

TRAUMATIC BRAIN INJURY

**Practical Strategies for Identifying,
Assessing and Teaching Students
in the Classroom**

Marilyn Lash, MSW

Lash and Associates Publishing/Training

708 Young Forest Drive

Wake Forest, NC 27587

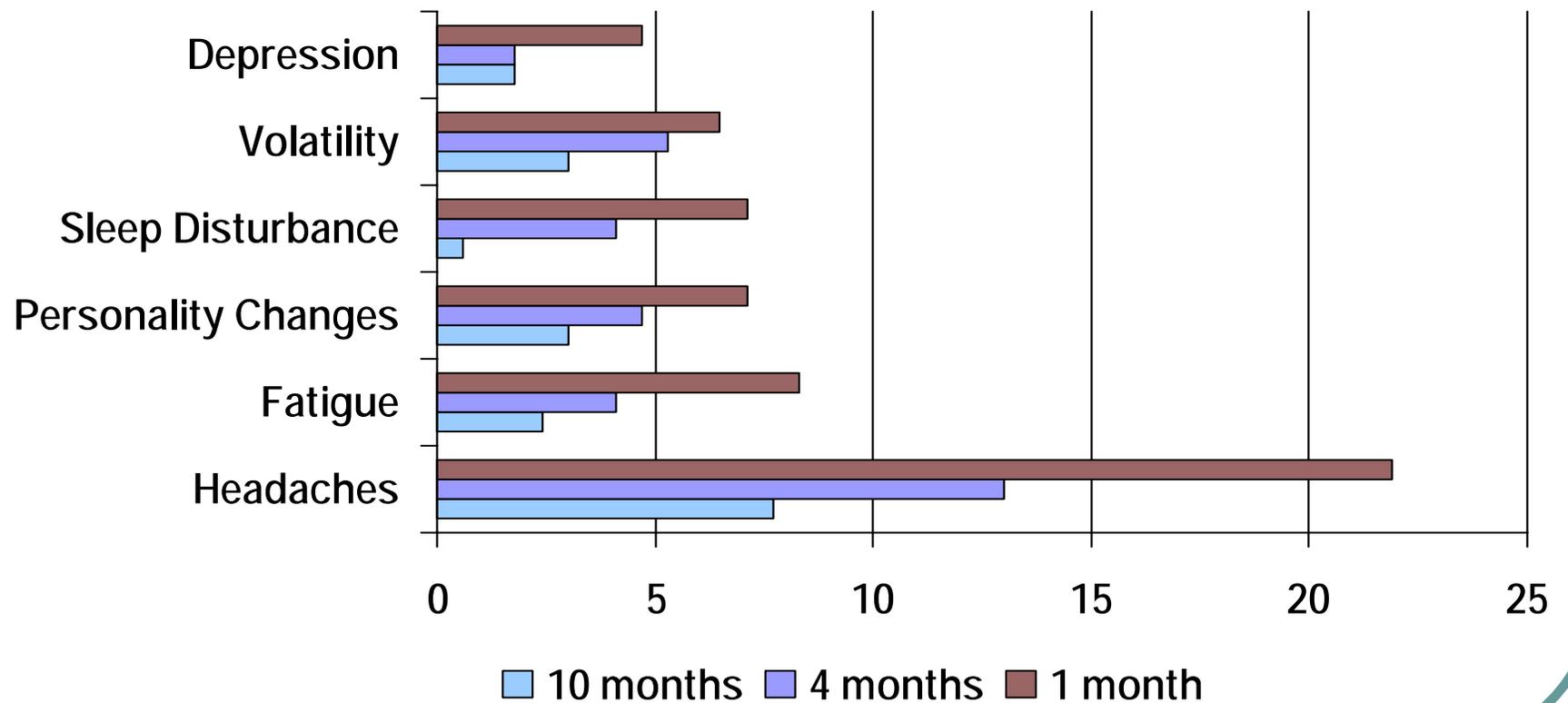
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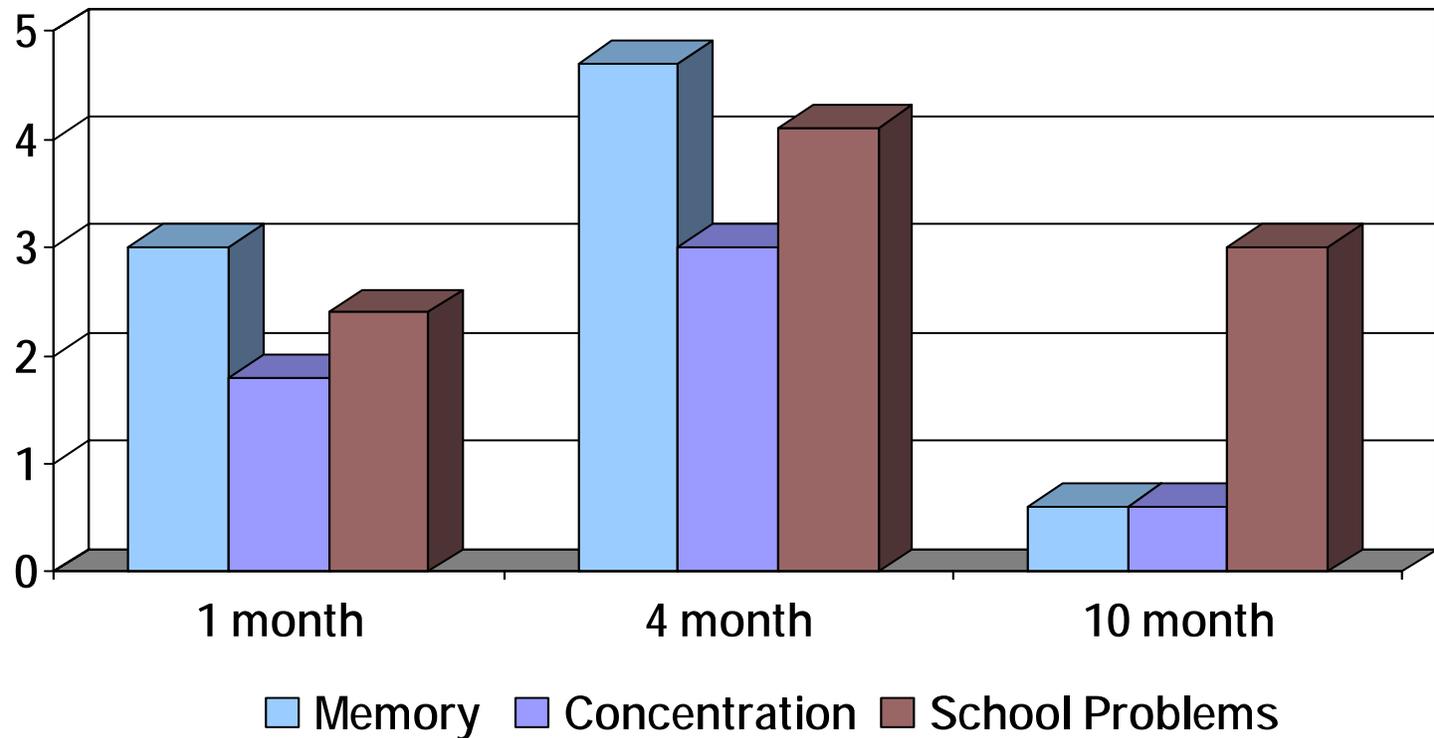
Project ACCESS Sample

- **2174 patients identified; 1251 consent (57.5%)**
 - **64% seen in emergency department**
 - **36% admitted to the hospital**
- **Age 0-17, mean 8.5 years**
- **Caucasian 51%; African American 40%**

ACCESS ED Follow-Up



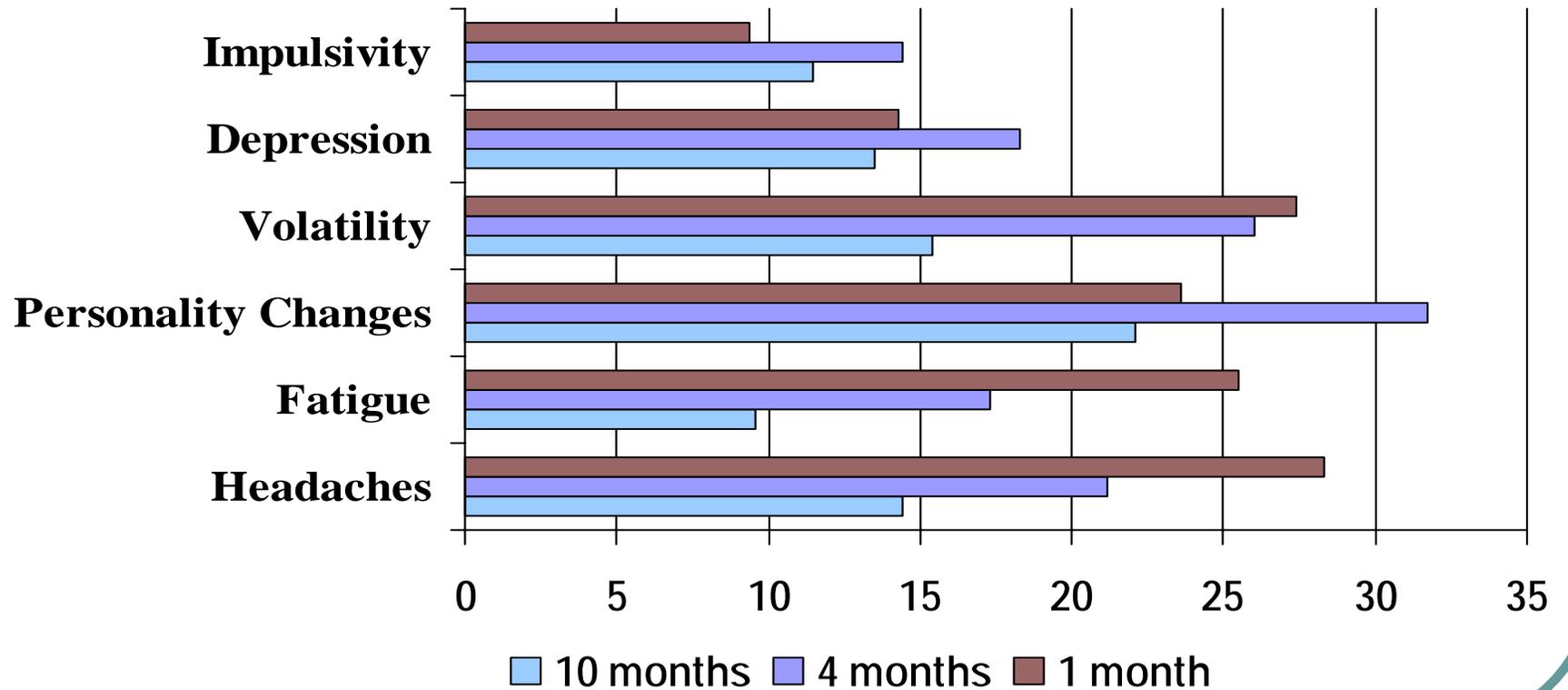
ACCESS ED School Follow-Up



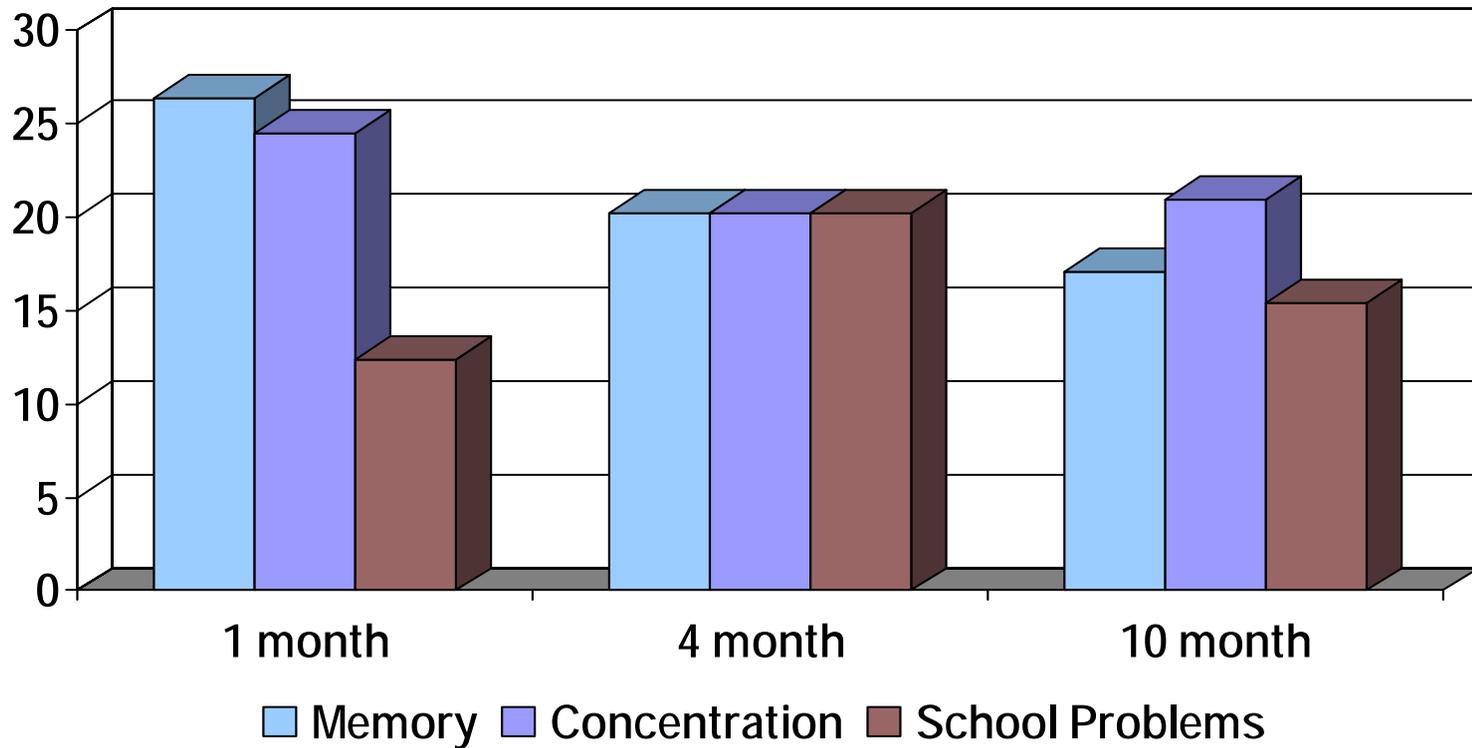
ACCESS In the Hospital

- **Provide hospitalized children with coordinated care and follow-up**
 - give information and support
 - distribute educational materials & training
 - community linkages
 - to improve TBI data collection practices

ACCESS Hospital Follow-Up



ACCESS Hospital to School



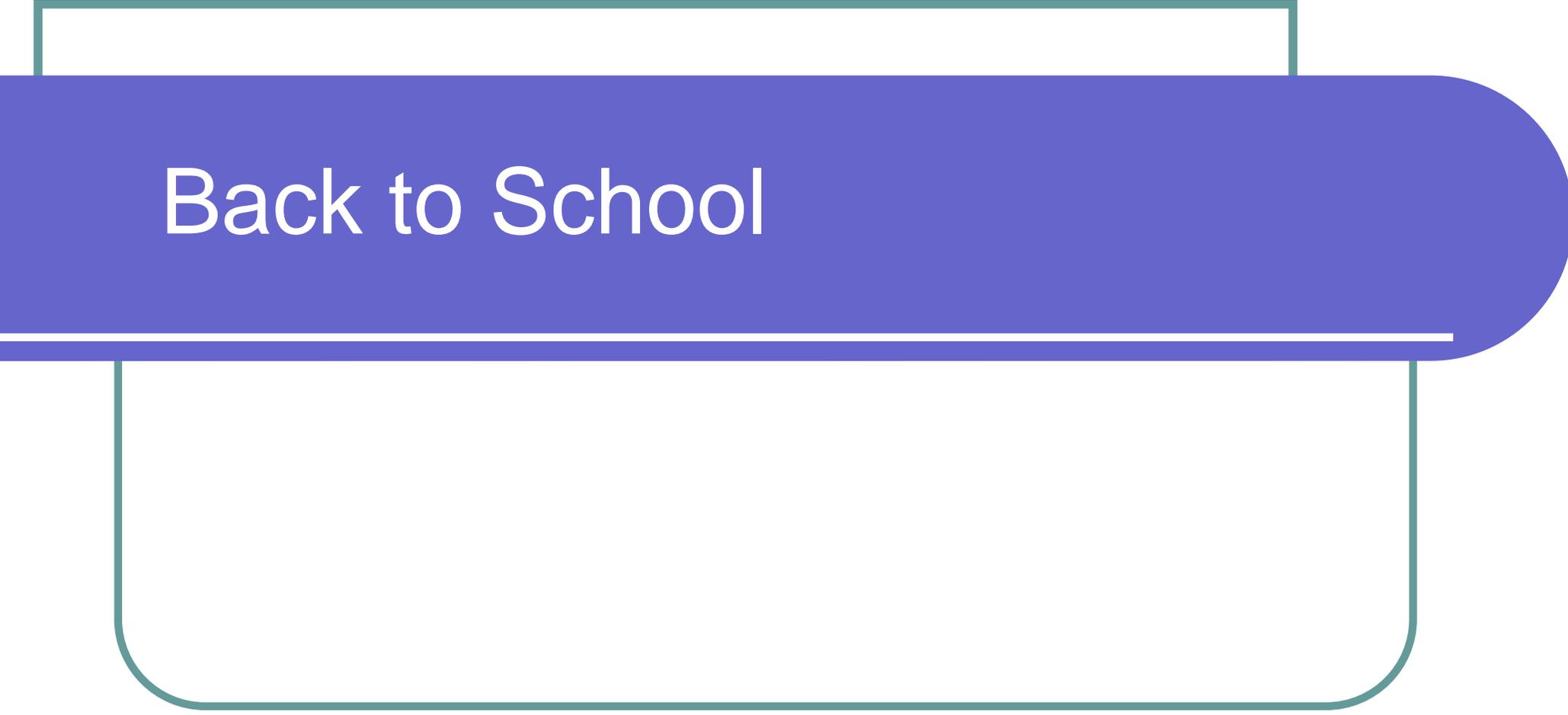
Where are the students with TBI?

- **Incidence vs. identification**
- **Health screening questionnaires**
- **It's all in the questions you ask**
- **Training increases identification**
- **Mislabeled as LD, ADHD, ED**

Screening questions...

Has this student ever...

- **Been in a car, bike or ATV crash?**
- **Fallen from a height over 8 feet?**
- **Been hit in the head?**
- **Seemed dazed, confused, unlike “normal self” for days/weeks**
- **Had one or more concussions**



Back to School

School needs information

- **when and how the child was injured**
- **length of time in hospital or rehabilitation**
- **when child will return to school**
- **effects of brain injury on learning**
- **physical changes and functional abilities**
- **medications**
- **therapies**

Rehab provides information

- **type and extent of brain injury**
- **therapies during rehabilitation**
- **strengths and abilities**
- **difficulties and weaknesses**
- **expectations for recovery**
- **planned discharge date**
- **needs for special help**

Tips for rehab staff

- **Have one person coordinate planning with school**
- **Contact the child's school ASAP**
- **Make a referral for special education**
- **Meet with teacher, school nurse and special education director**

Outreach to school to prepare...

- **Visit child's school to plan ahead**
- **Keep in contact with school staff by phone**
- **Give an in-service program**
- **Be available for follow-up and questions**

Teachers need to know...

- How the child acts, thinks, behaves and moves
- Strengths and preferences
- Weaknesses and needs
- Current work habits and endurance
- Coping strategies
- Causes of changes in behaviors and emotions

School team needs...

- **Medical terms and test results**
- **Neuropsychological reports**
- **Practical suggestions for classroom**
- **Recommendations for special education**
- **Suggestions for follow-up, tests or evaluations**

Parents can educate schools

- **Set up an in-service by a professional**
- **Invite all staff**
- **Attend and be part of the in-service**
- **Show pictures of child's medical care**
- **Repeat in-service every year for new teachers**
- **Include former teachers and counselors**

Easing child's return to school

- **Invite friends and classmates home to visit**
- **Talk with class and encourage questions**
- **Make a video to show child's progress**
- **Ask child to give short talk to classmates**
- **Show classmates how to help**
- **Meet with guidance counselors in advance**
- **Develop a buddy system**

Parents are the link with school

- **Give medical and rehab information**
- **Share what you know and observe**
- **Know your rights under the law for education**
- **Coordinate flow of information**
- **Find experts to consult with school staff**
- **Work as partners not adversaries**
- **Build a vision of the future**

Ideal Plans vs. Real World

When the rubber hits the road...

When the %^#\$ hits the fan...

***Life after brain injury can be messy...
the only thing that stays the same is
that nothing is the same.***

Pitfalls to avoid – Red flags

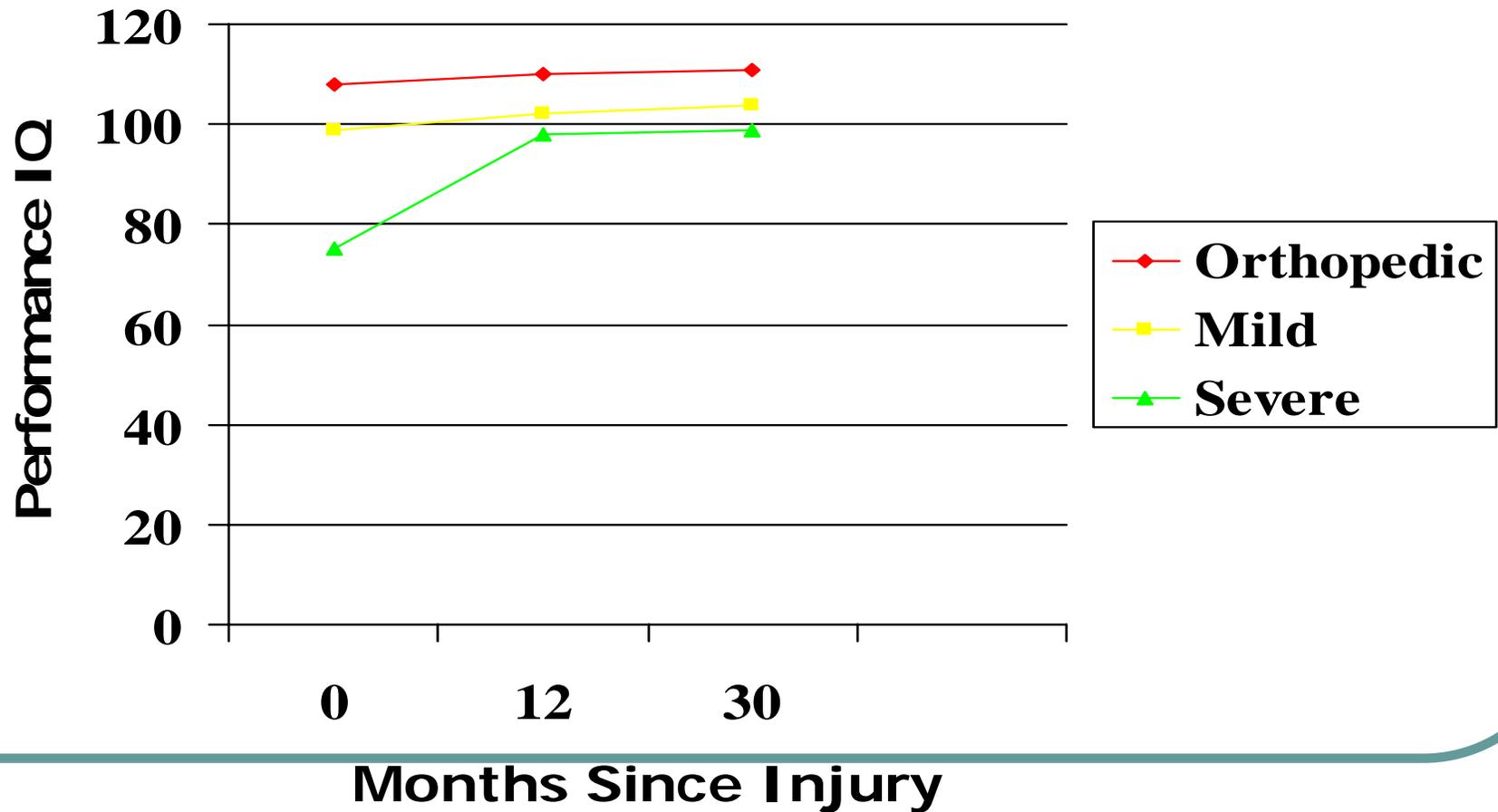
Pitfalls to avoid

- **Someone else will make the referral**
- **There's plenty of time**
- **Won't know what's needed till discharge**
- **She'll be just fine - don't worry**
- **Wait and see how it goes at school**

Dynamics of family

- **Honeymoon period 6-12 months post injury**
- **Discrepancy of physical and cognitive recovery**
- **Uncertain future**
- **Cumulative stress catches up**
- **Importance of hope**

Typical Cognitive Recovery Curve



Special education learning curve

- **Importance of TBI category**
- **Parent Manual on state law**
- **Parent Training Centers**
- **Web sites on special education**
- **Experienced parents as mentors**

Long Road for Parents

- **Returning to school is just the beginning**
- **Knowing your rights and when to use them**
- **Educating educators is an ongoing process**
- **Finding allies in the school system**
- **Seeking experts as consultants**
- **Getting involved and staying involved**

What does TBI look like in class?

- **Can't get organized**
- **Always late with homework**
- **Doesn't pay attention in class**
- **Gets into fights on playground**
- **Not motivated**
- **Changes from day to day, week to week**

Physical Changes

- **Reduced stamina and fatigue**
- **Seizures**
- **Headaches**
- **Hearing and vision impairments**
- **Muscle weakness**
- **Changes in balance**
- **Motor impairments**
- **Hemiparesis or hemiplegia**

Cognitive Changes

- **Memory**
- **Attention and concentration**
- **Easily distracted**
- **Passive/Low initiation**
- **Disorganized**
- **Impulsive**
- **New learning harder**
- **Difficulty generalizing learning**

Behavioral Changes

- **Disinhibition**
- **Short fuse/temper outbursts**
- **Low frustration tolerance**
- **Mood swings**
- **Sexual language or behavior**

Social Changes

- **Immature behavior**
- **Poor social skills – interrupts, misses cues**
- **Doesn't fit in with peers**
- **Lacks self-awareness**
- **Egocentric**
- **Loss of friends**

Communication Changes

- **Expressive language**
- **Receptive language**
- **Reading**
- **Writing**
- **Language development**
- **Subtle nuances**
- **Misses sarcasm and puns**

You're not out of the woods yet...

- **Time**
- **Development**
- **Brain maturation**
- **School work changes**
- **Demands on brain change**
- **Frontal lobes mature**
- **Adolescence**

Teaching Strategies for Students with Brain Injuries



Attention and concentration

- **Ability to maintain awareness over an extended period of time**
- **Ability to accurately respond or complete a task.**

Attention & concentration strategies

- **Reduce distractions in work area**
- **Divide work into smaller sections**
- **Have student summarize new information**
- **Use cue words to alert student to pay attention**
- **Develop a nonverbal cueing system**

Pay Attention!

Hierarchy of attention

- Focused
- Sustained
- Selective
- Alternating
- Divided

Memory

- **The ability to mentally record and store information about facts, events, feelings, actions**
- **The ability to recall information as needed**

Memory strategies

- Repeat information often and summarize it
- Carry an assignment sheet for each class
- Use devices as self-reminders
- Categorize or chunk information
- Use special words as reminders
- Link new information to prior knowledge
- Give examples with instructions

Organization

- **The ability to arrange information, material and activities in an orderly way**

Organizational strategies

- **Extra time for review**
- **Written checklist of steps for complex tasks**
- **Instruction for checking each step when done**
- **Written schedule of daily routine**
- **Person to meet with at start and end of school day**

Organizational strategies

- **Written cues to organize activities**
- **Practice sequencing material**
- **Outline to match lectures with notetaking sections**
- **Color coded materials for each class**
- **Practice organizing activities**

Following Directions

- **The ability to execute a series of steps to accomplish a task or assignment**

Strategies to follow directions

- Oral and written directions
- Have student repeat instructions
- Underline important part of written directions
- Break directions down into simple steps
- After student does task, check work and give feedback
- Slow pace of instruction

Behavior after Brain Injury

Flip the triangle

- **Antecedent**
 - What happens before the behavior occurs
- **Behavior**
 - What happens in observable and measurable terms
- **Consequence**
 - What happens as a result of the behavior

Behavior after Brain Injury

- **Identify changes**
- **Define behavior**
- **Assess behavior**
- **Evaluate regularly**
- **Make strategies successful**

Identify changes in behavior

- **How did the child behave before the injury?**
- **How has behavior changed after the injury?**

Analyzing Behavior

- **Specify what to watch for or observe**
- **Measure the behavior**
 - how long
 - how often
 - when
- **Limit and prioritize how many behaviors to change**

Look at the Environment

- **Determine why the behavior occurs**
- **Focus on antecedents instead of consequences**
- **Identify the strategy that will be most successful**
- **Consistently follow the strategy**

Make strategies successful

- **Develop plan with student and family**
- **Focus on strengths, needs and preferences**
- **Fit strategies to learning style of child**
- **Set up environment to help student learn**
- **Plan activities so student knows what is expected**

Making Referrals Work

- **Who, what, why, and when for the NEUROPSYCHOLOGIST**
- **Not all experts are qualified**
- **Involving the student and parent in the request**
- **Negotiating what you get for the \$\$\$\$**
- **Alternatives to explore for onsite support**

Families as Partners

- **Parents are in this for the long haul**
- **Consistent strategies in school and at home**
- **Respect limits**
- **Use skills and knowledge of family members**
- **Recognize effects on siblings**
- **Work as partners not adversaries**