TBI & Corrections: A Review of Minnesota’s HRSA Grants

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Disclosures & Disclaimers

• No financial disclosures to report

• The views expressed in this presentation are those of the presenter and are not to be construed as official or reflecting the viewpoints of the Minnesota Department of Corrections
What We Know! (Wald et al., Shiroma et al., 2010)
Beyond Numbers

- Our thinking has to move forward from getting bogged down in how many, to now what?

- How does this affect the offender, the correction system, and the community at large

- The matter of TBI must become ingrained in the system’s culture or all this fancy research will not lead to productive outcomes
Research Rationale

• We knew that previous research would help but it would become important to understand its impact on our system.

• If you are going to make a statement, you have to look at variables that will get the attention of administrators and, thereafter, the legislature.

• Time, resources, outcomes, and safety-these get attention!!
Minnesota’s Efforts


• Grant will end, now what?

• We needed to go beyond numbers and investigate the impact that TBI was/is having on the system, the offender, and the community.
Variables of Interest

• Disciplinary infractions:
  ▫ Previous research suggests a history of TBI predisposes offenders to disciplinary issues (Merbitz, Jain, Good, & Jain, 1995; Shiroma et al., 2010)

• Use of Medical and Mental Health Services:
  ▫ Elevated mental health issues
  ▫ Crisis Intervention Services
  ▫ Persisting physical health sequelae post TBI (e.g., Headaches)

• Substance Abuse Treatment Completion Rates:
  ▫ ~2/3 of American offenders meet criteria for substance abuse or dependence (Mumola & Karberg, 2006).

• Recidivism
Groupings

- **Low (172)**: offenders who did not report any history of head injuries.

- **Moderate (575)**: reported one or two events in which a TBI occurred, both of which involved either no LOC or a LOC of less than 60 minutes.

- **High (252)**: reported either at least three separate head injuries and/or at least one injury that resulted in loss of consciousness for >60 minutes
Medical and Psychological Services

Figure 1. Number of encounters with psychological services staff (solid lines) and health services staff (dotted lines) for the three TBI sequelae groups. The bars show 95% confidence intervals for the means.
Recidivism:

- 676 offenders were released from prison during the time frame of 2006-2010.
- Re-arrest, reconviction, or return to prison
- Previous misdemeanor and felony convictions were also investigated with the entire sample of 998 offenders to serve as a gauge of prior recidivism.
Recidivism Rates

![Bar chart showing recidivism rates for TBI groupings: LOW, MODERATE, and HIGH. The chart indicates a higher recidivism rate for MODERATE compared to LOW and HIGH.](chart.png)
Prior Convictions

Figure 2. Prior misdemeanors (dashed lines) and felonies (solid lines) for the three TBI sequelae groups. The bars show 95% confidence intervals for the means.
Variables that were “Trending”

• Chemical Health Treatment:
  - High Probability Group completed the program at a lower rate (62%) than those in the Low Probability Group (80%).

• Minor and Major Discipline:
  - Offenders in the Low Probability Group were somewhat less likely to have been reported for both major and minor disciplinary infractions while incarcerated than those in the other groups.
Sustainability: Can’t go it Alone!

- **Culture**
  - TBI needs to be ingrained in the culture or it will simply and easily lose recognition
  - Still difficult but easier to maintain a culture of “TBI” at the ground level than at the administrative level

- **Training**
  - Ongoing
  - Online

- Embed staff in targeted treatment programs/facilities

- Need to join forces: Power in shared relationships (e.g., TBI and Dementia)
FIGURE 3: Growth projections of dementia in general population vs. prison population, 2009-2010, 2030 and 2050

Release Planning

• Need for TBI-specific release planning
  ▫ TBI release planner (Cognitive Healthcare RP)
  ▫ Absorbed currently by SPMI release planners

• Need for establishing relationships with probation
  ▫ Pre-sentencing and at time of discharge

• Family outreach and education
  ▫ Work with your local BI organization is critical
TBI Screening: A few Comments
References


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