

RESEARCH MATTERS

TRAINING COMPETENCIES FOR JUVENILE JUSTICE STAFF SERVING YOUTH WITH TRAUMATIC BRAIN INJURY

OVERVIEW

Justice-involved youth experience disproportionately high rates of TBI. However, most staff in correctional settings receive no training in strategies for supporting youth with TBI. This study documented the staff training competencies needed to support this underserved population.

JUVENILE JUSTICE STAFF TRAINING NEEDS

Juvenile justice staff serve youth across a range of correctional settings (e.g., residential, vocational, parole, probation) and in a variety of roles (e.g., administration, line staff, educators, counselors, physical health, behavioral health). These staff are in a position to detect the signs and symptoms of TBI and to connect these youth with services. However, most staff in correctional settings lack the training needed to support the unique needs of these youth. Staff competencies for youth correction facilities exist but these competencies do not specifically address working with youth with TBI.

STUDY FINDINGS

Twenty-one national and international experts – researchers, practitioners working with youth with TBI and those working in juvenile justice programs - participated in an extensive process of reviewing, editing, and confirming the needed competencies with additional stakeholder input to confirm these findings. Competencies were also evaluated according to their relevance across different staff roles.

Upon conclusion of the study, the experts identified 44 competencies across six categories:

Competency Category	No. of Competencies	Examples of Competencies
Staff awareness & knowledge of brain injury	12	"I can describe how brain injury differs from other disabilities." *
Screening & identification	6	"I contact medical staff when a youth experiences a possible brain injury in the facility (e.g., blow to the head, neck, body; suffocation; strangulation; overdose)." *
Eligibility determination	3	"I use multiple sources of information to document a history of brain injury and inform decisions about eligibility for services."

Assessment to inform intervention	4	"I can identify the strengths and weaknesses of youth with brain injury to inform the services they receive across facility settings (e.g., residence, school, treatment)."
Intervention plans & accommodations	10	"I teach self-regulation strategies to youth with brain injury."
Communication; resource & referral	9	"I coordinate with employment support providers to support re-entry into employment for youth with brain injury."

* Denotes a competency that applies across all staff roles. To see the complete listing of the final training competencies, please visit: <https://bjust.cbirt.org/>

NEXT STEPS

Important next steps are to (1) disseminate these competencies to organizations working on behalf of justice involved youth with TBI; (2) develop training modules that align with these competencies; and (3) implement the necessary policies and procedures to ensure that the competencies and training modules are implemented.

As stated at the conclusion of the article:

These competencies, when put into action, have the potential to make a lasting and meaningful impact on the lives of the youth we serve, fostering brighter futures and contributing to a more just and inclusive society. (p. 13)

REFERENCE

Rowe, D. A., Unruh, D. K., Reardon, K., Bromley, K. W., Powell, L. E., & Izzard, S. (2024). Competencies for Training Juvenile Services on Justice-Involved Youth with Traumatic Brain Injury. *Journal of Applied Juvenile Justice Services*, 2024, 1-20.

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