

linking research to real life.


Improving Identification of Students with TBI

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TBI is **not** a low-incidence disability!

- Over 1 million children sustain a TBI each year.
- About 75% of TBIs that occur each year are concussions or other forms of mild TBI (MTBI)
- More than 130,000 children with TBI have functional limitations that are significant enough to warrant special education services (Giang et. al., 2004).
- However, in 2007, only 23,805 students received special education services under the TBI category (IDEA, 2007)




Children with TBI are under-identified in Ohio's schools

- As of Dec. 2007, the Ohio Department of Education reported 1116 children served under the TBI category in Ohio's schools.
- And/ or are misidentified as something other than TBI (i.e.: SLD, ED, OHI...)
- 2010-11: 1,148 students were identified as TBI in Ohio




Ohio's expanded definition of TBI

- State definition of TBI
 - An acquired injury to the brain caused by an external physical force *or other medical conditions, including but not limited to stroke, anoxia, infectious disease, aneurysm, brain tumors and neurological insults resulting from medical or surgical treatments*




Ohio's expanded definition of TBI

- State definition of TBI (continued)
 - The injury results in total or partial functional disability or psychological impairment or both, that adversely affects a child's educational performance. The term applies to open or closed head injuries, *as well as to other medical conditions that result in acquired brain injuries.*



Ohio's expanded definition of TBI

- State definition of TBI (continued)
 - The injuries result in impairments in one or more areas such as cognition; language; memory; attention; reasoning; abstract thinking; judgment; problem solving; sensory, perceptual, and motor abilities; psychological behavior; physical functions; information processing; and speech.



Ohio's Expanded Definition of TBI

- State definition of TBI (continued)
 - The term does not apply to brain injuries that are congenital or degenerative, or to brain injuries induced by birth trauma.

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Identification

Failure to identify students appropriately may lead to their educational needs not being met

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Education & Awareness

- It is very important for schools to be educated about and made aware of TBI
- This includes teachers, staff, students, coaches, and parents
- Hold an in-service, speak at a staff meeting, watch a video
- Hang posters, pass out pamphlets, have speakers at parent meetings

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Importance of Accurate Identification

Why identify a student TBI instead of another disability such as SLD, ED, or OHI?

- Student may exhibit unpredictable behaviors/ performance in school, not explained by SLD, ED, or OHI
- TBI will provide a more specific explanation of child's needs and/or reasons for difficulty

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Importance of Accurate Identification

- Child's needs may change quickly and often as they go through recovery.
- Some head injuries can have delayed consequences
- Teams need to understand what part of brain is damaged in order to create the most appropriate plan/ service

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Benefits to Proper Identification

- Better explains the nature/origin of the child's difficulties
- Remember, the child was not born with these challenges, a TBI is *acquired*—which can affect the child's responses**
- These problems may not be permanent--children with TBI often recover and their needs change

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Barriers to Proper Identification

- Parents may not know the child sustained a head injury
- Parents may not inform school of head injury (occurred during summer vacation, etc.)
- There may be a lack of medical documentation

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Risks of Improper Identification

Misunderstanding of child's disability:

- Child with a TBI with emotional/behavioral problems may need support through ED
- BUT
- But challenges are the result of brain damage, not mental illness changing intervention choices

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Risks of Improper Identification

Full time placements in inappropriate settings

The child with a TBI may need some support typical for MD students, but may exhibit splinter skills that don't require fulltime MD placement

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Screening Tools to Find Students with TBI

Health Questionnaire from School Nurses

2 or 3 questions are embedded in questionnaire to help screen for possible head injury

- i.e.: "Has this child ever been seen in the emergency room or been hospitalized for a head injury?"
- i.e.: "Has this child ever lost consciousness as the result of a fall, car accident, or being hit in the head?"
- i.e.: "Has your child ever sustained a concussion?"

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Screening

Other methods to screen for TBI in the schools

- Medical card
- On-line survey
- Teacher/ Parent interviews
- IAT process
- School support team meetings

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Screening

Critical Items to ask:

- Age at time of injury
- Severity of injury (loss of consciousness...)
- Hospitalization
- Treatment, therapies, follow-up care
- Subsequent symptoms/ problems following the injury
- Current concerns
- Other medical concerns/ medical history

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Screening

If a parent answers “YES” to any questions or items indicating a head injury, then the TBI Survey should be completed

- This is a much more detailed questionnaire used to gain specific details about the head injury
- School Psychologist, school nurse, or member of school team can complete this survey with the parents



TBI Identification

- Documentation of adverse effect on student’s educational functioning required
 - Injury results in total or partial functional disability or psychosocial impairment, or both
 - Impact must be substantial
- Sometimes the effects of the TBI are not evident until years later when the demands of school increase.
 - Student may qualify for TBI years after sustaining the TBI



TBI Identification

Neuropsychological Evaluation

- Not required for eligibility determination, but is helpful and can/should be included in the school-based evaluation
- Provides a more clinical perspective related to the TBI in regards to learning and/or behavioral disorders. This evaluation differs from the ETR in that the ETR focuses on academic achievement and social-emotional status needed for success in the schools.



TBI Identification for a Past Injury, *Step one*

Do thorough parent interview and ask about:

- Significant differences before/after the TBI
- Changes parents observed after TBI;
- What medical treatments provided,
- What therapies were provided



TBI Identification for a Past Injury *Step Two*

Obtain releases of information for past medical records including: neuropsychological or psychological reports related to TBI

- Send releases directly to the specific department or to doctors who treated child after TBI (or at least name them on release)
- May have to go through medical records department; include date or year of TBI if known



TBI Identification for a Past Injury *Step Three*

Review all school records before and after the injury to identify changes in:

- Academic performance
- Behavioral reports
- Social interactions with peers



Types of Educational Plans

- Intervention Plan (created by IAT)
- Accommodation Plan (created by school support team)
- 504 Plan (created by 504 Team)
- Individual Health Plan (created by school nurse & school support team)
- IEP (created by IEP evaluation team)

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Team players in creating school plans

- Parent
- Medical doctor/ Rehab team
- School Psychologist
- Related Services (OT, PT, SLP, APE...)
- Guidance Counselor
- School Nurse
- Parent Mentors
- General & Special Education Teachers
- Administrators
- Instructional Assistants
- Student's close friends

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Considerations when creating a plan

School team needs to consider ALL the needs of the student:

- Cognitive/Academic/ Communication
- Behavioral/ Emotional/ Social
- Adaptive
- Physical/ Motor
- Medical/ Health
- Environment/ Facilities
- Transportation

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Considerations for school plans

- Take advantage of the closing window of opportunity to maximize impact of interventions
- Post TBI, implement ample supports and services immediately – DON'T WAIT!
- Based on frequent progress monitoring data, gradually decrease services

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Considerations for school plans

- **Think outside the box!!! – Get creative with accommodations and supports**
- For a recent TBI, student should receive ALL supports & services immediately and remove them as they are no longer needed – as student progresses in their recovery (flip RTI triangle)
- Ongoing periodic review/ assessment is necessary because recovery is often rapid and student's needs change

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Considerations for school plans

- Build on strengths that were identified in the neuropsychological and educational evaluation
- Build on developing compensatory strategies for identified areas of weakness
- Teach the tools to help learn and generalize new behaviors
- Specify the vehicles to reach the objectives

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Considerations for school plans: Transition back to school

- Important for school team to speak to hospital team/ rehab team/ doctor to get their recommendations
- Prepare the school/ class for the student's return (i.e.: Teacher or parents speak to students and staff)
- Make sure all resources are in place before students starts back to school, if not, could hinder their recovery

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Consideration for school plans: Concussion

- Injuries are often short-term (often mild TBI)
- Accommodation plans should be implemented immediately
- Remove student from physical activity, including PE, if needed
- Closely monitor student's symptoms as they return to the classroom and the field (if sports related)
- If symptoms persist, a more comprehensive plan may be necessary (i.e.: 504 Plan)

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Accommodation/ Modification Checklist

See attached checklist for strategies to address concerns in all of these areas which are often associated with TBI – including concussion!

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