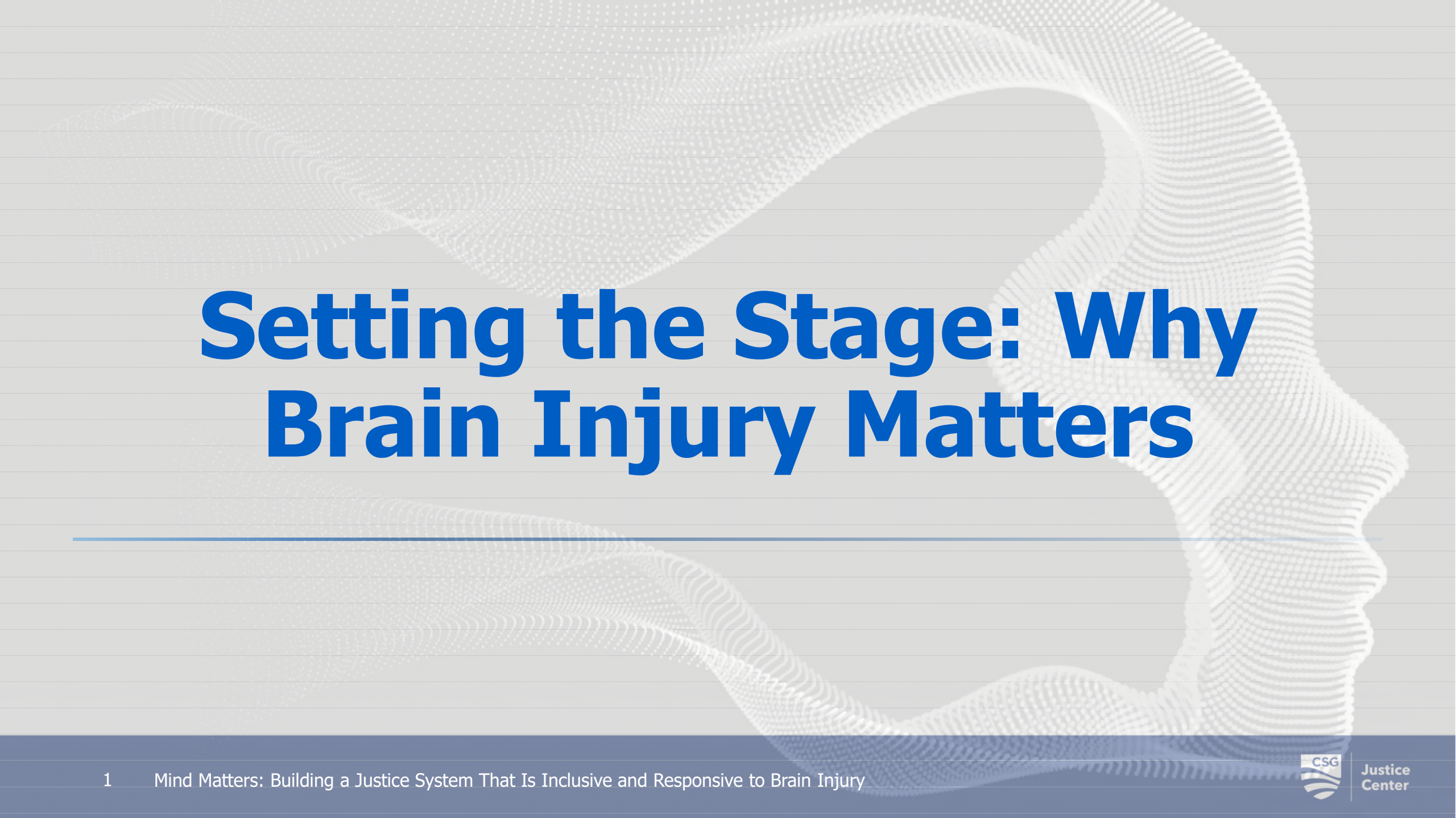


A large, stylized graphic of a human brain in profile, facing right. The brain is composed of a dense grid of small dots, with the dots being more concentrated in certain areas, creating a sense of depth and texture. The background is a light gray with a subtle pattern of dots.

# Setting the Stage: Why Brain Injury Matters

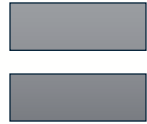
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# Brain Injury Defined

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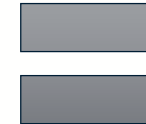
## Acquired Brain Injury

Traumatic Brain Injury



External Forces  
ex: assault, fall, blast  
injury, motor vehicle  
accident

Non-Traumatic  
Brain Injury



Internal Event  
ex: stroke, tumor,  
lack of oxygen,  
infection



# Why Brain Injury?

**Over half of individuals involved in the criminal justice system have experienced at least one brain injury.**

- An estimated **60.25 percent** of the justice population had a reported history of TBI vs. **8.5 percent** of the general population.
- Approximately **30 percent of adjudicated youth** have sustained a previous brain injury.
- Rates are particularly high among **incarcerated women**, with estimates as high as **97 percent** in some studies.

E. Shiroma, P. Ferguson, and E. Pickelsimer, "Prevalence of traumatic brain injury in an offender population: A meta-analysis," *Journal of Head Trauma Rehabilitation* 27, no. 3 (2010): 1–10, <http://doi.org/10.1177/1078345809356538>; Marlena M. Wald, Sharyl R. Helgeson, and Jean A. Langlois, "Traumatic Brain Injury Among Prisoners," *Brain Injury Professional Magazine*, November 3, 2008, accessed September 28, 2022, <https://www.brainline.org/article/traumatic-brain-injury-among-prisoners>; Thomas J. Farrer, R. Brock Frost, and Dawson W. Hedges, "Prevalence of traumatic brain injury in juvenile offenders: A meta-analysis," *Child Neuropsychology* 9, no.3 (2013): 225–34, doi: 10.1080/09297049.2011.647901.

# Co-occurring Behavioral Health and Brain Injury

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## Suicide Attempts

- 28% with suicidal thoughts, 17% attempts
- Compared to 4% in general population

## Substance Use

- Post-rehabilitation for TBI:
  - 11.5% used an illicit substance since injury
  - 16.9% misused alcohol since injury

## Mental Health

- 1/3 of TBI survivors experience mental health symptoms after a TBI
- Compared to 26.2% in general population

Jessica L. Mackelprang et al., "Rates and Predictors of Suicidal Ideation During the First Year After Traumatic Brain Injury," *Am J Public Health* (2014); John D. Corrigan et al., "US Population Estimates of Health and Social Outcomes 5 Years After Rehabilitation for Traumatic Brain Injury," *Journal of Head Trauma Rehabilitation* 29 no. 6 (2014): E1-E9; J. Ponsford, Y. Alway, and K. R. Gould, "Epidemiology and natural history of psychiatric disorders after TBI," *J Neuropsychiatry Clin Neuroscience* 30, no. 4 (2018): 262–270.

# Pathways to Criminal Justice Involvement

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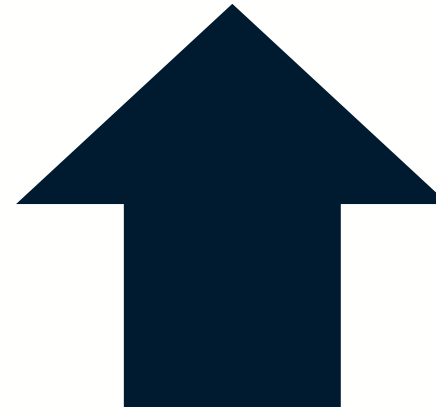
- Brain injury can lead to impaired decision-making, impulsivity, and executive functioning deficits.
- It can also lead to difficulty connecting consequences to actions, high-risk behaviors.
- Being involved in violence, as a victim or perpetrator, is often a precursor to both a brain injury and justice system involvement.



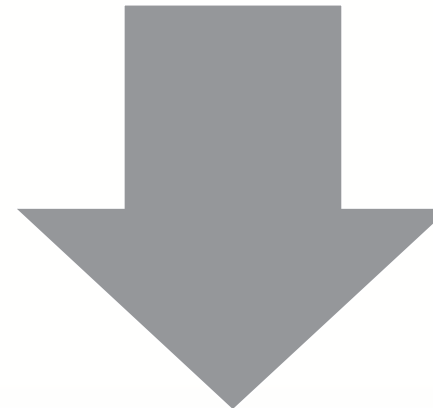
# The CJ Experience for People Living with Brain Injury

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- Often misunderstood, misdiagnosed, or missed entirely
- May be the first time a person is identified as having a brain injury—they may not know it themselves



Higher rates of disciplinary incidents and recidivism



Lower rates of treatment and probation completion

Hi!

I'm Mason's Mom

(aka, Teresa McCloskey)

Mason was born  
August 2, 1999

He was 7 lbs 11 oz., 19" long

He was completely healthy

9 months later,  
everything changed.



On Monday, May 2, 2000,  
Mason's head was crushed by a rolling vehicle  
which came to a stop on the back of his head.



Incredibly, within a few days,  
he had made amazing progress





Exactly one week after the accident,  
he was discharged home,  
having fully regained all his previous skills.







We thought we had  
dodged a bullet...

**We were wrong.**

- We were told to look for depression, regression, loss of skills, and change of personality
- We had no gauge for developmentally normal behavior vs. TBI
- Tested for Reactive Attachment Disorder (RAD) at age 3, but told he had no attachment issues
- Received first mental health diagnoses of Oppositional Defiant Disorder (ODD) at age 4 due to persistent oppositional and disruptive behavior problems in daycare
- Diagnosed ADHD at age 5
- Diagnosed Bipolar-NOS at age 7 after first in-patient psych stay

| Behavior/Symptom                        | Brain Injury | ADHD | ODD | Bipolar-NOS |
|-----------------------------------------|--------------|------|-----|-------------|
| Impulse Control Issues                  | X            | X    | X   | X           |
| Mood Dysregulation/Loss of Self-Control | X            | X    | X   | X           |
| Difficulty Focusing, Inattentive        | X            | X    | X   |             |
| Egocentric                              | X            | X    | X   |             |
| Difficulty Following Social Cues        | X            | X    | X   |             |
| Sleep Disturbances                      | X            | X    |     | X           |
| Disorganization/Executive Dysfunction   | X            | X    |     |             |
| Argumentative/Defiant/Non-Compliant     | X            |      | X   |             |



# Persistent Behaviors

- Limited impulse control
  - See, want, take - \*except\* when being watched
  - First arrest at age 12, house arrest twice before 15
    - At least 3 arrests so far (shop lifting, vandalism)
- Inappropriate social conduct
  - Offensive language outbursts
  - Invasion of personal space
- Oblivious to his own shortcomings
  - Wants all the privilege with none of the responsibility
  - Believes he's competent and fully capable
- He is his own authority
  - Doesn't seek or want permission – YOU are not his boss

# Persistent Behaviors (cont'd)

- Primal fight/flight/freeze
  - Acts out with changes (schedule, weather, etc)
  - Horded knives, lighters, sharp objects
  - Uses strong language to feel empowered
- Serious memory issues:
  - Marked and severe at -12 Mason tested at -20
- Impaired executive function
  - Hygiene and Squalor
  - Unreliable narrator
  - Medication issues
- Self-serving, incapable of seeing different points of view
  - Highly manipulative
  - Sociopathic tendencies, no conscience

# The School Years

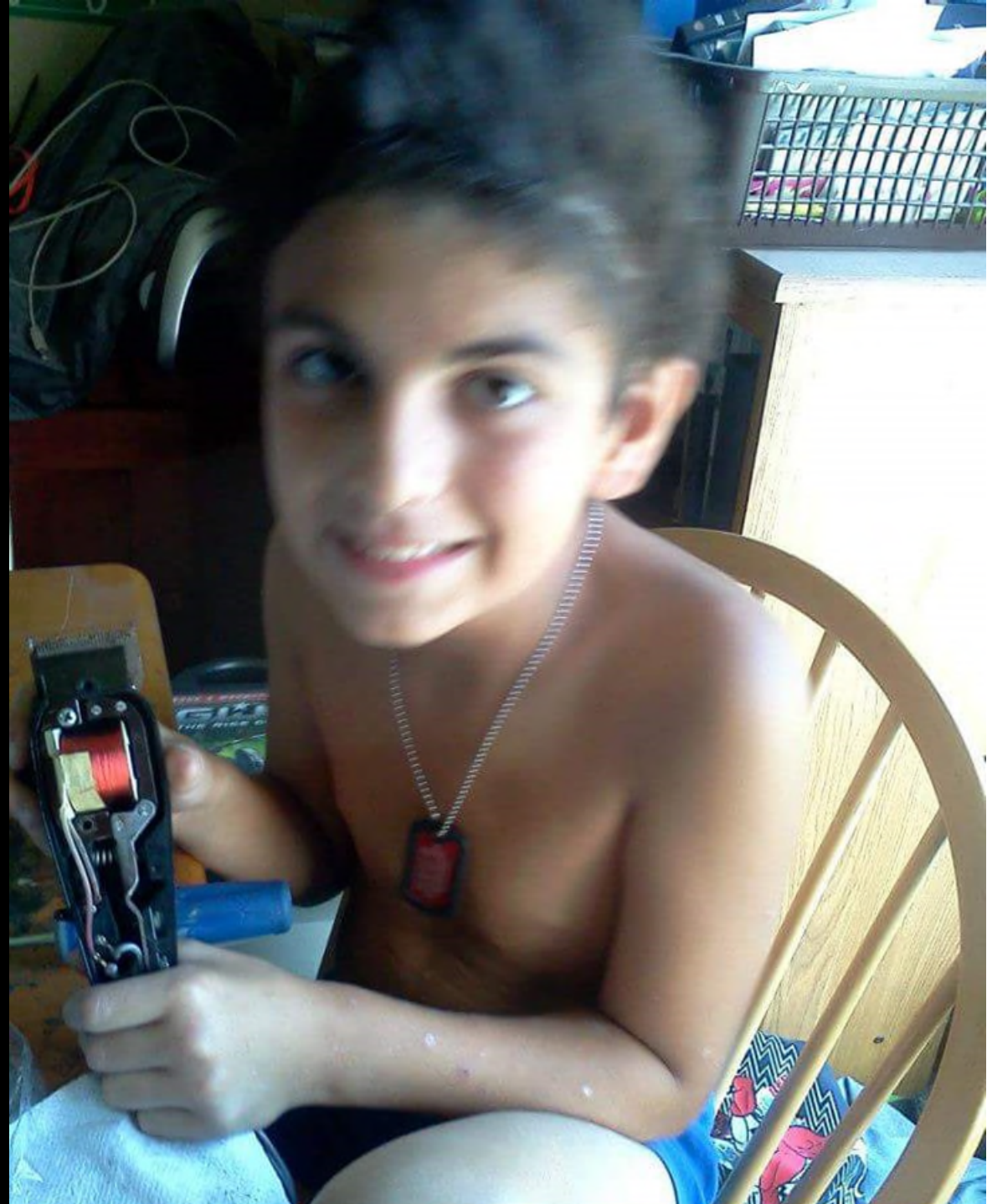


# School Issues

- Frequently in trouble
- Unable/unwilling to follow the rules despite an IQ in the “superior” range
- Repeatedly punished (Saturday detention for 4 hours, detentions, regular in and out of school suspension)
- Received 1-on-1 TSS/Wrap-around services and Mobile Therapy
- Had 2 in-patient psychiatric hospital stays at ages 7 and 12

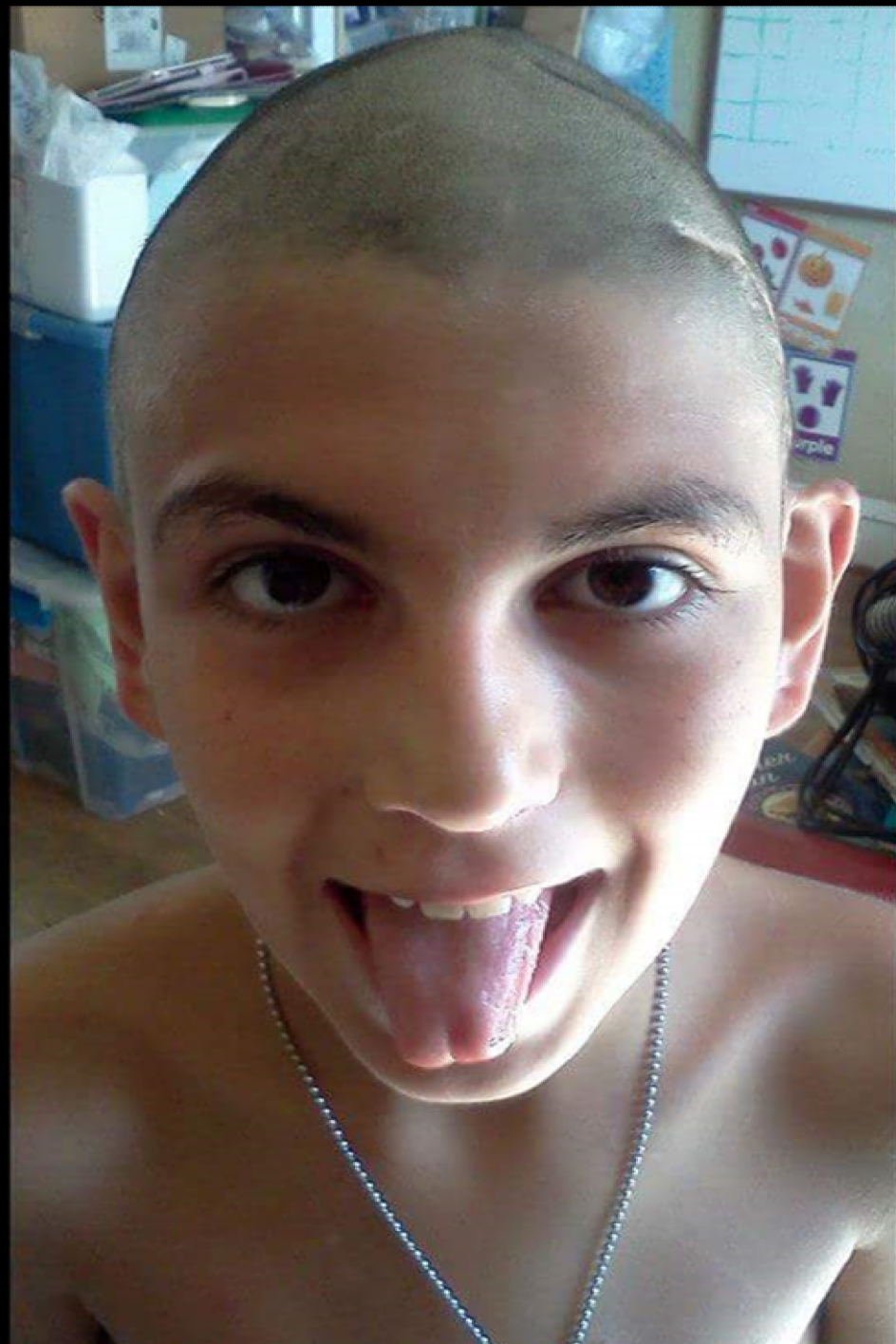


Why we  
don't ask  
why













# Strategies for Success

- Work collaboratively to find win/win solutions
  - He desperately wants to have a say and be heard
  - He's willing to negotiate
- It's never personal
  - If Mason's acting out, he's not GIVING me a hard time, he's HAVING a hard time
  - Listen for the cause underlying the behavior
- Question whether my demands are genuinely necessary or arbitrary

## Strategies for Success (cont'd)

- My responsibility as a neurotypical person is to **respond** rather than **react**:
  - First reactors are in fight, flight, or freeze / panic mode
  - First responders bring the calm, seek to re-establish peace & security
- Expecting him to do better than I am able/willing to do will fail
- **ALL** behavior stems from needs
  - Met needs = 'positive' behaviors are more likely
  - Unmet needs = 'negative' behaviors are more likely
  - Determining his needs and getting them met creates better outcomes

# The Adult Years



# Masoning Continues

- 26 years old and has endured well over 30 surgeries and invasive procedures
  - 8 brain surgeries since age 18
  - Well over 30 surgeries plus additional invasive procedures
  - Ongoing physical and behavioral challenges
- When stressed or feeling unheard, he quickly becomes enraged, non-compliant, and has become physically aggressive
- Approximately 45-53% of homeless have had a TBI, and approximately 60% of prisoners have had a TBI
  - Mason was homeless between 9/2023 and 10/2024
  - Future LEO encounters are when, not if



# Lack of Services

- He's "surviving" on social security (about \$900/mo.)
- Rejected by OVR "Due to the severity of his disability"
- Refused by local agencies because they're only funded to serve persons with intellectual disabilities or autism
- Cannot attend college for special needs individuals as he's incapable of self-care to their standards
- He does not qualify for PA Waiver to get assisted living because he's too capable of self-care yet can't successfully manage daily life without help

## COULD IT BE?

I challenge each of you to ask yourselves this when encountering someone in the community who's simply "not acting right"

| Looks like they...                                                                                                    | Could it be they...                                                                                                                                                                           |
|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Are high as a kite and showing drug user behaviors – slurred speech, unsteady gait, lethargy, etc.                    | Haven't taken their medication or, worse, took the wrong pills today?                                                                                                                         |
| Are hostile because they're threatening, swearing, screaming, etc.                                                    | Are struggling to control their big emotions and could use an ally to help them calm down?                                                                                                    |
| Are non-compliant - they're ignoring questions and directives or they're resisting your efforts at physical restraint | Are incapable responding appropriately due to extreme duress or possibly have an invisible disability (autism, TBI) or they're experiencing a medical crisis (absence seizure, hypoglycemia)? |



It's been a long, difficult, painful road, and **NONE** of this was his fault.  
I ask for kindness, compassion, and understanding given all he's endured





He would do better *if he could*, but invisible disabilities are named such for a reason





Thank you for the work  
you do in our community  
and for your time in  
learning about Mason

Do you have any questions?