



NATIONAL ASSOCIATION OF STATE HEAD INJURY ADMINISTRATORS

S.4286/H.R. 2992: The TBI and PTSD Law Enforcement Training Act

What is the purpose of the TBI and PTSD Law Enforcement Training Act?

S.4286, sponsored by Senators Jon Ossoff (D-GA), Chuck Grassley (R-IA), and John Kennedy (R-LA), and H.R. 2992, sponsored by Representatives Pascrell (D-NJ), Don Bacon (R-NE), Val Demings (D-FL), and John Rutherford (R-FL), calls for the U.S. Attorney General to develop crisis intervention training tools to assist first responders interacting with persons who have a traumatic brain injury (TBI), another form of acquired brain injury (ABI), or post-traumatic stress disorder (PTSD). In addition, the Centers for Disease Control and Prevention (CDC) is to implement a study to determine the prevalence and incidence of concussion among law enforcement professionals.

Why is the legislation needed?

The incidence of TBI and PTSD among civilians, including veterans, increases each year as more Americans incur these conditions. Approximately 2,900,000 emergency department visits, hospitalizations, and deaths were related to TBI in the United States in 2014, according to the CDC. About 7 or 8 percent of individuals in the United States will experience PTSD at some point in their lives, and about 8,000,000 adults have PTSD during the course of a given year.

Despite the high occurrence of brain injury and PTSD, training 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 and PTSD because individuals with these conditions may experience similar symptoms relating to impaired judgment, awareness, memory, agitation, self-destructive behavior, and anxiety. Language comprehension and response varies among individuals with brain injuries, which can impact their ability to optimally cooperate with law enforcement individuals during these encounters. For example, poor basic language skills and slower processing speed could impair a survivor's ability to follow and answer a line of questions.

Unfortunately, the majority of people, including law enforcement and first responders, cannot recognize and identify the symptoms and struggle to interact with individuals suffering from these conditions. 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. Recognizing possible signs and symptoms of brain injury in individuals encountered and simple supports to engage with those affected by brain injury can reduce escalation and harm.

Additionally, first responders themselves have a high risk of brain injury through assaults, road traffic incidents and attending domestic calls, with many officers developing PTSD as a consequence. Research has not explored the frequency and sequelae of TBI in law enforcement, despite the high risk of physical and emotional trauma specific to policing.

How would the training be provided?

The Bureau of Justice Assistance, in consultation with the CDC and Substance Abuse and Mental Health Administration (SAMHSA), would solicit best practices regarding techniques to interact with persons who have a TBI, an ABI, or PTSD from relevant stakeholders; and then, develop crisis intervention training tools. At least one Law Enforcement-Mental Health Learning Site would be designated to use the training tools. Training tools developed would be available as part of the Police-Mental Health Collaboration Toolkit provided by the Bureau of Justice Assistance.

What is the status of the legislation?

The U.S. House of Representatives passed this legislation through the full chamber with overwhelmingly bipartisan support on May 18, 2022. We encourage the Senate Judiciary Committee and full Senate to consider the legislation immediately.

Supporting Organizations

Fraternal Order of Police (FOP); Federal Law Enforcement Officers Association (FLEOA); Major Cities Chiefs Association (MCCA); Major County Sheriffs of America (MCSA); National Association of Police Organizations (NAPO); National Narcotics Officers' Associations' Coalition (NNOAC); National Sheriffs Association (NSA); Sergeants Benevolent Association NYPD (SBA); National District Attorneys Association (NDAA); National Association of State Head Injury Administrators (NASHIA); Brain Injury Association of America (BIAA); the National Alliance on Mental Illness (NAMI) and the National Association of State Mental Health Program Directors (NASMHPD).

About NASHIA

The National Association of State Head Injury Administrators (NASHIA) is a nonprofit organization representing state employees who administer services and provide resources for people with brain injury and their families. For further information contact Zaida Ricker, NASHIA Governmental Relations, zricker@ridgepolicygroup.com, or Rebeccah Wolfkiel, NASHIA Executive Director, at execdirector@nashia.org.

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