

# Research to Practice in the NIDILRR Community

*Translating Evidence about Traumatic Brain Injury  
to Practice Within the Washington State  
Department of Corrections*

Presenter: Mark Harniss

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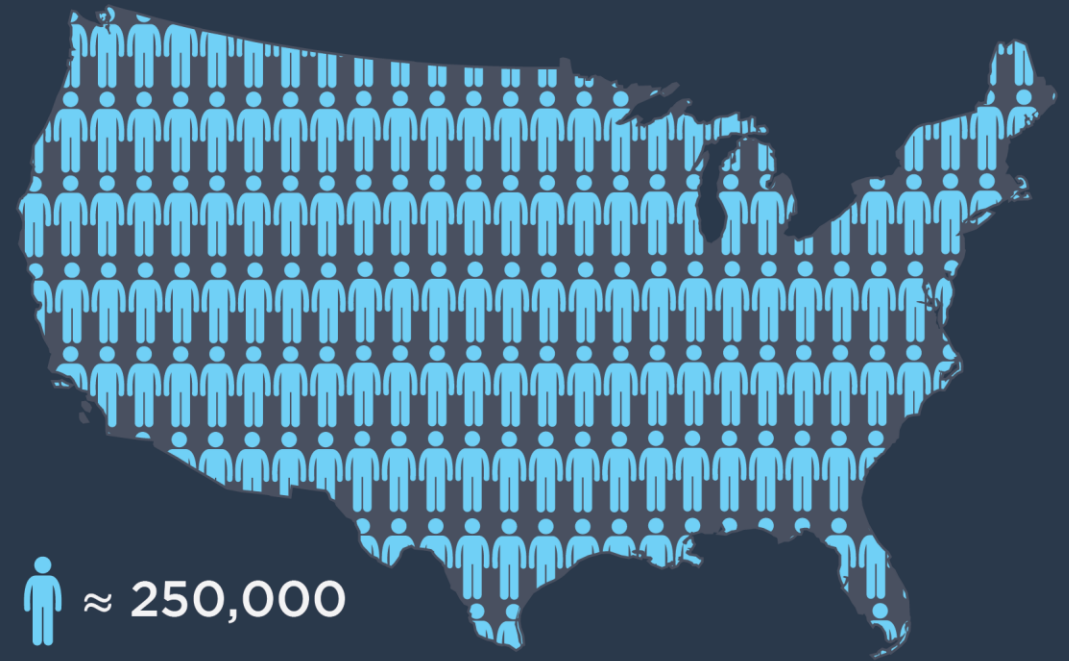
Knowledge Translation for Employment Research Center

TRANSLATING EVIDENCE ABOUT  
TRAUMATIC BRAIN INJURY TO PRACTICE  
WITHIN THE WASHINGTON STATE  
DEPARTMENT OF CORRECTIONS

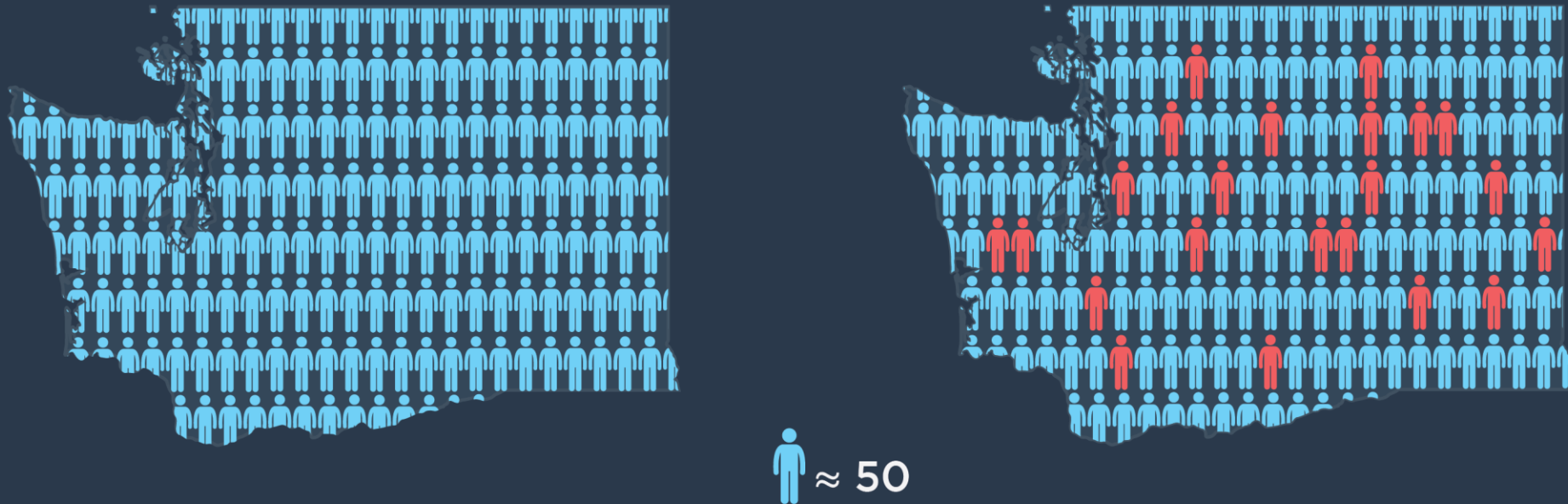
Based on 2010 estimates, about **2.8 million** brain injuries are reported each year. **98%** of these people will survive.

Many will recovery with a few weeks or months and return to their normal life.

Some will experience challenges for many years or the rest of their lives.



If the national estimates hold true for Washington state, Washington state residents have approximately **63,000** TBI related injuries per year; of these cases, about **1,130** individuals die from their injuries.



Outside of prison,  
**8.5%** of Americans  
report a TBI.

Inside of prison, it is  
estimated that **60%** of  
people have experienced  
a TBI.

At least **8.5%** of Washington DOC staff, or **730** Individuals, have a TBI.



As many as **60%** of offenders, or **21,990** individuals, have a TBI.



# TBI Can Affect People in Many Ways

Cognitively



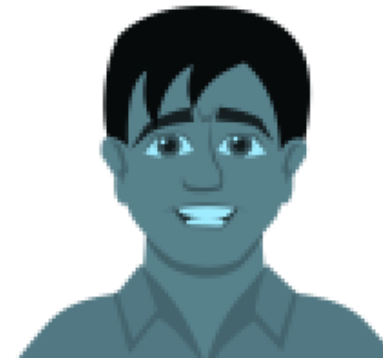
Emotionally



Socially



Physically



Sensorially



Difficulty in  
memory,  
planning,  
understanding

Problems with  
emotional  
control

Inappropriate  
or unusual  
social behavior

Pain, balance,  
speech,  
seizures

Sensitivity to  
light and noise,  
loss of hearing,  
vision

# TBI and Corrections

- Research on the effect of TBI on incarcerated individuals is limited, but suggests that;
  - ▣ they have higher rates of recidivism (i.e., prior incarcerations) than incarcerated individuals without TBI,
  - ▣ are heavier users of medical/psychological services,
  - ▣ are less able to maintain rule-abiding behavior,
  - ▣ and are less likely to complete chemical dependency programs.
  
- Front line correctional staff have limited understanding of these challenges and how best to interact with people with TBI.

# Our Project

9

- We are collaborating closely with the Washington State Department of Corrections (DOC) to translate research on traumatic brain injury (TBI) into practice.
- We are focusing on the front line staff (i.e., correctional officers in correctional facilities, health services staff, community corrections officers) who work regularly with incarcerated individuals with TBI.

Funder: NIDILRR DRRP on Knowledge Translation funded in 2015-2020.

# Our project plan

10

**Track 1: System-wide KT intervention to increase TBI knowledge of front line staff.**

- Gap analysis and KT planning
- Developing and implement training plans with DOC

**Track 2: Intensive KT pilot intervention to translate TBI knowledge to practice within subgroup (e.g., veterans).**

# Gap Analysis and KT Planning

11

- Meetings with DOC Leadership
- Meetings with DOC Training Development Unit
- Interview with TBI experts
- Process reflections by UW staff
- Materials collection and review
- Participation in DOC trainings

# Gap Analysis and KT Planning

12

## □ Site Visits

- Cedar Hall Skill Building Unit (SBU) at Washington Corrections Center, Shelton, WA (developmental disabilities unit)
- Monroe Correctional Complex (MCC), Monroe, WA (special offender unit—psychiatric)
- Stafford Creek, Aberdeen, WA (veteran's unit)
- Washington Correctional Center for Women, Gig Harbor, WA

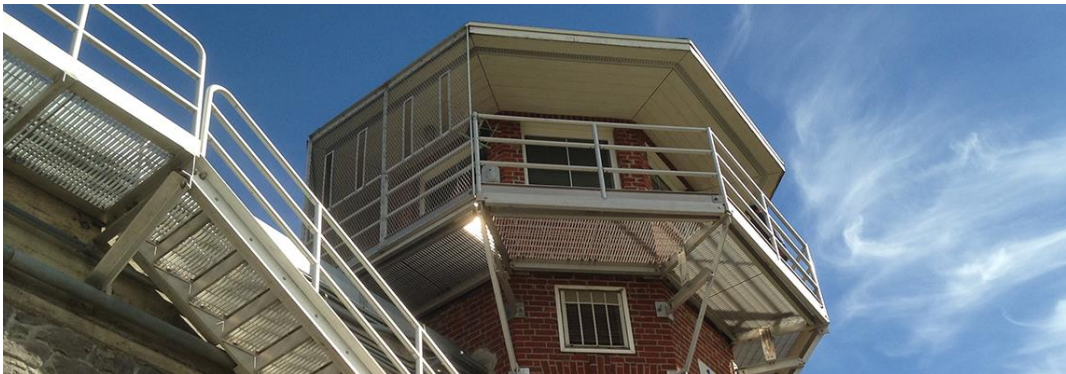


Image used with permission from the Washington State Department of Corrections

# Needs Analysis Findings

- WA DOC is huge, complex, and approaches to KT cannot be unidimensional.
- Staff members in DOC can be divided roughly into admin, correctional officers and health services. Each category brings a very different perspective to their interaction with incarcerated individuals that can be in conflict.
- Although perspectives vary widely across staff, the general purpose of placement in a correctional facility is still ensuring that individuals serve their sentences and community safety, not rehabilitation.

# Needs Analysis Findings

14

- Entry to the DOC will require an understanding of the motivations of correctional staff.
  - What they will gain from learning about interactions with people with TBI. Safety is top priority for front line staff (How will KT intervention about TBI improve staff safety)
  - Using appropriate terms/translating for different contexts - management of behavior vs. rehabilitation

# Needs Analysis Findings

- Limited TBI knowledge among majority of staff.
- The notion of universal design, accommodations, or modifications centered around disability are not widely understood concepts—in particular for people with cognitive and behavioral disabilities.
- KT interventions will need to fit within the context of the existing and extensive training requirements already required of staff within DOC.
- Encouragingly, there are other initiatives that mirror our work (e.g., trauma-informed corrections) and suggest that change is potentially occurring.

# Introductory Level Training

16

- E-course launched July 1 to all 8,500 staff
  - Goals
    - To help all DOC staff, especially front line staff understand...
      - what a TBI is,
      - how incarcerated individuals and DOC staff might be affected by TBI,
      - what they could do day-to-day to improve interactions and increase safety.
    - To motivate DOC staff to learn more about TBI
  - Format
    - 45 minute online course
    - Includes slide-based text, quizzes, infographics, animations and videos

# Introductory Video (4:30 mins)

# Intermediate Level Training

18

- ADA Coordinator Training
  - ▣ All facility level ADA Coordinators in WA DOC.
  - ▣ Content
    - What is TBI and how does it affect incarcerated individuals?
    - What is unique about correctional settings that make certain challenges more difficult for people with TBI?
    - What are appropriate accommodations and which ones might be acceptable/functional in corrections?
- TBI Task Force
  - ▣ Mechanism for informing and educating DOC leadership and supporting a decision-making process focused on TBI.

# TBI Task Force

19

- Membership from across DOC
  - ▣ Health services, ADA compliance, mission housing, correctional officers, classification officers, mental health, deaf services.
- Purpose
  - ▣ Develop a shared understanding about the challenges of TBI within DOC.
  - ▣ Develop a plan for addressing the challenges.
  - ▣ Implement a pilot study to test some of the recommendations.

# Initial ideas from first TBI Task Force meeting

20

- Consider approaches at both staff and incarcerated individual level.
- Differentiate approaches for those with severe vs. more moderate mild TBI.
  - ▣ Specialized vs. universal approaches.
- Collect better data and share using new record keeping system.
- Integrate training opportunities in more places to include both information and education (factsheets, videos, podcasts).
- Link to volunteer community—brain injury organizations.
- Integrate into existing approaches (Redemption Model, Trauma-Informed Care)

# Next Steps

21

- TBI Task Force will
  - ▣ Develop a Charter (mission, goals, outcomes, interventions, timeline, communication plan, membership).
  - ▣ Engage in information finding to identify possible points of intervention.
  - ▣ Develop a set of priorities with a timeline.
  - ▣ Will establish a plan for the Phase 2 Pilot project to test proposals in a facility.

# Project Contact

22

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# Wrapping Up

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We invite you to:

- Provide your input on today's webcast
- Share your thoughts on future webcasts topics
- Contact Us at [kter@air.org](mailto:kter@air.org)

*Please fill out the brief evaluation form:*

<http://www.surveygizmo.com/s3/4131531/Evaluation-RtP2018>

# Disclaimer

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