

It is anticipated that the CJ/JJ workgroup, or a similarly structured version of it, will reconvene once 2022-2026 ACL TBI State Partnership Program grants are awarded. The next workgroup is encouraged to take the results from this report and use it to design competency factsheets or overviews for use by states with their CJ/JJ partners. There may be opportunity to brand these informational documents in accordance with the competency products stemming from other 2018-2021 workgroup efforts.

Future work to design universal CJ/JJ training products for use by states may be informed by the results of the competencies. It is also recommended that further efforts to continue to update and revise the proposed competencies take place. In particular, the new competencies identified by SMEs should be evaluated and incorporated into competency factsheets or overviews as appropriate.

If future research is undertaken to validate the set of CJ/JJ competencies, it is recommended that a potential design might incorporate a study of outcomes as a function of the competencies that individuals have been asked (and trained) to possess.

## Appendix A: The Intercepts and Key Personnel Included within the Competency Rating Grid

Below are the intercepts and examples of key personnel included in the adult and juvenile justice competency rating grids. Some of the key per personnel were only included in the juvenile justice competency grid.

**Intercept 0:** Community Services, Crisis Intervention

**Examples of Key Personnel:** Mobile crisis outreach teams, behavioral health practitioners, police-friendly crisis service staff, emergency department diversion staff, stabilization unit or respite staff, school crisis teams or other staff linked to at-risk youth

**Intercept 1:** Law Enforcement, Arrest

**Examples of Key Personnel:** Dispatchers, police officers

**Intercept 2:** Initial Detention, House Arrest, Initial Court Hearings, Diversion, Home Detention (pre-conviction)

**Examples of Key Personnel:** Booking staff, detention staff, pretrial and diversion staff, county attorneys, judges

**Intercept 3:** Jails, Prison and Courts, Problem Solving Courts, Home Detention (post-conviction)

**Examples of Key Personnel:** Specialty court staff, jail-based staff, veteran staff program staff, American with Disabilities (ADA) coordinators, judges, county attorneys

**Intercept 4:** Prison or Jail Re-entry

**Examples of Key Personnel:** Jail staff, prison staff (e.g., psychologist, social worker, medical team, administration), in-reach providers, re-entry case managers, ADA coordinator

**Intercept 5:** Community Corrections, Probation, Parole, Community Re-entry, Community Supervision, Residential Placements, Home Detention

**Examples of Key Personnel:** Community corrections staff, probation officers, parole officers, re-entry case managers, specialized community supervision staff (residential, home detention), treatment staff at residential and community-based programs, ADA coordinator

## Appendix B: The Brain Injury Competencies in the Competency Rating Grid

Below are the brain injury competencies that were included in the adult and juvenile justice competency rating grids. Twenty-nine competencies were identified in two domains (General Brain Injury Competencies and Criminal and Juvenile Justice-Specific Competencies) and seven subdomains (Brain Injury Basics, Brain Injury Screening, Co-occurring Conditions and Brain Injury, Community-Based Resources and Interventions, General Considerations, Symptomatology/Behavior, and Services and Supports).

### **General Brain Injury Competencies**

#### *Brain Injury Basics*

1. Understands types and causes of BI
2. Has knowledge regarding the prevalence of BI within the justice system
3. Understands medical and rehabilitation terminology pertaining to BI
4. Understands that categorization of initial injuries may not predict long-term outcomes
5. Understands that recovery from BI, and long-term outcomes are individualized and based on many variables
6. Understands how BI affects the following functional systems:
  - Cognition (memory, attention, executive skills, problem solving, etc.)
  - Speech and language production and comprehension
  - Physical, motor, and sensory abilities (strength, endurance, range of motion, vision, perception, hearing, balance, etc.)
  - Behavior and mood regulation (awareness, adjustment, mood, interpersonal skills, etc.)"
7. Understands the importance of prevention of secondary, tertiary BI

#### *Brain Injury Screening*

8. Understands how BI screening tools/best practices (e.g., OSU-TBI ID, BISQ, HELPS, Brain Check Survey) may assist in the identification of potentially undiagnosed BI.
9. Is able to implement and interpret agency-sanctioned BI screening tools

#### *Co-Occurring Conditions and Brain Injury*

10. Understands the risks of substance use disorders for people with BI
11. Knows the resources to support abstinence from substance use for individuals with BI



12. Understands the prevalence, effects, and support needs presented when a person has co-occurring disorders (such as a mental illness or substance misuse)

### *Community-Based Resources and Interventions*

13. Is able to identify the range of specialists, professionals, and services in their state (e.g., county, regional, state funded programs, case management, information and referral agencies) that may address BI needs, challenges and impairments and knows where to locate resources

14. Understands the implications of BI as a chronic condition, including aging with BI, and the implications for future rehabilitative and community-based employment supports, and is familiar with the long- and short-term rehabilitation needs & life care planning

15. Stays abreast of best practices/research related to treatment approaches (Motivational Interviewing, Person Centered Planning, etc.), pharmacology, and more, and is able to refer to specialists for same

16. Understands the importance of uniform data collection for program outcome analysis, comparison across programs, fidelity management

### **Criminal and Juvenile Justice-Specific Competencies**

#### *General considerations*

17. Is aware that TBI is a risk factor for engagement in CJ/JJ Systems

18. Is aware of best practices to reduce recidivism

19. Understands staff education and support needs

20. Understands the relevance of tracking documentation and communication across systems

#### *Symptomology/Behavior*

21. Understands that a diagnosis of BI does not always imply the expression of ongoing symptoms of BI. Understands when to offer services.

22. Recognizes how symptoms (fatigue, reduced auditory comprehension, impaired attention, impaired memory, decreased executive skills, and more) of BI can affect interpersonal abilities, functional independence and ability to understand, follow, and recall interactions/information/requests and is able to apply a medical, biological, social model of interaction into the CJ/JJ system

23. Understands the difference between skill versus will, how and why these differences matter

24. Understands appropriate crisis de-escalation techniques with individuals with BI (similar to DRE - Drug Recognition Evaluation)

*Services and Supports*

25. Is versed in ADA and accommodations in the CJ/JJ systems
26. Understands the importance of implementing accommodations and dispelling myths related to secondary gains
27. Understands the value of BI education for the individual engaged in the criminal justice system, as well as the key personnel, at each intercept phase of the Sequential Intercept Model
28. Understands the value of case management/Resource Facilitation and the coordination of efforts at each intercept phase of the Sequential Intercept Model
29. Understands the role family & support persons have related to outcomes and supports education and engagement

## Appendix C: New Competencies Suggested by Subject Matter Experts

### *New Adult Justice Competencies*

1. Ability to identify and provide ADA Accommodations/Modifications to ensure access to programming and services
2. Understands that some of the symptoms of brain injury may look like other types of disabilities (e.g., Learning Disability, ADHD) and that an individual may have multiple disabilities
3. Understands that brain injury is a risk factor for homelessness = a population with higher rates of incarceration
4. Understands intimate partner violence may cause TBI and/or anoxic brain injury - incarcerated women may have this in their history
5. Ability to recognize BI, or new BI, and present the individual's circumstances in a frank but solution-oriented manner as negative presentation will impact the decision-maker's perspective and actions. Levels of knowledge are relative depending on the official's roles and duties.
6. Understands the impact of ones' own communication style on the persons' ability to understand, follow and respond in conversation, so considers and implements the following communication strategies:
  - i. Uses simple rather than complex language
  - ii. Speaks a bit slower (not in a patronizing manner) and pauses in between topics and ideas.
  - iii. Does not assume the youth has understood.
  - iv. Does not use the phrase 'Do you understand?' (uses the phrase, "tell me what you understood").
  - v. Writes down important information to facilitate comprehension and memory
  - vi. Provides definitions with concrete examples for unfamiliar legal terms and vocabulary.
7. Environmental Modifications/Accommodations: Understands the impact of the environment on the person's ability to communicate (understand, follow and respond to the best of their ability); so considers and implements environmental modifications such as holding important conversations in a quiet space, reducing excessive stimulation (bright lights, background noise) where possible.

### *New Juvenile Justice Competencies*

1. Environmental Modifications/Accommodations: Understands the impact of the environment on the person's ability to communicate (understand, follow and respond to the best of their ability); so considers and implements environmental modifications such as holding important conversations in a quiet space, reducing excessive stimulation (bright lights, background noise) where possible.
2. Understands the impact of ones' own communication style on the persons' ability to understand, follow and respond in conversation, so considers and implements the following communication strategies:

- i. Uses simple rather than complex language
- ii. Speaks a bit slower (not in a patronizing manner) and pauses in between topics and ideas.
- iii. Does not assume the youth has understood.
- iv. Does not use the phrase 'Do you understand?' (uses the phrase, "tell me what you understood").
- v. Writes down important information to facilitate comprehension and memory
- vi. Provides definitions with concrete examples for unfamiliar legal terms and vocabulary.

3. Neurodevelopmental Approach: Understands the potential impact of brain injury, including repeat hits to the head, on the neurodevelopmental trajectory. Understands basic principles of neurocognitive development in children and youth such as frontal lobe and executive functions, including behavioral self-regulation and Theory of Mind.