



# Traumatic Brain Injury:

## A Training Program for School Personnel in Indiana

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Brain Injury Association of Indiana (2009)



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## *Traumatic Brain Injury: A Training Program for School Personnel in Indiana (2009)*

This training program was adapted from *Traumatic Brain Injury: An Educator's Guide* (2003) provided through the Maryland TBI Implementation Project and *Traumatic Brain Injury: A Training Program for Wisconsin Educators (Second Edition)* (2007) provided through an IDEA discretionary grant from the Wisconsin Department of Public Instruction which was authored by Julia McGivern, Ph.D., Sean Mulhern MS, Ed., and Kathy Wanat, BS.

# Traumatic Brain Injury: A Training Program for School Personnel in Indiana

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*Traumatic Brain Injury: A Training Program for School Personnel in Indiana (2009)* was adapted and edited by Kathleen A. Munroe, MS, CCC-SLP, CBIS to reflect the legal requirements of IDEA and Indiana statutes. This training program is funded – in part – by a US Department of Health and Human Services, Health Resources and Services Administration Traumatic Brain Injury Planning and Implementation Partnership Grant awarded to the Indiana Family and Social Services Administration and the Brain Injury Association of Indiana (BIAI).

# Training Program Content

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# Module I:

# Introduction

# Module I: Introduction

Please use the NOTES feature of PowerPoint for additional information about each slide. Pull down the VIEW menu at the top of your screen and click on NOTES page or click on the NOTES icon in the lower left corner of your screen.

# Module I: Introduction

Pre-Post tests, case studies, checklists, and training worksheets are available in Microsoft Word for Modules I through VII. Before studying a module, please download and/or print the Word documents supporting that module.

# End of Module I



## **Module II:**

# **Understanding Traumatic Brain Injury (TBI)**

# Module II: Understanding TBI

Before studying this module, please download and/or print the Word documents supporting Module II.

Use the NOTES feature of PowerPoint for additional information about each slide.

- Pull down the View menu at the top of your screen and click on Notes Page
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# Module II: Goals

To present information about the brain and how injury to the brain affects the student and family

# Module II: Learning Objectives

At the end of this module you will understand...

- ✓ Incidence and prevalence of TBI
- ✓ Mechanisms of brain injury
- ✓ Basic brain structures and functions
- ✓ Effects of TBI on student and family

# Brain Injury: Why do we need to know about it?

- More students are surviving brain injury than ever before
- Much of a student's recovery from a brain injury occurs after returning to school

# Brain Injury: Why do we need to know about it?

- Students with brain injuries often have difficulty with learning and behavior that stems directly from their brain injuries
- School personnel have many skills they can use once they understand the needs of students with brain injury

# Incidence and Prevalence of Brain Injury

- 1 in 500 students sustain an acquired brain injury (ABI) each year in the United States
- 1 in 25 students will sustain an acquired brain injury (ABI) before high school graduation
- Overall twice as many boys as girls

# Brain Injury: Three Students

**Mike**  
**Monty**  
**Serena**

Please read about these students on page 1  
of your Module II Microsoft Word documents

# Primary Causes of Brain Injury by Age

## **Infants:**

- Abuse & neglect

## **Toddlers:**

- Abuse & falls

## **Early Elementary:**

- Falls & pedestrian-motor vehicle accidents

# Primary Causes of Brain Injury by Age

## **Late elementary/middle school:**

- Pedestrian-bicycle accidents
- Pedestrian-motor vehicle accidents
- Sports

## **High school:**

- Motor vehicle accidents

(Savage & Wolcott, 1994)

# Brain Injury Terms: Definitions

- Acquired Brain Injury
- Congenital and Perinatal Brain Injury
- Traumatic Brain Injury
  - Open Head (brain) Injury
  - Closed Head (brain) Injury

# “Acquired Brain Injury”

Brain injury incurred after a period of normal development

- Internal causes
- External causes

## “Congenital & Perinatal Brain Injury”

- No period of normal development
- **Congenital:** a condition a child is born with (e.g., metabolic disorder, chromosomal abnormality)
- **Perinatal:** a condition that develops around the time of birth (e.g., perinatal stroke)

# “Traumatic Brain Injury”

## TBI in Indiana Schools:

- Occurs after a period of normal development
- Not congenital, degenerative, or due to birth trauma
- Occurs as a result of external physical force to the brain (e.g., as a result of a bike or car accident or gunshot wound)
- Meets Indiana’s Article 7 criteria for TBI

# Types of Traumatic Brain Injury

**Open Head/Brain Injury:** Brain injury in which the skull, meninges, and brain are penetrated by an external object (e.g., gunshot)

**Closed Head/Brain Injury:** Brain injury in which the skull and meninges are not penetrated (e.g., head hits the dashboard)

# Open Head/Brain Injuries

## Penetrating Injuries

- Projectiles such as bullets or nails
- Sledding accidents

More likely to experience seizures than closed head injuries

# Closed Head/Brain Injuries

## **Acceleration/deceleration Injuries:**

- Falls
- Vehicular accidents
- Shaken baby syndrome
- Sports accidents

## **Anoxic Episodes:**

- Near-drowning
- Strangulation
- Smoke inhalation

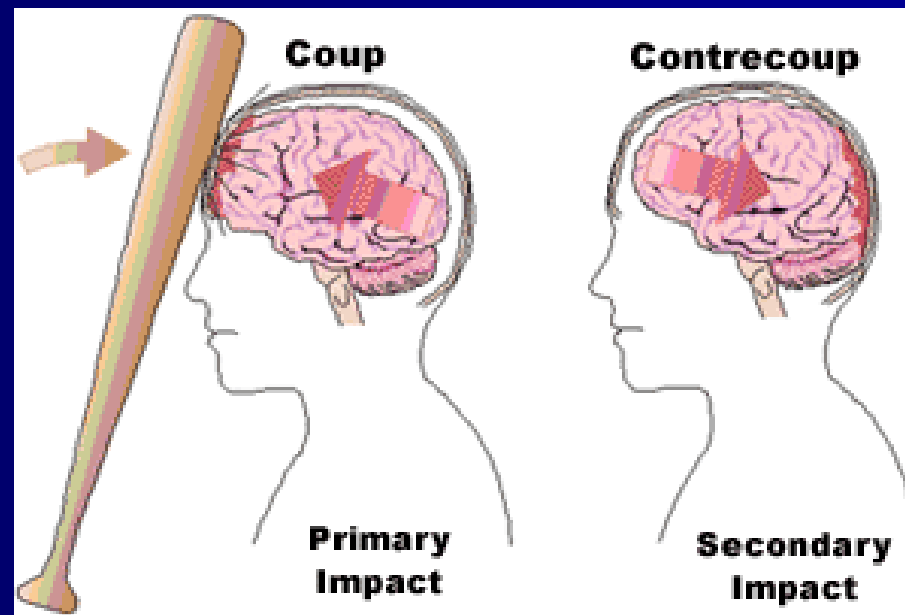
## **Focal Injuries:**

- Non-penetrating blows

# Closed Head/Brain Injuries

- More common than open head/brain injuries
- Cause more diffuse damage to the brain than open head/brain injuries
- Coup/contrecoup mechanism of injury

# Mechanism of Injury: Coup/Contrecoup

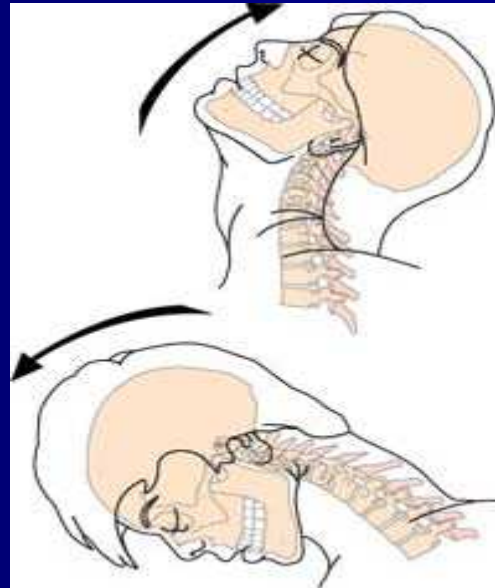


# Primary Effects of Closed Head/Brain Injury

**Coup-Contracoup Injury:** Injury to brain tissue at the site of coup and contracoup

**Diffuse Axonal Injury:** Shearing and tearing of neurons throughout the brain

# Mechanism of Injury: Diffuse Axonal Injury



# Secondary Effects of Closed Head/Brain Injury

**Bleeding:** Contributes to increased intracranial pressure

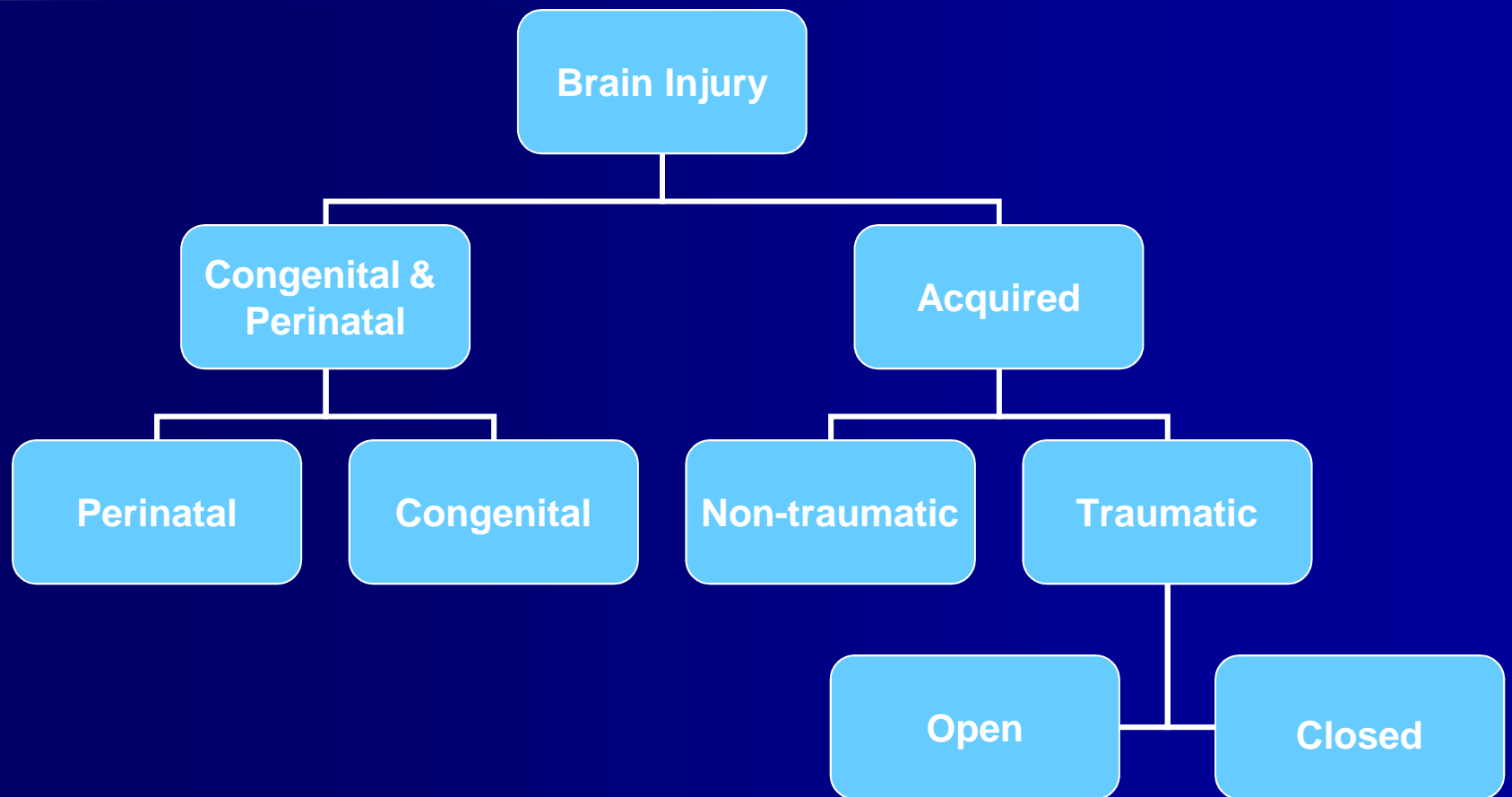
**Swelling:** Contributes to increased cranial pressure

**Lack of oxygen to the brain:** Results in cell death

# Before and After Brain Injury



# Types of Brain Injury



# Predictors of Outcome After Brain Injury

- Duration of coma
- Post-traumatic amnesia (PTA)
- Age
- Location of injury
- Pre-injury functioning
- Support systems

# Outcome Predictors: Coma

- Coma is a state of unconsciousness in which the person cannot be aroused or does not respond, even to painful stimuli
- Coma is measured along a continuum of levels of responsiveness
- No or brief coma is generally a more positive predictor than longer coma

# Coma Scales

Coma scales assess responsiveness to environmental stimuli. Examples are:

- Glasgow Coma Scale
- Rancho Los Amigos Scale of Cognitive Levels

Please refer to Page 2-4 of your Module II  
Microsoft Word documents

# Outcome Predictors: Post-Traumatic Amnesia (PTA)

**Retrograde:** Failure to remember events leading up to the injury

**Anterograde:** Failure to accumulate new memories after injury

# Outcome Predictors: Age

- Young children are especially vulnerable to the effects of brain injury
- Previously developed skills may be preserved after brain injury, but new learning may be difficult
- Effects of brain injury may not be apparent until more advanced skills are expected to develop

# Other Outcome Predictors

- Location of injury
- Pre-injury functioning
- Support systems

# Severity of Injury

- Medical personnel usually rate physical injury as mild, moderate, or severe
- Degree of physical injury does not determine the degree of educational difficulty
- Even mild injuries can have an impact on a student's school performance

# Severity of Brain Injury: Mild

- Brief or no loss of consciousness
- Signs of concussion
  - Nausea and vomiting
  - Headache
  - Fatigue
  - Dizziness
  - Poor recent memory
- Post traumatic amnesia (PTA) less than 1 hour
- Glasgow Coma Scale (GCS) of 13-15

# Severity of Brain Injury: Moderate

- Coma less than 24 hours
- Post-traumatic amnesia (PTA) 1-24 hours
- Glasgow Coma Scale (GCS) of 9-12

# Severity of Brain Injury: Severe

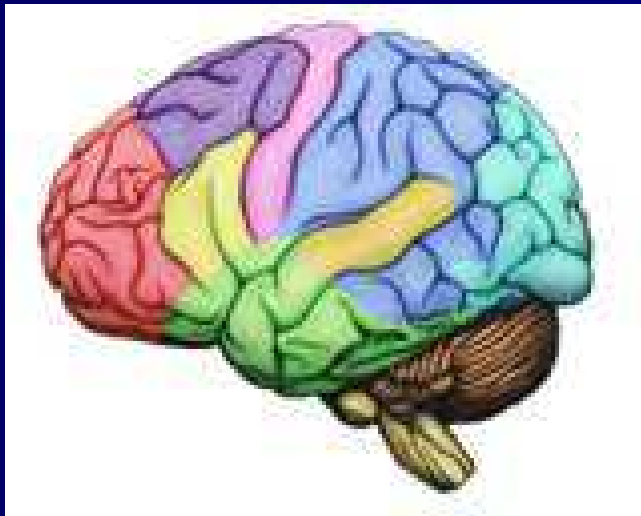
- Coma more than 24 hours
- Post-traumatic amnesia (PTA) more than 1 day
- Glasgow Coma Scale (GCS) 3-8

# Student Examples

**Mike**  
**Monty**  
**Serena**

Please refer to Pages 5-9 of your  
Module II Microsoft Word documents

# The Brain

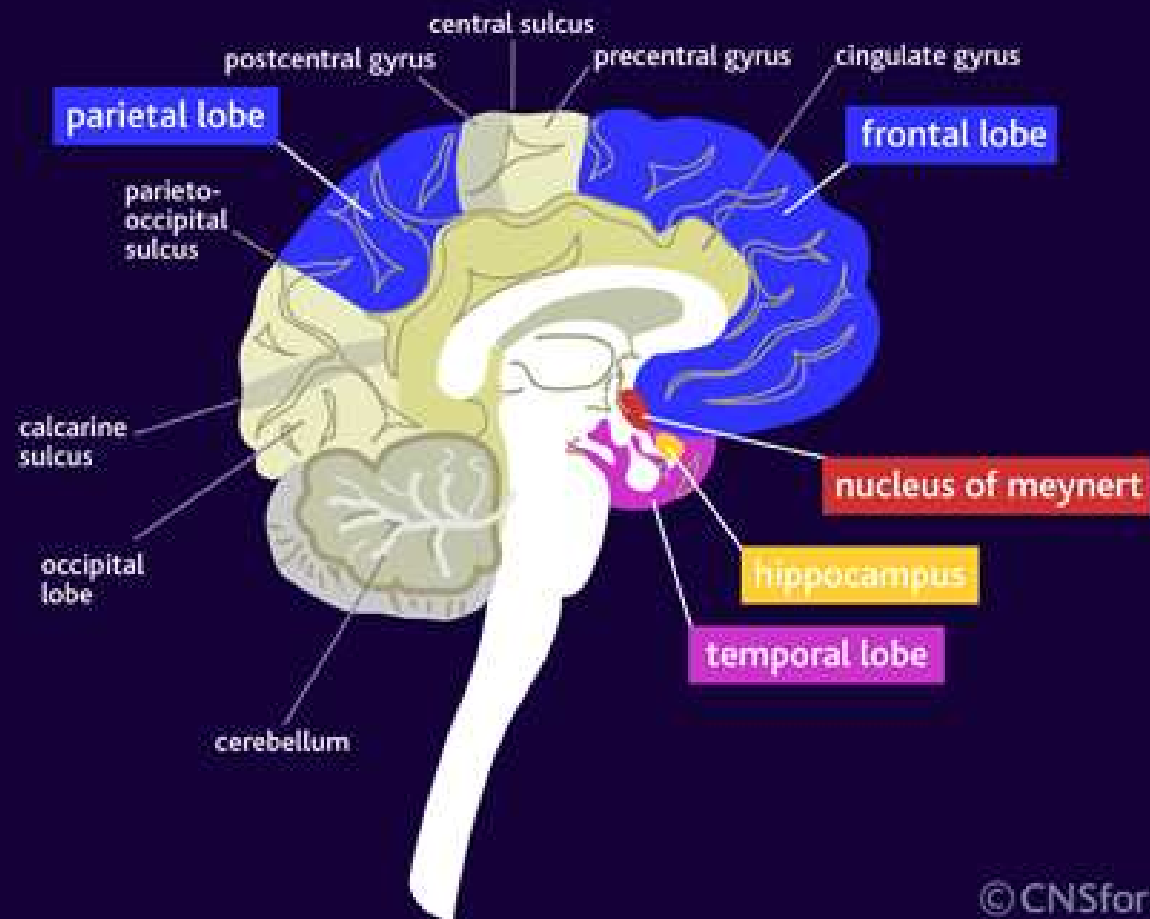


- Weighs about three pounds and is the consistency of jello
- Contains billions of neurons
- The brain increases in weight more than three times between birth and adulthood.
- The brain reaches its full adult weight by the age of 12

# Components of the Brain

- Brainstem
- Cerebellum
- Basal Ganglia
- Diencephalon
- Limbic System
- Cerebral Cortex

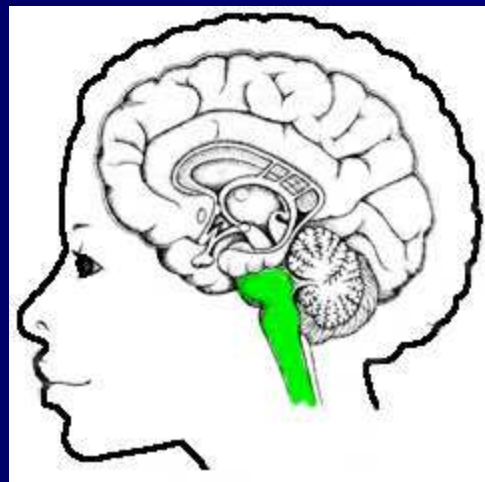
# Brain Surface



Brain Injury Association of Indiana (2009)

© CNSforum.com

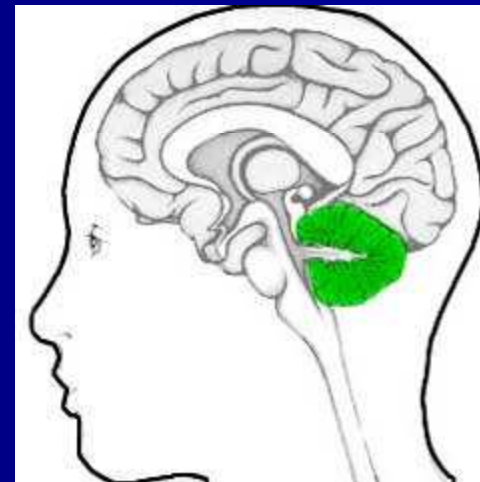
# The Brainstem



- At the base of the brain above the spinal cord
- Comprised of the medulla, pons, and midbrain
- Responsible for basic life functions
- Severe injury causes death

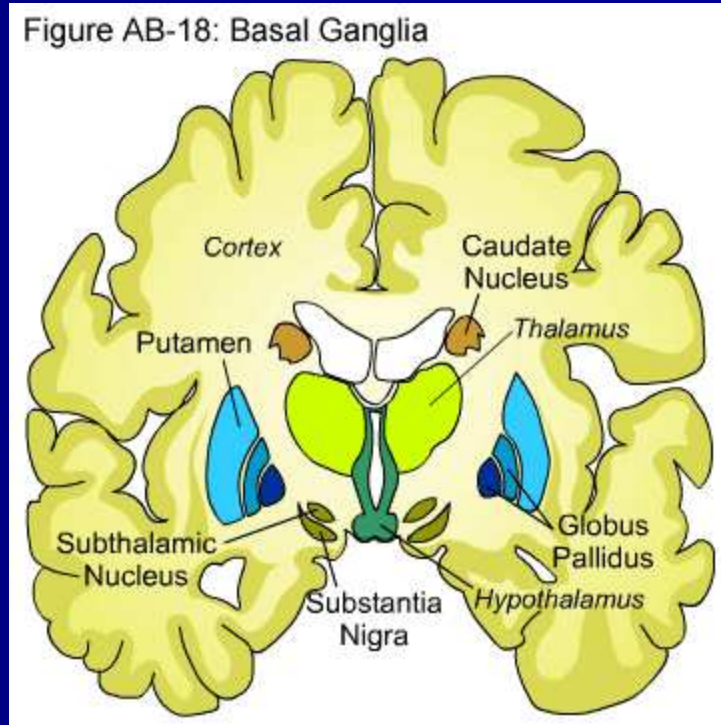
# The Cerebellum

- Primarily helps modulate motor responses
- Regulates direction, rate, force, and steadiness
- Injury disrupts coordination and muscle tone



# Basal Ganglia

- Nerve cell clusters involved with regulation of physical movement
- Injury results in involuntary movements, slowness, or tremor



# The Diencephalon

## Main organs:

- Hypothalamus
- Thalamus

**Hypothalamus:** controls hunger, thirst, sleep, body temperature, hormones; important role in emotional regulation

**Thalamus:** relays information regarding sensation and movement

# The Limbic System

## Main organs:

- Hippocampus
- Amygdala

**Hippocampus:**  
memory retrieval

**Amygdala:**  
emotional memories

# The Cerebral Cortex

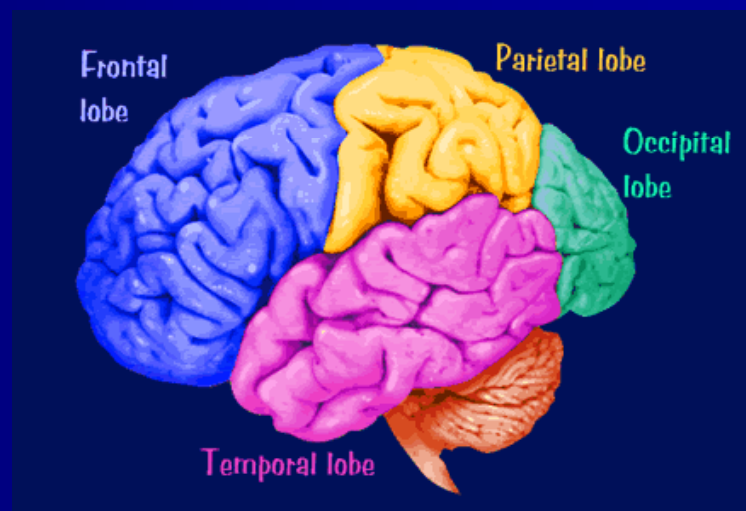


- Center of conscious brain activity
- Divided into two hemispheres connected by the corpus callosum
- The right side of the brain controls the left side of the body and vice versa
- Dominant hemisphere represents language (usually left hemisphere)

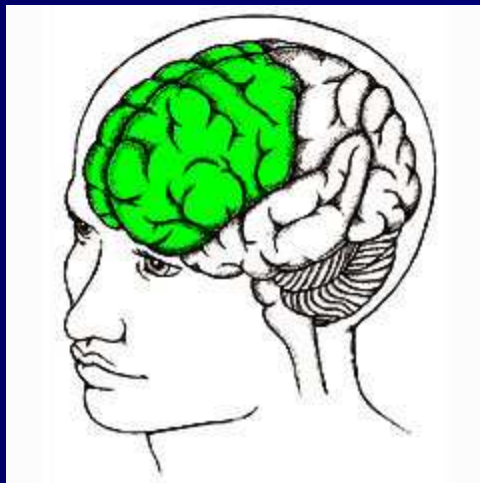
# The Lobes of the Cerebral Cortex

Each hemisphere of the brain is divided into four lobes:

- Frontal
- Temporal
- Parietal
- Occipital

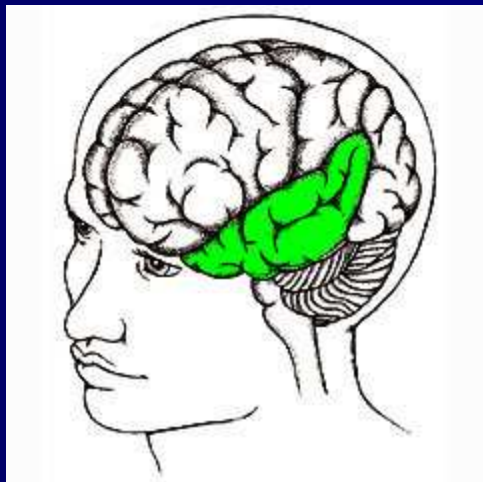


# The Frontal Lobes



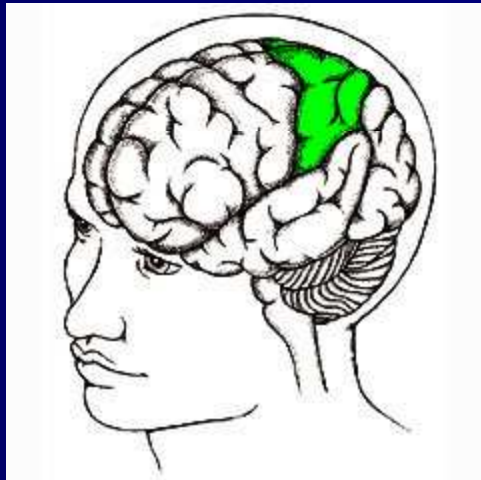
- Susceptible to injury
- Controls executive functions
- Deficits may become apparent as student develops
- Motor cortex

# The Temporal Lobes



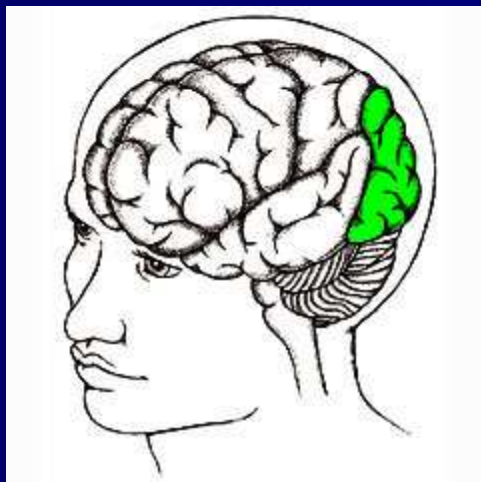
- Receives, analyzes, and integrates auditory information
- Forms memories
- Center for language
  - Expressive: fronto-temporal area
  - Receptive: temporoparietal area

# The Parietal Lobes



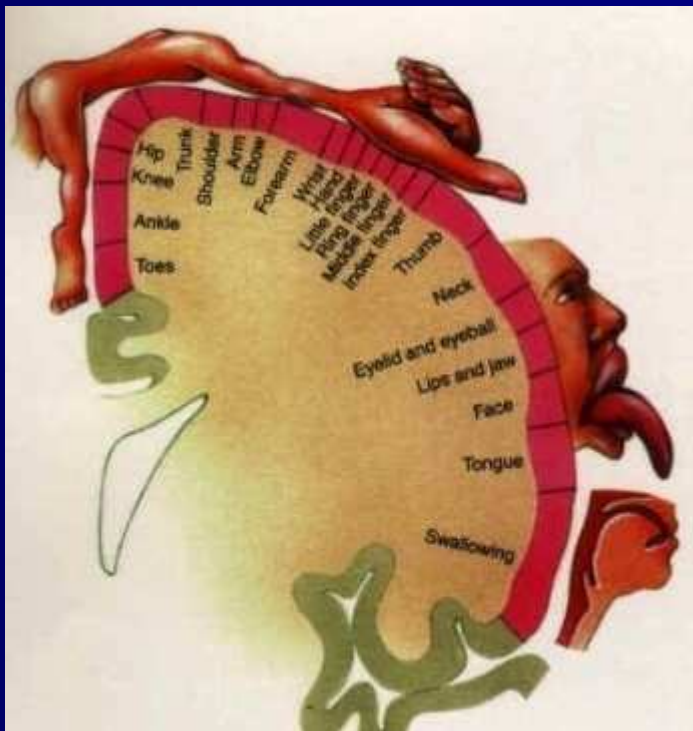
- Receives, analyzes, and integrates sensory and motor stimuli
- Recognizes touch, location in space
- Role in recognizing faces, objects, and ability to assemble and draw
- Spatial neglect

# The Occipital Lobes



- Receives, analyzes, integrates visual information
- Visual disturbances such as restricted vision, impaired visual recognition, and scanning
- Optic nerve travels through the brain to the eyes

# Motor and Sensory Strips



- The motor and sensory strips are located on either side of the central sulcus
- The motor strip is responsible for movement
- The sensory strip is responsible for sensation

# Brain Development

- Five distinct periods of brain development between age one and 21
- If an injury occurs early in life there may be delayed consequence that surface later as the brain continues to develop

# Effects of Brain Injury: Infants and Toddlers

- The very young brain is like custard
- Limited head control results in shearing of the brain
- Open fontanelles mean less brain protection
- More frequent seizures than in older children
- Motor and expressive language skills susceptible
- Interrupted synaptic connections have “cascading effect”
- Focal injuries may have better outcome

## Effects of Brain Injury: Elementary & Middle School Students

- During this time the child's brain is "supercharged" or rapidly developing
- Connections between the two hemispheres of the brain and within each hemisphere become more efficient
- Brain injury during this period interrupts development of critical cognitive and communication skills

# Effects of Brain Injury: High School Students

- Myelination of the frontal lobes and more efficient connections within the brain facilitate development of logical thinking and ability to solve complex problems
- Previously developed skills are more resistant to effects of brain injury
- Psychosocial effects of brain injury threaten adolescent's sense of self

# Three Students

What types of difficulties in school do you expect these students to exhibit?

**Mike**  
**Monty**  
**Serena**

Please refer to Pages 8-9 in your Module II Microsoft Word documents to summarize the effects of TBI seen in Mike, Monty, and Serena

# How can you determine how TBI affects an individual student?

- Review the student's medical record. What part(s) of the brain were injured?
- Review hospitalization records, discharge summary, therapist reports
- Ask medical staff how brain injury will affect student functioning
- Ask family members, teachers, and peers what are they seeing
- Observe/interview the student

# Can brain injuries be repaired?

Research tells us...

- Once neurons are severed they cannot yet be repaired
- The brain generates new brain cells, but we do not yet know how to direct these cells to become neurons
- Over time, the secondary effects of brain injury subside, new information pathways may develop, and functioning generally improves

# What happens to the student and family after the injury?



# Typical Medical Course for a Student with a Moderate/Severe Brain Injury



**Emergency Room**



**Regional trauma center,**

(if necessary)



**Surgery,** (if necessary)



**Acute care setting** (hospital)



**Rehabilitation unit/center**



**School**

# The Impact of Brain Injury on Families



- Families are in extreme emotional distress after a child's injury
- Parents' immediate concern is life and death
- Parents become experts about acquired brain injury

# Child and Family Stages After Acquired Brain Injury

## Child:

- Initial Injury
- Coma
- Rehabilitation
- Reintegration

## Family:

- Shock, grief, crisis
- Hope, disruption of family life, fear
- Reestablishing family routines, emerging awareness of extent of injury, isolation
- Altering dreams, long-range planning

# Within the First Year After Acquired Brain Injury

- Emotional resources available to the family decrease
- Family members begin to see evidence of cognitive and behavioral after effects
- Family begins to understand that the child may have permanent impairments

(Corbett & Ross-Thomson, 1996)

# End of Module II



## **Module III:**

# **Educational Definitions of TBI**

# Module III: Educational Definitions of TBI

Before studying this module, please download and/or print the Word documents supporting Module III.

Use the NOTES feature of PowerPoint for additional information about each slide.

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# Module III: Goals

To present information about the educational implications of a TBI and how the federal and state laws address the needs of a student with a brain injury

# Module III: Learning Objectives

At the end of this module you will understand...

- ✓ Why traumatic brain injury is an important educational concern
- ✓ The federal definition of Traumatic Brain Injury (TBI)
- ✓ The state definition of Traumatic Brain Injury (TBI)
- ✓ The Indiana Standards Tool for Alternative Reporting (ISTAR)

# Traumatic Brain Injury: What is It?

- TBI became a special education handicapping condition in IDEA in 1990
- TBI was included in Indiana's special education law (Title 511 Article 7) and rules (32-47) in 2000
- TBI is one of 13 areas of impairment in Indiana's Article 7

## How does a student with TBI qualify for special education services?

- To be identified as a student with TBI, the student must meet the Indiana definition of TBI
- Not all students with brain injury meet the Indiana criteria for TBI

# TBI as an Educational Disability

## Students with TBI differ from students in other special education disability groups:

- Developmental history includes a period of normal development (Bengali, 1992)
- Cause of disability is known and happens suddenly (Mira, Tucker, & Tyler, 1992)
- Pre-existing behavioral or cognitive needs are likely to be intensified after TBI (Chadwick et al., 1981; Hynd & Obzut, 1981)

## ...TBI as an Educational Disability...

- Problems with reasoning, organization of thoughts, cause-effect relationships, and problem solving are pronounced (Lezak, 1983)
- Mild to severe problems with memory and new learning are very common (Chadwick, Rutter, Shaffer, & ShROUT, 1981)
- Student may deny or have difficulty recognizing and accepting post-injury deficits (Rosen & Gerring, 1986)
- Discrepancies in ability levels are pronounced (Lehr, 1990)

## ...TBI as an Educational Disability...

- Mild to severe speech/language problems often exist (Baxter, Cohen & Ylvisaker, 1985; Lezak, 1983)
- The student's emotional expressions are unpredictable and exaggerated (Boll, 1982)
- High levels of fatigue are often observed even when no medication is being used (Telzrow, 1987)
- Headaches may last up to two years following the injury (Hynd & Willis, 1988)

# Federal and State Educational Definitions of TBI

- **Federal**  
(Individuals with Disabilities Education Act-IDEA)



- **State**  
(Article 7)



# IDEA Definition of TBI

## Federal Public Law 101-476

### Individuals with Disabilities Education Act (IDEA)

*"Traumatic Brain Injury (TBI) is an acquired injury to the brain caused by an external physical force resulting in total or partial functional disability or psychosocial impairment or both that..."*

## ...IDEA Definition of TBI...

*"...adversely affects a child's educational performance. The term does not apply to brain injuries that are congenital or degenerative, or brain injuries induced by birth trauma."*

## ...IDEA Definition of TBI...

*The term applies to open or closed head injuries resulting in impairments in one or more areas, such as...*

- Cognition
- Language
- Memory
- Attention
- Reasoning
- Abstract thinking
- Judgment
- Problem solving
- Sensory, motor, & perceptual abilities
- Psychosocial behavior
- Physical functions
- Information processing
- Speech

## ...IDEA Definition of TBI..

The Federal definition of TBI **does not** include acquired brain injuries (ABI) caused by internal conditions, such as:

- Stroke
- Brain infection
- Tumor
- Anoxia
- Exposure to toxic substances

# INDIANA Definition of TBI

Indiana has adopted the federal definition of TBI. The definition can be found in the Indiana Administrative Code at 511 IAC 7-32 through 7-47 (commonly known as Article 7) which was effective August 13, 2008.

# INDIANA Definition of TBI

The Indiana TBI definition has three parts which will be presented on the next eight slides...

Please refer to pages 1-2 of your Module III Microsoft Word documents for the complete definition from Indiana's Article 7

# INDIANA TBI Definition: Part 1

## *Traumatic brain injury...*

- *An acquired injury to the brain*
- *Caused by an external physical force*
- *Resulting in total or partial functional disability or psychosocial impairment, or both*
- *Adversely affects a child's educational performance*

# INDIANA TBI Definition: Part 1

## *Traumatic brain injury...*

- *Applies to open or closed head injuries*
- *Impairments in one or more of these areas...*

*Cognition; language; memory; attention; reasoning; abstract thinking; judgment; problem solving; sensory, perceptual, and motor abilities; psychosocial behavior; physical functions; information processing; and speech*

## INDIANA TBI Definition: Part 2

*The term, "Traumatic Brain Injury", **does not** apply to brain injuries that are congenital or degenerative, or brain injuries induced by birth trauma.*

## INDIANA TBI Definition: Part 3

*Eligibility for special education as a student with a traumatic brain injury shall be determined by the student's case conference committee based on the multidisciplinary team's educational evaluation which includes the following:*

- 1. An assessment of the following:*

- A. Cognitive ability and functioning that must include at least one of the following:*
- i. An individually administered norm-referenced assessment*
  - ii. If adequate information cannot be obtained via an individually administered norm-referenced assessment, a criterion-referenced assessment that:*
    - a. has been designed or may be adapted or modified for use with students who have a traumatic brain injury; and*
    - b. is administered by a professional or team of professionals with knowledge of assessment strategies appropriate for the student.*

*B. Current academic achievement*

*C. Assessments of functional skills or adaptive behavior across various environments from multiple sources*

*2. A social and developmental history that may include, but is not limited to, the following:*

- A. Communication skills*
- B. Social interaction skills*
- C. Motor skills*
- D. Responses to sensory experiences*
- E. Relevant family and environmental information*

*3. Available medical information that is educationally relevant*

*4. Any other assessments and information, collected prior to referral or during the educational evaluation, necessary to:*

- A. Determine eligibility for special education and related services; and*
- B. Inform the student's case conference committee of the student's special education and related services needs.*

# Indiana Standards Tool for Alternative Reporting (ISTAR)

**ISTAR** is a measure of accountability for the progress of students who perform significantly above or below grade-level who may have personal learning goals that cannot be adequately measured with a grade-level standardized test such as ISTEP+

# ISTAR Features

- Standards-based assessment instrument
- Designed to represent the whole continuum of progress from birth to employment
- Required assessment for students in public school preschool programs, students with significant cognitive disabilities who do not participate in ISTEP+, and students with limited English proficiency
- Supplemental assessment for many students who take ISTEP+ or who are not in grades tested by ISTEP+

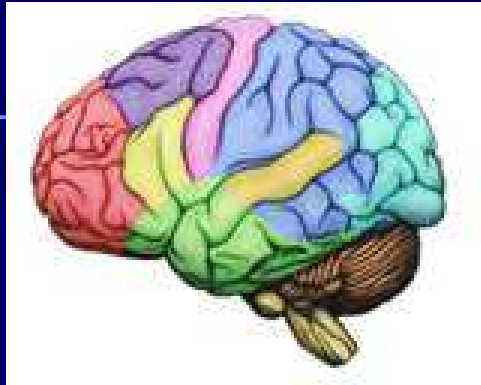
# ISTEP+ versus ISTAR

- All students, except for the most significantly cognitively disabled students, are expected to participate in ISTEP+
- Students who intend to get an Indiana high school diploma are expected to participate in ISTEP+
- The decision to use ISTAR instead of ISTEP+ would typically indicate that the case conference committee believes that the student will be unable to attain a regular high school diploma

# How is ISTAR scored?

- Teachers rate the student's performance on Math, English/Language Arts, and Functional Indicators
- Teachers base these ratings on evidence such as observations, work samples, and portfolios
- These ratings are tabulated to provide a score relative to the student's abilities, grade level, and individual progress from one year to the next

# End of Module III



## **Module IV:**

# **Returning to School**

## Module IV: Returning to School

Before studying this module, please download and/or print the Word documents supporting Module IV. Use the NOTES feature of PowerPoint for additional information about each slide.

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# Module IV: Goal

To provide information that will facilitate the successful return of students with TBI to their schools. The content of this module is based on IDEA and Indiana statutes.

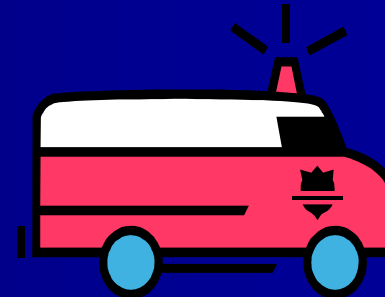
# Module IV: Learning Objectives

At the end of this module you will...

- ✓ Understand the responsibilities of hospital and school in school re-entry planning
- ✓ Recognize common problems of students with TBI
- ✓ Be familiar with the IEP team process for students with TBI
- ✓ Be able to plan an evaluation of a student with TBI

# Transition to School

Preparing for transition to school begins at the time of injury



# Transition to School

What can the  
medical facility  
do?



What can the  
educational  
facility do?



## School Re-entry Planning: Whose responsibility is it?

- **Responsibilities** of school staff and medical staff shift over time
- **Medical staff:** assumes leadership for patient care in the hospital
- **Educational staff:** takes more responsibility for school planning as needs are known and discharge nears
- **The family** is involved throughout

# Three Stages of School Re-entry Planning

- At the time of injury
- During the hospital/rehabilitation stay
- Prior to discharge

# Strategies for the Medical Facility

## **At the time of the injury:**

- Identify a medical contact person (e.g., school reintegration specialist, care coordinator, or social worker)

## **During hospitalization:**

- Provide updates on progress and needs
- Arrange for hospital visits for school staff
- Educate family and school staff
- Refer for special education if need is suspected

# Strategies for the Medical Facility (continued)

## Prior to discharge:

- Inform family and school of the discharge date
- Provide discharge summary
- Participate in IEP team if possible
- Establish and communicate follow-up and re-evaluation schedule

# Re-entry Strategies for Schools

## At the time of injury:

- As soon as you know a student has been injured, designate a school contact person to receive and provide information
- Identify the medical contact person

# Role of the School Contact Person

- Be a support to the family
- Get appropriate releases signed to share information
- Gather information from hospital personnel as it becomes available
- Inform others (such as teachers, peers, and siblings' teachers) as needed

# Re-entry Strategies for Schools (continued)

## During hospitalization:

- Obtain parent's permission to release/receive information
- Request updates from medical contact
- Visit student in the hospital
- Share information with school staff

# Re-entry Strategies for Schools (continued)

## During hospitalization (continued):

- Refer for special education, if appropriate
- Educate parents about special education process
- Arrange for staff training

# Re-entry Strategies for Schools (continued)

## Prior to discharge:

- Obtain current hospital records
- Complete IEP team process (before discharge if possible, but within 60 instructional days of receipt of referral by the district or hospital)
- Collaborate with medical facility to obtain consultation and in-service training

# **Strategies for Successful Re-entry of Students with TBI to School**

Please refer to Page 1-2 in your  
Module IV Microsoft Word documents

# Strategies for Successful Re-entry of Students with TBI to School

- Summary of strategies used by medical and school facilities appear on pages 1-2
- Which strategies have participants used?
- Are there other strategies participants have found helpful in the transition from hospital to school?

# Transition to School Checklist

The “Transition to School Checklist”  
designed to help school personnel  
monitor completion of transition activities

Please refer to page 3 of your  
Module IV Microsoft Word documents

## Transitions also include:

- Transitions between classes
- Transition to new schools
- Transitions to post school settings
- Other students

Please refer to page 4 of your  
Module IV Microsoft Word documents

# The Special Education Referral Process

- Refer the student to the local educational agency (LEA)
- Identify Case Conference Committee (CCC) members
- Evaluate the student's eligibility and determine needs
- Develop the individualized education program (IEP)
- Offer placement

# **1. Refer the student to the Local Educational Agency (LEA)**

- In moderate and severe brain injuries referrals usually occur while the student is hospitalized
- As you suspect a student is a child with a disability, inform the parent of your intent to refer, and refer in writing to the LEA

## **2. Identify Case Conference Committee (CCC) members**

The Case Conference Committee (CCC) is the group of individuals, including school personnel and the parents, that decides whether a student is eligible for special education, and if eligible, decides what special education and related services will be provided, based on the student's needs.

The CCC must include the members designated by Indiana's Article 7 511 IAC 7-42-3. Please refer to page 5 of your Module IV Microsoft Word Documents for more information regarding CCC participants.

## **2. Identify Case Conference Committee (CCC) members (continued)**

- Who would you want on Serena's Case Conference Committee?
- Who would you want on Monty's Case Conference Committee?

### **3. Evaluate the student's needs**

As part of the evaluation, the Case Conference Committee:

#### **I. Reviews existing evaluation data**

- Evaluations and information provided by parents
- Previous interventions and their effects
- Current classroom-based assessments and observation
- Observations by teachers and related services providers

### **3. Evaluate the student's needs (continued)**

#### **II. After review of the data, the Case Conference Committee determines**

- If additional data are needed, and if so, who should gather it
- If child has an impairment
- Present levels of performance
- If child needs special education and related services

## 4. Develop the IEP

If the CCC determines that the student has an impairment (TBI) and needs special education and related services, the team prepares the Individualized Education Program (IEP)

## 5. Offer placement

- An educational placement is developed to implement the child's IEP
- To the maximum extent appropriate, a child with a disability is educated with nondisabled children (Article 7)

# Designate a case manager

It is best practice to appoint a case manager who coordinates communication among the Case Conference Committee members

# What types of problems can the school anticipate?



**SERENA  
MONTY  
MIKE**

# Common Problems of Students with TBI

- Certain types of difficulties are common in students with TBI
- Anticipating these difficulties can facilitate successful re-entry to school
- Problems can be physical/medical, cognitive, sensory, motor, social, emotional, and behavioral

# Physical & Medical Problems

## Types of physical and medical problems

- Seizures
- Fatigue
- Headaches
- Swallowing and eating
- Self-care activities

**Medication issues** (please refer to page 6 of your Module IV Microsoft Word documents)

# Common Motor Problems

- Apraxia
- Ataxia
- Coordination problems
- Paresis or paralysis
- Orthopedic problems
- Spasticity
- Balance problems
- Impaired speed of movement
- Fatigue

Please refer to page 7 in your Module IV Microsoft Word documents

# Sensory and Perceptual Problems

- Visual deficits
  - Field cuts
  - Tracking (moving and stationary objects)
  - Spatial relationships
  - Double vision (diplopia)
- Neglect
- Auditory deficits
- Tactile deficits

# Cognitive & Communication Problems

- Executive functions
- Memory
- Attention
- Concentration
- Information processing
- Sequencing
- Problem solving
- Comprehension of abstract language
- Word retrieval
- Expressive language organization
- Pragmatics

# Executive Functions

Planning, prioritizing, sequencing, self-monitoring, self-correcting, inhibiting, initiating, controlling or altering behavior

(Savage & Wolcott, 1995, p. 150)

# Cognitive-Communication Deficits

- Please refer to page 8 of your Module IV Microsoft Word documents for additional information regarding cognitive-communication problems
- Refer to page 9 of your Microsoft Word documents for an example of Monty's difficulties at school

# Social-Emotional Problems

- Irritability
- Impulsivity
- Disinhibition
- Perseveration
- Emotional lability
- Insensitivity to social cues
- Low frustration tolerance
- Anxiety
- Withdrawal
- Egocentricity
- Denial of deficit/lack of insight
- Depression
- Peer conflict
- Sexuality concerns
- High risk behavior

# Social-Emotional Problems

- Please refer to page 10 of your Microsoft Word documents for a list of common social-emotional deficits
- Refer to page 11 of your Microsoft Word documents for an example of Serena's difficulties at school

# Behavioral Problems

Deficits (all types) may lead to challenging behaviors

- Non-compliance
- Aggression
- Confrontational behavior
- Lack of initiative
- Withdrawal

# Traumatic Brain Injury Checklist

Please refer to pages 12-15  
of your Module IV Microsoft  
Word documents

# Traumatic Brain Injury Checklist

- Orientation and attention to activity
- Starting, changing, and maintaining activities
- Taking in and retaining information
- Language comprehension and expression
- Visual-perceptual processing
- Visual-motor skills
- Sequential processing
- Problem-solving, reasoning and generalization
- Organization and planning skills
- Impulse or self-control
- Social adjustment and awareness
- Emotional adjustment
- Sensorimotor skills

# Manifestations of TBI by Age

## Preschool...

- Irritability and crying
- Temper tantrums
- Frustration
- Fearfulness
- Disabilities become evident over time as higher level skills are expected to develop

# Manifestations of TBI by Age

## Elementary school...

- Difficulty with new learning
- Short attention span and impulsivity
- Frustration
- Inappropriate social interactions
- Disabilities become evident over time as higher level skills are expected to develop

# Manifestations of TBI by Age

## Middle school and high school...

- Difficulty with new learning
- Short attention span and impulsivity
- Frustration over skill losses
- Decreased social judgment
- Risk-taking
- Depression and anxiety
- Sexuality concerns
- Effects of earlier injury become evident

# What happens as a result of these deficits and behaviors?

- Friends leave
- Families mourn
- Teachers are frustrated
- The student is at risk for isolation from peers, academic failure, depression, substance abuse, sexual behavior, delinquency, further TBI

# Evaluation of students with TBI

## Two purposes:

- Identification of a student as a student with a disability
- Program planning

# Evaluation Planning

- Where do you begin after a referral is made?
- What do you need to know about the student to determine eligibility for special education and related services and to develop an IEP?

# Information to Determine Needs

- TBI information
- Information about areas of functioning
  - Cognitive and memory
  - Speech and language, communication
  - Sensory and perceptual abilities
  - Motor abilities
  - Psychosocial impairments
  - Physical functions/safety
  - Academic skills

# Challenges to Evaluation for Programming

What factors make evaluation of the programming needs of students with TBI challenging?

# Challenges to Evaluation for Programming: Student Factors

- Rapidly changing skills (especially during first 6-12 months)
- Communication, physical, sensory, motor, emotional, and behavioral difficulties may interfere with assessment
- Uneven skill profile (some higher skills preserved with lower skills lost)
- Performance influenced by state and situation
- Problems may emerge later

# Challenges to Evaluation for Programming: Other Factors

- The family is probably in distress
- Initial assessment is probably conducted outside school in a setting unlike the classroom
- Much assessment information is needed from other professionals (who are busy)
- Medical reports may be difficult to interpret
- Assessment requires IEP team coordination and planning

## What can be done to address these challenges?

- Use classroom data to inform instruction
- Use observation, curriculum-based measures, work samples, trial teaching
- Assess across content, time, settings
- Invite parents to provide information
- Ask medical personnel for assistance
- Plan team evaluations
- Share information

# Teamwork: The Family and the School Staff

- Parent(s) and educators work together
- Educators recognize and respect the expertise, values, and concerns of the family
- The family recognizes and respects the skills of educators
- Communication is frequent and honest

# TBI Evaluation Planning:

Please refer to the “TBI Evaluation Planning Worksheet” found on pages 16-17 in your Module IV Microsoft Word documents

Monty and Serena have been referred for evaluation for special education. What do you know? What do you need to find out?

# How can I gather additional information?

- Record review (school and medical)
- Direct observation (school or hospital)
- Student interview (if possible)
- Teacher/service provider interviews
- Criterion-references assessment
- Curriculum-based assessment
- Rating scales and checklists
- Neuropsychological assessment (if available)

# Test Interpretation: Cautions

## Standardized, norm-referenced measures

- May not assess the full range of skills
- Testing situation may mask deficits
- Limited predictive validity

## Timed tasks

- May reflect motor slowing, not ability

## Measures of prior knowledge

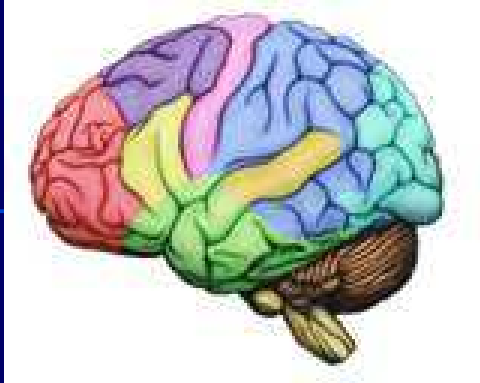
- May not reveal difficulty with new learning

# **What does Indiana law require in evaluations for special education?**

Please refer to pages 18-29 in your Module IV Microsoft Word documents for the Indiana Article 7 text

## **Monty and Serena:** **Do they meet Indiana criteria for TBI?**

- Acquired injury to the brain
- External physical force
- NOT congenital or birth trauma
- Partial functional disability or psychosocial impairment or both
- Impairments in one or more areas (listed in definition)
- Need special education/related services



## **MODULE V:**

# **Planning to Meet the Needs of Students with TBI**

# **Module V: Planning to Meet the Needs of Students with TBI**

Before studying this module, please download and/or print the Word documents supporting Module V.

Use the NOTES feature of PowerPoint for additional information about each slide.

- Pull down the View menu at the top of your screen and click Notes Page
- OR click on the Notes icon in the lower left corner of the screen

# Module V: Goal

To assist you in acquiring knowledge and skills to help you meet the educational needs of students with TBI. The content of this module is based on IDEA and Indiana statutes.

# Module V: Learning Outcomes

At the end of this module you will...

- ✓ Be familiar with considerations for IEP development for students with TBI
- ✓ Be able to identify school problems and alternative behaviors
- ✓ Demonstrate the ability to select intervention targets and strategies to use with specific problems

# The Special Education Referral Process

- Referral for initial educational evaluation
- Review existing data
- Determine if additional data are needed
- When the Case Conference Committee (CCC) has enough data, determine:
  - Does student meet criteria for TBI?
  - What are the present levels of performance?
  - Does the student need special education?

# Planning to meet the student's needs in school

- The CCC has decided that the student
  - Has an impairment (TBI)
  - Needs special education services
- The CCC needs to develop the individualized education program (IEP)

# Considerations for developing an IEP for a student with TBI

- The IEP is developed to meet the student's individual needs
- Many students with TBI display similar needs
- Considerations for IEP development can be found on pages 1a-1e of your Module V Microsoft Word documents
- Refer to Wright and Laffin (2000) for information regarding IEP development

# Strategies for addressing learning problems

- A well-designed IEP guides a student's education
- An appropriate educational placement implements the IEP
- But we still need to know
  - How the brain injury will affect learning
  - What specific interventions to use with the student

# How does TBI affect learning?

## Memory

- Encoding, storage, retrieval
- Working memory
- New learning
- Directions, rules, consequences

## Executive functions

- Initiation
- Goal setting
- Planning
- Self-monitoring

# How does TBI affect learning?

## Speed of processing

## Reasoning and problem solving

- Inductive reasoning
- Deductive reasoning
- Causal reasoning
- Divergent thinking
- Decision making

# How does TBI affect learning?

## **Attention/Concentration**

- Arousal/alertness
- Selective attention/focus
- Shift attention
- Divide attention across activities

## **Organization**

- Classification
- Sequencing
- Integration

# How does TBI affect learning?

## **Language**

- Expressive
- Receptive
- Pragmatics

## **Sensory skills**

- Vision
- Hearing

## **Visual-spatial skills/Perception**

## **Specific skill deficits**

# How does TBI affect learning?

## **Social-emotional factors**

- Awareness of deficit
- Denial of deficit
- Depression, anxiety, anger
- Withdrawal

## **Physical/health factors**

- Fatigue
- Pain
- Medications

# Jerry

- Jerry has to return to school.
- What types of problems might Jerry be experiencing in school?

## What do Jerry's teachers say?

**Social Studies:** Jerry doesn't complete long-term projects

**Math and reading:** Jerry doesn't complete class work and homework; he ignores problems on part of the page

**Music:** Jerry is a loner; he cuts class

# Jerry: Social Studies

- You are Jerry's case manager. How can you help Jerry and his teacher reduce Jerry's difficulties in social studies?
- To read a description of Jerry's difficulties in social studies please refer to page 2 in your Module V Microsoft Word documents.

# Addressing learning problems

- Identify the learning problem
- Identify how the brain injury influences learning
- Evaluate other factors that influence the behavior
- Determine if it is a skill or performance deficit
- State a positive goal
- Develop and implement a plan
- Evaluate the plan

# 1. What is the learning problem?

- Define the problem clearly
- What learning problem is Jerry having?

## 2. How does TBI influence Jerry's learning?

- Memory
- Executive functions
- Speed of processing
- Reasoning and problem solving
- Attention and concentration
- Organization
- Language
- Sensory skills
- Visual-spatial skills
- Specific skill deficits
- Social emotional factors
- Physical/health factors

### 3. Do other factors influence learning?

Consider...

- Environment
- Instruction
- Curriculum
- Teacher
- Family and peers

Consider...

- Antecedents and consequences

## 4. Is there a skill deficit or a performance deficit?

Is the problem a result of a skill deficit or a performance deficit?

- **Skill deficit:** Jerry doesn't have the necessary skill
- **Performance deficit:** Jerry has the skill, but doesn't use it

## 5. What is your goal?

What do you want Jerry to do instead of the problem behavior?

- What is the skill or behavior you are working towards?
- Is it realistic?

## 6. Develop a plan

What is the target of intervention?

- Environment
- Instruction
- Curriculum
- Teacher
- Peers
- Family
- Student

## 6. Develop a plan (continued)

### What strategies are available?

- Most problems are caused by more than one factor
- Most problems need more than one intervention strategy

# Guidelines for selecting strategies

- Involve the student in strategy selection
- Use strategies that build on what the student already does
- Try simple strategies before complex ones
- Select strategies that will work in the target environment
- Select strategies that are acceptable to parents and teachers

## Strategies for working with specific problems of students with TBI

- Physical, health and safety
- Vision
- Hearing
- Memory
- Orientation and attention
- Reasoning
- Executive functions
- Language
- Academic skills
- Social-emotional

Please refer to pages 3a-3n in your Module V Microsoft Word documents

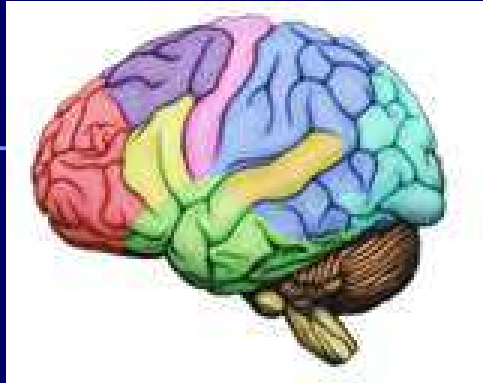
## Modifying the classroom environment

- Many students with TBI require classroom modifications
- Please refer to pages 4a-4b of your Microsoft Word documents for suggestions on modifying elementary and secondary classrooms

## 7. Evaluate the plan

- Is the plan working?
- How do you know?
- What can you do if the plan is not working?

# End of Module V



## **Module VI:**

# **Providing Positive Behavioral Intervention and Support**

# **Module VI: Providing Positive Behavioral Intervention & Supports**

Before studying this module, please download and/or print the Word documents supporting Module VI. Use the NOTES feature of PowerPoint for additional information about each slide.

- Pull down the View menu at the top of your screen and click Notes Page
- OR click on the Notes icon in the lower left corner of the screen

# Module VI: Goals

To provide information about why students with TBI have challenging behaviors and to provide skill in providing positive behavioral interventions and supports. The content of this module is based on IDEA and Indiana statutes.

# Module VI: Learning Outcomes

At the end of this module you will:

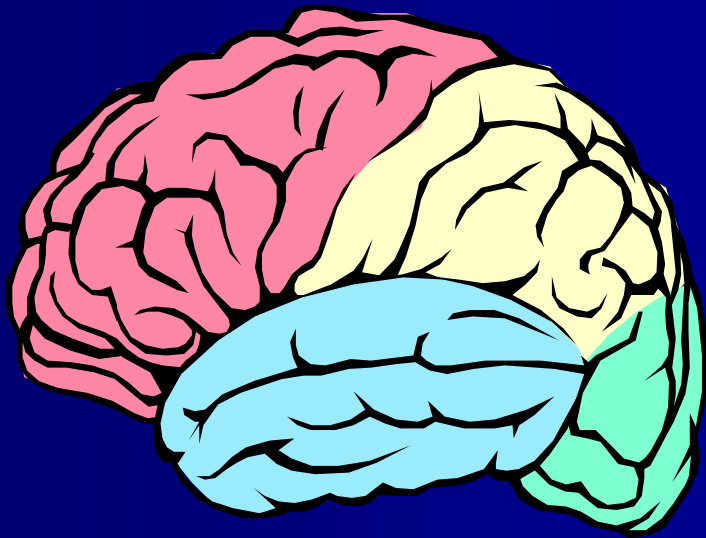
- ✓ Understand why students with TBI have challenging behaviors
- ✓ Understand how to use functional behavioral assessment to identify interventions
- ✓ Be familiar with a range of positive interventions and supports
- ✓ Be aware of medications used to control challenging behaviors

**What challenging behaviors do  
your students with TBI exhibit?**

**STUDENT EXAMPLES**

**Serena  
Jerry**

# Why do students with TBI have challenging behaviors?



# Behavioral control is complex

- Consider your own behavior
- Do you ever have difficulty controlling your own behavior? Why?
- Do you act differently in different settings? With different people? On different days?

# **Behavioral control requires the intact and integrated functioning of brain systems**

- Attention and memory
- Regulation (physical and emotional)
- Executive functions (planning and anticipation)
- Speed of processing
- Communication skills

# Students with TBI show...

- Difficulty with new memory, working memory, and attention: may not remember instruction, rules, or consequences
- Reduced regulation: may not be able to control emotions or reactions
  - Impulsivity
  - Disinhibition

# Students with TBI show...

## Limited executive functions

- Anticipation and planning: may not know how to avoid difficult situations
- Lack of awareness of others' expectations
- Difficulty taking the perspective of others

## Reduced speed of processing

- May need more time on questions/tasks
- May miss valuable information

# Students with TBI show...

## Communication

- Specific expressive and receptive language limitations
- Use of inappropriate behavior as a means to communicate
- Lack of awareness of social cues
  - Physical proximity
  - Gestures, eye contact, turn-taking

# How do we address challenging behaviors?

## Functional behavioral assessment (FBA)

means a process that uses data to identify patterns in the student's behavior and the purpose or function of the behavior for the student.

(511 IAC 7-32-41)

# Functional Assessment of Behavior: The Link to Intervention

- Identify the problem
- Measure the behavior
- Identify slow and fast triggers
- Identify consequences of behavior
- Identify functions of behavior

Please refer to page 4 in your Module VI  
Microsoft Word documents

# Serena Example



# 1. Identify the problem

- State the problem clearly
- What is the problem the teacher is having with Serena?
- Choose the most critical behavior to address first

## 2. Measure the behavior

- How frequently does the behavior occur? With what intensity? For how long?
- Why is it important to measure the behavior?

### 3. Identify slow and fast triggers

**Slow** triggers (or setting events) are factors that set the stage for the behavior:

- **Internal**: Brain injury; Mood, fatigue, hunger
- **External**: People, tasks, settings

What slow triggers may influence Serena's behavior?

### 3. Identify slow and fast triggers (continued)

**Fast** triggers are events/stimuli that immediately precede the behavior and influence whether it occurs

What fast triggers may affect Serena's behavior?

## 4. Identify consequences

What happens after the behavior that influences whether it will occur again?

**Reinforcement:** Increases the occurrence of the behavior

- Positive reinforcement: desirable consequences
- Negative reinforcement: avoidance of undesirable consequence

**Punishment:** Reduces the occurrence of the behavior

## **5. Identify functions of behavior**

**What functions (purposes) might the behavior serve for the student?**

- To gain access to social interaction
- To gain access to activities or object
- To terminate or avoid unwanted situations
- To gain access to stimulating events
- To communicate feelings

# Jerry Example

- Identify the problem
- Measure the behavior
- Identify triggers
- Identify consequences
- Identify functions of behavior

Please refer to page 5 in your Module VI Microsoft word documents

# Behavioral Intervention Plan

Behavioral intervention plan (BIP) is a plan that describes:

- the pattern of behavior that impedes the student's learning or the learning of others
- the purpose or function of the behavior as identified in the FBA
- the **positive interventions and supports, and other strategies** to address the behavior and maximize consistency of implementation
- the skills that will be taught and monitored in an effort to change a specific pattern of the student

(511 IAC 7-32-10)

# What are positive behavioral interventions and supports?

- **Positive interventions:** Focus on increasing skills and appropriate behaviors using proactive strategies
- **Supports:** People and conditions that facilitate the student's use of skills and appropriate behavior

# Proactive Intervention Strategies

**Proactive:** Planned (and often implemented) before the challenging behavior occurs. The intent is to prevent inappropriate behavior and encourage appropriate behavior.

# Reactive Intervention Strategies

**Reactive:** Implemented (and often planned) after the challenging behavior occurs. The intent is to reduce the challenging behavior, but without focus on replacement behaviors or prevention.

## Can we use the same intervention strategies for challenging behaviors that we use with other students?

- Why?
- Why not?
- In what ways do students with TBI differ from other students?

# Developing the Intervention Plan

- What is your goal? What do you want the student to do?
- What triggers, consequences, and functions of behavior will you address?
- What are the targets of intervention?
  - Environment
  - Instruction and curriculum
  - Teacher, peers, family
  - Student
- What specific strategies can be used?

# Serena Example

What is your goal? What do you want Serena to do instead of the problem behavior?

- What is the skill or behavior you are working toward?
- Is it realistic?

# Serena Example

What triggers, consequences, and functions of behavior do you need to address?

# Serena Example

What are your targets of intervention?

- Environment
- Instruction
- Curriculum
- Teacher
- Peers
- Family
- Student

# Developing Positive Interventions: Five Approaches

1. Prevent inappropriate behavior
2. Increase appropriate behavior
3. Decrease inappropriate behavior
4. Use communication and group strategies
5. Increase use of self-management strategies

# Serena Example



# 1. Prevent inappropriate behavior

What could be done to address the slow and fast triggers that influence Serena's behavior?

# Antecedent Factors that Might Influence Students with TBI

## Environment

- Class size
- Consistency of staff
- Student-staff ratio
- Supervision
- Noise
- Lighting
- Space

## Task Demands

- Expectations
- Rate of success
- Memory demands
- Time limitations
- Feedback frequency
- Support available
- Stimulation

# Common Classroom Antecedent Control Techniques

- Classroom rules
- Classroom routines
- Classroom schedule
- Positive student-teacher interactions
- Positive student-peer interactions
- Clear expectations
- Systematic instruction
- Modeling
- High rates of success
- Appropriate educational program
- Appropriate, engaging activities
- Advance planning

## 2. Increase appropriate behavior

- Teach alternative or incompatible behavior
- Reward (positively reinforce) appropriate behavior
- Model appropriate behavior
- Prompt or cue appropriate behavior
- Shape appropriate behavior

## 3. Decrease inappropriate behavior

Maintain focus on positive interventions

- Use redirection
- Establish stimulus control
- Reinforce alternative behaviors
- Reinforce incompatible behaviors
- Extinction (when safe)

## 4. Communication/group strategies

- Teach appropriate communication skills such as listening, turn-taking, and empathy
- Use group interventions, such as support and social skills groups

## 5. Self-management strategies

- Goal setting
- Self-monitoring
- Self-evaluation
- Self-reinforcement
- Relaxation/rest

# Jerry Example

- What is your goal? What do you want the student to do?
- What triggers, consequences, and functions of behavior will you address?
- What are the targets of intervention?
  - Environment
  - Instruction and curriculum
  - Teacher, peers, family
  - Student

# **Jerry Example**

**What specific strategies will you use?**

1. Prevent inappropriate behavior
2. Increase appropriate behavior
3. Decrease inappropriate behavior
4. Communication and group strategies
5. Self-management strategies

## Stages of Recovery and Intervention Use

- Challenging behaviors differ across early, middle and late stages of recovery
- Intervention strategies and supports must match the needs and abilities of the student as she/he recovers

Please refer to page 8 of your Module VI  
Microsoft Word documents

## Examples of Specific Strategies to Use with Specific Problems

- Examples of strategies to use with specific problems are presented on the next several pages in your manual.
- Note that these are just examples. The specific strategies you develop will depend on the unique characteristics of the student, teacher, and context.

Please refer to pages 9-11 of your Module VI Microsoft Word documents

# Evaluate the Plan

- Don't assume you are finished when you put the plan in place
- Evaluate how well your interventions are working
- Keep up frequent communication with all stakeholders: students, parents, teachers, therapists, administrators

# Medications with Students with Challenging Behaviors

- Medications are sometimes used to help manage the behaviors of students with TBI
- It is critical for personnel to be aware of the potential side effects of a student's medications

Several medications are described on pages 12-14 in your Module VI Microsoft Word documents

# Crisis Intervention

When a student's emotions and behavior are escalating

- Adaptive
- Tension
- Emotional distress
- Physical distress
- Recovery

# Understanding Stages of Challenging Behavior and Stages of Support

## Guidelines

Please refer to page 15 in your  
Module VI Microsoft Word documents

# End of Module VI



## **MODULE VII:**

# **Supporting Students with Mild Brain Injury**

# **Module VII: Supporting Students with Mild Brain Injury**

Before studying this module, please download and/or print the Word documents supporting Module VII. Use the NOTES feature of PowerPoint for additional information about each slide.

- Pull down the View menu at the top of your screen and click Notes Page
- OR click on the Notes icon in the lower left corner of the screen

# Module VII: Goals

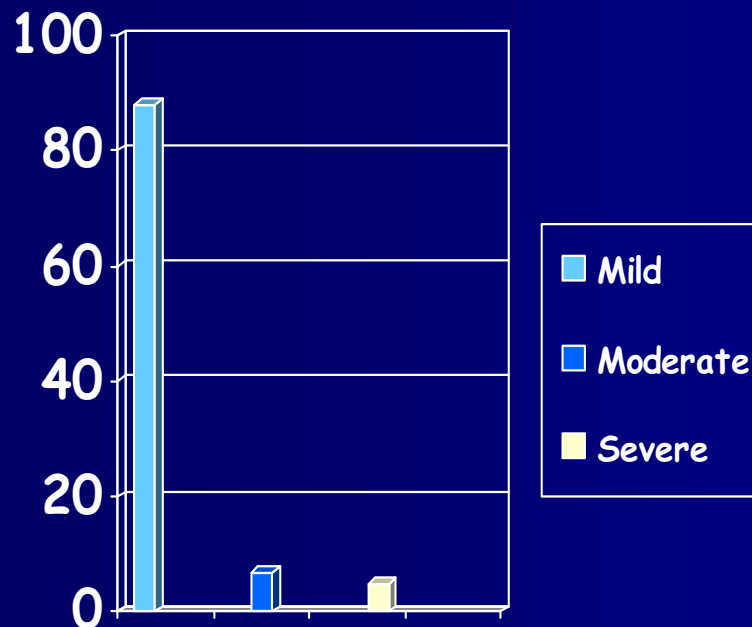
To provide information about the ways in which mild brain injury affects educational performance and about strategies for supporting the student with mild brain injury.

# Module VII: Learning Outcomes

At the end of this module you will...

- ✓ Identify symptoms of mild brain injury
- ✓ Recognize ways in which mild brain injury affects school performance
- ✓ Identify several options for meeting the needs of students with mild brain injury
- ✓ Be aware of strategies for supporting students with mild brain injury

# Proportions of Mild, Moderate and Severe Brain Injuries



The vast majority of students with brain injuries who return to school have mild injuries

# What is “mild” brain injury?

- Brief or no loss of consciousness
- Signs of concussion
  - Nausea and vomiting
  - Headache
  - Fatigue
  - Dizziness
  - Poor memory
- Post-traumatic amnesia less than 1 hour
- GCS of 13-15

# Mild Brain Injuries

- 88% of all brain injuries are mild
- Symptoms usually resolve within three months, but can persist and be life-long
- Symptoms can significantly interfere with academic school performance
- If ignored, symptoms may lead to more lasting problems

# Types of problems of students with mild brain injury

- Memory
- Fatigue
- Inattention
- Slow performance
- Incomplete work
- Organizational problems
- Frustration
- Depression
- Disorganization
- School absences
- Conflict with peers and teachers
- Falling grades

# When to refer for an Educational Evaluation

- Whenever school staff suspect a disability
- Whenever a parent requests an educational evaluation
- Note: Others also may refer for an educational evaluation

# If Mike is referred for an educational evaluation

- Does Mike have a brain injury acquired by an external physical force?
- Does Mike have an impairment according to Indiana's Article 7?
- Does Mike need special education?
- How will his needs be met?

## **If Mike is found NOT to have an impairment for special education**

### The case conference committee...

- Summarizes student's present levels of performance and needs
- Lists any services offered by the LEA from which the student might benefit
- Lists programs and services other than those offered by the LEA that might benefit the student

**What if we don't suspect a disability  
for Mike, but we do see needs?**

How can we meet Mike's  
needs?



# Meeting Mike's needs if no IDEA disability is suspected

- Building team referral
- Case management to monitor performance
- Develop short-term strategies, accommodations
- Section 504 plan (if Mike meets 504 definition)
- Conduct individual non-specific education assessment with written parent permission
- Staff development

## **What strategies could we use to support Mike in general education?**

Consider Mike's performance in school. What might you suggest to help him while he recovers from his injury?

# Regular education interventions for Mike

- Counsel Mike about brain injury
- Educate his parents, teachers, peers
- Adjust his schedule
- Prioritize homework
- Suggest peer assistance with homework
- Communicate with parents about homework
- Delay SAT and/or ACT
- Postpone finals
- Monitor progress
- Refer for special education if needed

# End of Module VII

# Post-Test

There is a post-test in Module VII Microsoft Word documents. Please complete the post-test if you have not already done so.

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