

## STATEMENT FOR THE RECORD H.R. 2992, the TBI and PTSD Law Enforcement Training Act

## Submitted by the National Association of State Head Injury Administrators to the U.S. House Committee on Judiciary

## Wednesday, May 11, 2022

On behalf of the National Association of State Head Injury Administrators (NASHIA), we submit the following statement for the record in support of H.R. 2992, the "TBI and PTSD Law Enforcement Training Act." As a nonprofit member organization representing state government brain injury programs, we appreciate the need for training and coordination of resources at the state and local levels to better identify and support individuals with traumatic brain injury (TBI) who are justice-involved. Behavioral and cognitive impairments associated with brain injuries can contribute to challenges related to impulse control and reasoning that can lead to unnecessary escalated justice encounters without proper accommodations.

TBI survivors are highly prevalent within the criminal justice system, with some <u>studies</u> <u>showing</u> that 65% of the justice-involved reporting a TBI. A review from the National Conference of State Legislatures, found that an average of 41% of youth within the juvenile justice system had experienced one or more TBI(s). Despite the high occurrence of brain injury, crisis intervention training (CIT) related to TBI is often not offered to law enforcement and public safety professionals. If it is available, it is limited by what each individual state is able to implement and sustain. It is important for law enforcement professionals to have a working understanding of TBI since a history of TBI is often hidden among people with cognitive and/or intellectual disabilities, spinal cord injury, and those with substance use disorders and other behavioral health challenges.

Unfortunately, the majority of law enforcement and first responders, cannot recognize or identify the challenges associated with a brain injury and struggle to interact with individuals living with these impairments. Many of the symptoms of TBI, such as confusion, inability to follow directions, and impaired thinking or memory, can be misinterpreted or mistaken for intoxication. Additionally, other symptoms like agitation or irritability can raise safety issues when interacting with law enforcement and first responders. Language comprehension and response time varies among individuals with brain injuries, which can impact their ability to optimally communicate with law enforcement officers during encounters. For example, poor basic language skills and

slower processing speed could impair an individual's ability to follow and answer a line of questions but may be misidentified as substance misuse or obstinance.

Often impacts of a TBI are similar to other cognitive conditions, such as Post Traumatic Stress Disorder (PTSD), intellectual disabilities, and mental health disorders. It is important that law enforcement officers be able to discern factors contributing to a situation and to communicate effectively with the individual, avoid unnecessary escalation, and help to obtain appropriate resources and assistance. In some states, the brain injury program (housed in the state public health, aging and disability, vocational rehabilitation or other agency) offers training and local resources to address behavioral, cognitive and physical disabilities associated with TBI. As a national organization, we would be happy to assist in any way to make those connections.

We also support the provision that directs the Centers for Disease Control and Prevention (CDC) to implement a study on the prevalence and incidence of concussion among first responders. TBI poses a significant hazard for law enforcement personnel that may be attributed to falls, blows to the head, former military service and vehicle crashes. Often concussions or mild TBI go unnoticed yet result in cognitive and other challenges that need to be identified and treated.

For over thirty years, NASHIA has been the only national organization to offer states a learning forum and other opportunities to promote partnerships and build systems to meet the needs of individuals with brain injury across the lifespan. We partner with a number of federal agencies, including the Centers for Disease Control and Prevention's National Injury Center and the Department of Health and Human Services' (HHS) Administration for Community Living (ACL), to promote awareness, education, and training.

In closing, we strongly support training efforts among first responders to better assist them with their responsibilities and to help those persons with TBI to obtain the resources they need to address their TBI-related disabilities that may contribute to the situation prompting the need for a first responder.

Should you wish additional information, please do not hesitate to contact Rebeccah Wolfkiel, Executive Director, at 202-681-7840 (<u>rwolfkiel@nashia.org</u>) or Zaida Ricker, NASHIA Governmental Relations Consultant at <u>zricker@ridgepolicygroup.com</u>.

Thank you for your continued support.