TRAIN FIRST RESPONDERS ON TBI AND PTSD

First responders should be trained on traumatic brain injury (TBI), acquired brain injury (ABI), and post-traumatic stress disorder (PTSD). Individuals with TBI, ABI, or PTSD may have symptoms from their injuries that make it difficult for them to understand and follow directions or communicate clearly with first responders.

- Support the Traumatic Brain Injury and Post-Traumatic Stress Disorder Law Enforcement Training Act sponsored by Reps. Bill Pascrell, Jr. (D-N.J.) and Don Bacon (R-Neb.), which would direct the Attorney General to develop crisis intervention training tools for use by law enforcement officers and first responders related to interacting with persons with TBI, ABI, PTSD.

- Require that the training be made available as part of the Police Mental Health Collaboration Toolkit, which is a no-cost online training tool that provides resources for law enforcement agencies partnering with mental health providers to effectively respond to calls for service, improve outcomes for people with mental illness, and advance public safety.

- Authorize an additional $4 million per fiscal year for the Justice and Mental Health Collaboration Program to fund grants to develop and implement this training.

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ABOUT BRAIN INJURY

An acquired brain injury (ABI) is any injury to the brain that is not hereditary, congenital, degenerative, or induced by birth trauma. There are two types of ABI – non-traumatic, or those injuries caused by an internal force, and traumatic. A traumatic brain injury (TBI) is an alteration in brain function or other evidence of brain pathology caused by an external force. The Centers for Disease Control and Prevention (CDC) report that 2.8 million children and adults sustain TBIs annually and at least 5.3 million live with a TBI-related disability. The cost to society for medical care and lost wages associated with TBI is $76.3 billion annually.

Individuals with brain injury may experience memory loss, concentration or attention problems, slowed learning, and difficulty with planning, reasoning, or judgment. Emotional and behavioral consequences include depression, anxiety, impulsivity, aggression, and thoughts of suicide. Physical challenges may include fatigue, headaches, difficulty with balance or motor skills, sensory loss, and seizures. Brain injury can lead to respiratory, circulatory, digestive, and neurological diseases, including epilepsy, Alzheimer’s, and Parkinson’s disease. Poor outcomes after brain injury result from shortened lengths of stay in both inpatient and outpatient treatment settings. Payers point to a lack of sufficient evidence-based research as a primary reason for coverage denial of medically necessary treatment. This occurs particularly when behavioral health services and cognitive rehabilitation are needed.

ABOUT BIAA

Founded in 1980, the mission of the Brain Injury Association of America (BIAA) is to advance brain injury awareness, research, treatment, and education to improve the quality of life for all people affected by brain injury. BIAA is dedicated to increasing access to high quality care and accelerating research. With a network of state affiliates, local chapters, and support groups, BIAA provides help, hope, and healing and serves as the voice of brain injury for individuals who are injured, their families, and the professionals who provide research, treatment, and services.

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