Parent Training Centers: School Planning & Educational Strategies Following Traumatic Brain Injury

Thursday, August 7, 2014
Sponsored by the Brain Injury Association of America (BIAA) & the Department of Education, Office of Special Education

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BrainSTEPS

Strategies Teaching Educators, Parents, & Students

A BRAIN INJURY SCHOOL RE-ENTRY CONSULTING PROGRAM

What we will cover:

- Impact of traumatic brain injury (TBI) on children & families
- School re-entry after TBI
- Strategies to facilitate student learning after sustaining a TBI

Nationwide:

Students who sustain TBIs of all severities are often under-identified and misidentified in schools.

Most students do not return to school like this.

Traumatic Brain Injury Statistics

Brain injury is a leading cause of death and disability in children & young adults.

CDC Statistics in U.S.

Average **ANNUAL** number of Traumatic Brain Injuries:

- Emergency Department Visits
- Hospitalizations

Half a million

Children ages 0-14

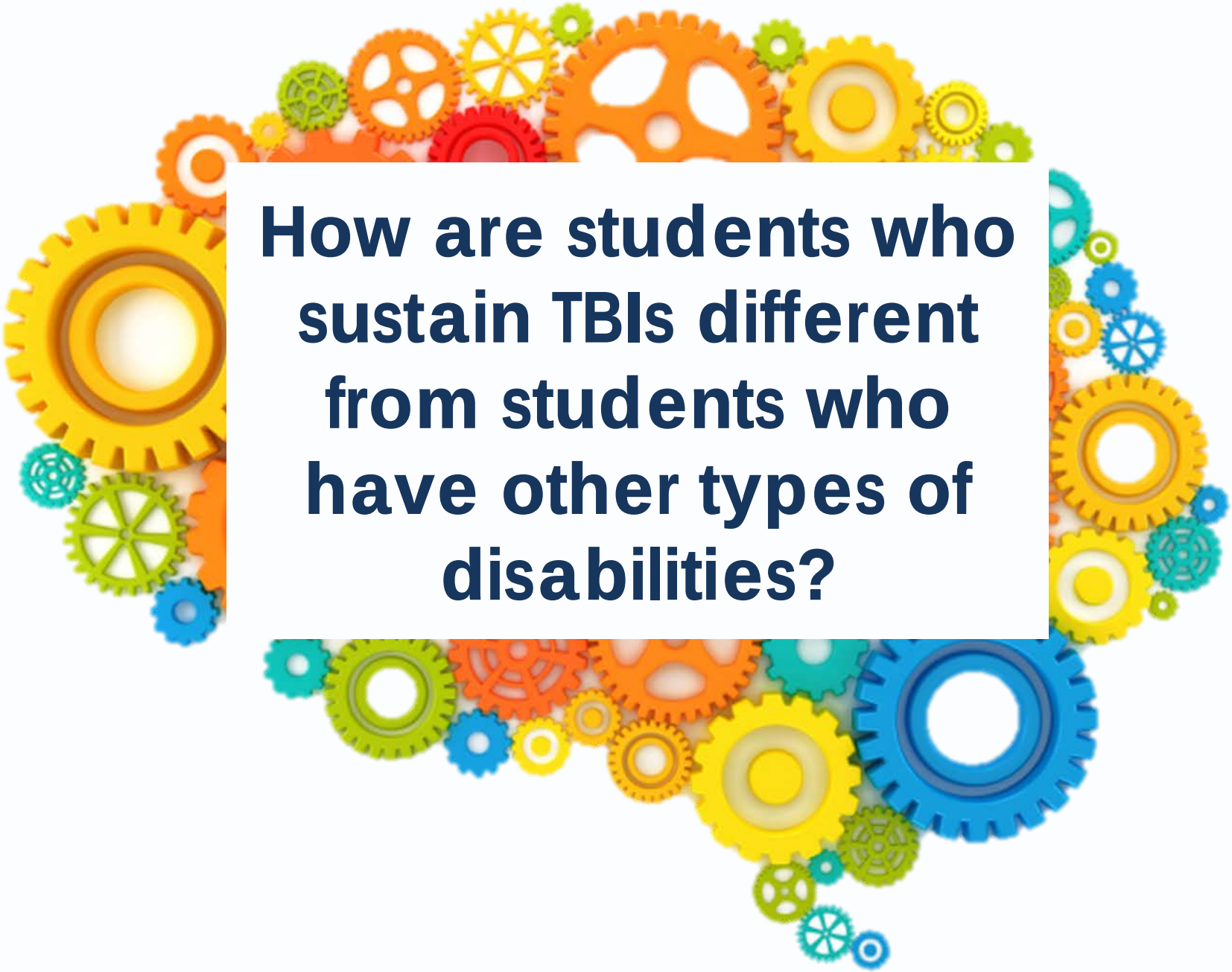
The majority
of these children will return
to school with at least
one impact.....

cognitive, physical, emotional, social, behavioral

There are 3 medical severities of Traumatic Brain Injury:

1. ***Mild TBI***
2. ***Moderate TBI***
3. ***Severe TBI***

A child's brain is not fully developed until the early to mid-20s.


How are students who sustain TBIs different from students who have other types of disabilities?

TBI is different:

1. Sudden onset of disability

2. Sudden ongoing medical needs

3. Sudden disruption of prior normal brain development & potential manifestation of new issues over the years

TBI is different:

4. Sudden loss of peer relationships

5. Potential lack self-awareness of new injury imposed deficits

6. Prior memory tends to remain intact but future learning is impacted

TBI is different:

7. More extreme discrepancies among abilities and uneven & unpredictable progress

8. After TBI, many students return to school and don't "look like they've had a brain injury"

TBI is a different:

9. Reconciliation of “old” self with “new” self

10. Rapid gains tend to occur during the first 1-2 years. Initial goals/objectives will quickly become obsolete.


Accommodations to try after any severity of Traumatic Brain Injury

Cognitive fatigue and headaches

Cued Recall is better than Random Retrieval.

- Multiple-choice
- Word banks
- Open notes/open book tests
- Close ended vs. open ended
- Index cards with some key points for essay responses

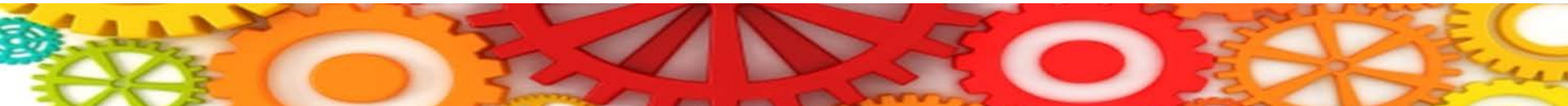
Cognitive Fatigue & headaches

- Provide space for ALL math computations
- Give page # in book where answer can be found next to questions (less taxing)
- Allow student to circle final answer at the end

Cognitive fatigue and headaches

- Student may need to take brief in-class or out of class ***SCHEDULED*** rest breaks(nurse's office) every hour for 10-15 minutes while symptomatic initially.

- Lunch in a separate room <u>with friends</u>



Testing

- **Acutely** tests and quizzes should be delayed (especially standardized tests) initially
- Gradually re-introduce testing, 1 test/quiz per day, as tolerated
- Testing in a separate, quiet room

Vision

- Use a filter (pastel colored report covers)
- Use dark paper along with the colored filter above to block parts of pages when reading
- Increase font size/fewer words on a page

Dizziness (Vestibular problems)

- Allow extra time to get to class
- Walk with a peer/carry books
- Teacher notes to prevent up and down shifting of student's eyes. Have student follow along with highlighter for key concept recognition

Sensitivity to light & noise

- Sunglasses, hat
- Dark corner to work in
- No cafeteria/ assemblies/ shop class/band/chorus/etc.
- Move away from windows, pull blinds
- Early dismissal to change classes
- Warn before tornado drills or fire drills
- Ear plugs


Effective Instructional Practices

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Classroom rules are clearly displayed

For the student with TBI:
Classroom rules are posted –

- **On desk**
- **In binder**
- **and reviewed, reviewed, reviewed**

Effective Instructional Practices

Routines/Schedules are clearly defined and posted in classroom

For the student with TBI:
Routines/Schedules can also be posted on:

1. Desk
2. In Planner
3. Reviewed, reviewed, reviewed

Effective Instructional Practices

- Classroom organization and structure allow for smooth transitions between groups and activities and all day learning

For the student with TBI:

What is the best type of classroom environment?

Effective Instructional Strategies

- Prerequisite skills are mastered before continuing
- Predictability & transitional warnings
- 1 to 1, small & large group instruction
- Pacing of instruction maintains student attention
- Instructional materials designed to meet varying student performance levels

For the student with TBI:

Direct Instruction – Instructional Strategy

- i.e., SRA Reading/SRA Math

Effective Instructional Strategies

- Time provided for corrective feedback and error correction

For the student with TBI:

- Errorless Learning Instructional Strategy

Cue Cards, Task Analysis, Scripts

- Cue cards assist with teaching children what TO DO or steps TO LEARN:

- Expectations
  - ✓Steps to solving problems
  - ✓Concepts
  - ✓Assignments…

In the beginning, students will need cues to takeout and USE the cue cards

SCRIPTS DELIVERY

- Massed and distributed practice
  - **(repeat hundreds of times!)**
- Embedded in meaningful activity
- Across **ALL** everyday partners

Ylvisaker & Feeney, 2009

How do we get students to Self-Regulate?

Self-regulation is internalized self-talk.

-Dr. Mark Ylvisaker

General Executive Function Script

1. **Goal**
2. **Plan**
3. **Do**
4. **Review**

What worked? What didn't work?

Ylvisaker & Feeney, 2009

Self-Regulation Scripts for Students

1. Hard - Easy
2. Big Deal - Little Deal
3. Ready - Not Ready
4. Scary - Not Scary
5. Like - Don't Like
6. Choice - No Choice

Ylvisaker & Feeney, 2009

Parent Roles:

- If your child only relies on YOUR external supports, s/he will never have a chance to develop and internalize skills for life.

SUPPORTS =
Fade them, Rotate them

- Generalizing to different environments is EXTREMELY DIFFICULT after TBI.
- **Fading and Rotating works**
  - Leave, come back, leave, come back.

BrainSTEPS

Strategies Teaching Educators, Parents, & Students

A BRAIN INJURY SCHOOL RE-ENTRY CONSULTING PROGRAM

Funded by:

PA Department of Health

PA Department of Education

Implemented by:

Brain Injury Association of Pennsylvania since 2007

pennsylvania DEPARTMENT OF HEALTH

BRAIN INJURY ASSOCIATION OF PENNSYLVANIA

pennsylvania DEPARTMENT OF EDUCATION

PA's BrainSTEPS Program

- Brain injury consulting teams available to families and schools throughout Pennsylvania.
- Teams are extensively trained in the educational needs of students returning to school following brain injury.
- Teams consult with & train local school staff to develop educational programs.

BrainSTEPS Assists Students with All Acquired Brain Injuries

- Traumatic Brain Injury
  (includes Concussions)
- Non-Traumatic Brain Injury

**** Any child who has a brain injury that occurs AFTER the birth process can be referred to BrainSTEPS***

BrainSTEPS

www.brainsteps.net

TBI flyers, videos, resources

BrainSTEPS
Strategies Teaching Educators, Parents & Students
Online Reporting for BrainSTEPS (ORBS)

A Joint Project of:
pennsylvania Department of Education | Brain Injury Association of Pennsylvania | pennsylvania Department of Health

About | Login | System Requirements | BIAPA | PDE

The Brain Injury Association of Pennsylvania, funded by a grant from the PA Department of Education, Bureau of Special Education, and the PA Department of Health has created the Child & Adolescent Brain Injury School Re-entry Program called BrainSTEPS (*Strategies Teaching Educators, Parents, and Students*).

BrainSTEPS is working to make sure that those who must provide educational support to children with TBI have a good understanding of brain injury, the resulting challenges, and supports

About BrainSTEPS

BrainSTEPS Concussion Resources:

1. Concussion Webinar
2. Concussion Return to School Protocol
3. Protocol Flow Chart
4. Why every school should have a Concussion Management Team
5. How to register your Concussion Management Team
6. Teacher's Desk Reference: Concussion

For those districts setting up many CMTs (*i.e.*, 7th grade CMT, 8th gr. CMT, 9th gr CMT, etc.) who find it impossible to have all professionals away from the building during the same time period for the Jan. 15 Concussion Management Team training, we are offering the following:

The sign up to form a Concussion Management Team has ended. We are at full capacity for the January training. If you are interested in signing up a CMT for the next training, please contact Brenda Eagan Brown at eaganbrown@biapa.org.

Make a Student Referral to BrainSTEPS

- Online
- Phone/e-mail

Resources

Note: These resources are in Portable Document Format (PDF), requiring the free

Adobe Reader or similar to view.

- BrainSTEPS flyer
- Best Practices for Implementing BrainSTEPS Program
- Concussion: Teachers' Desk Reference
- BrainSTEPS

Available at:

www.brainsteps.net

Traumatic Brain Injury

Each year, over 4,000 of Pennsylvania's children/adolescents survive severe traumatic brain injuries significant enough to require hospitalization. Many are left with life-altering difficulties in physical, cognitive, or behavioral functioning.

If you see any of these:

- Seizure: eyes fluttering, body going stiff, staring into space
- Forgets everything, amnesia
- Hands share, tremors, muscles get weak, loss of muscle tone
- Nausea or vomiting that returns

Consult a doctor immediately!

When You Suspect a Head Injury:

Possible Causes:

- Falls
- Motor vehicle crash
- Sports injury
- Physical violence

Many adolescents with mild brain injury may never see a health care professional or have any long-term difficulties. Some adolescents have problems that may not be noticed right away. You may see changes in your teenager over several months that concern you. This fact sheet lists some of the more prevalent signs of a mild brain injury. Your teen may also be exhibiting symptoms that are not included on this list. If your teen has any of the following problems – **and they persist** – see the "What to Do" box at the end of this publication.

- Thinks about the same thing over and over
- Has trouble learning new things
- Has trouble putting things in order (desk, room, papers)
- Has trouble making decisions
- Has trouble planning, starting, doing and finishing a task
- Has trouble remembering to do things on time
- Makes poor choices (loss of common sense)

Trouble Communicating

- Changes the subject, has trouble staying on topic
- Has trouble thinking of the right word
- Has trouble listening
- Has trouble paying attention, can't have long conversations
- Does not say things clearly
- Has trouble reading
- Talks too much

Changes in Personality, Mood, or Behavior

- Is irritable, anxious, restless
- Gets upset or frustrated easily
- Overreacts, cries or laughs too easily
- Has mood swings
- Wants to be alone or away from people

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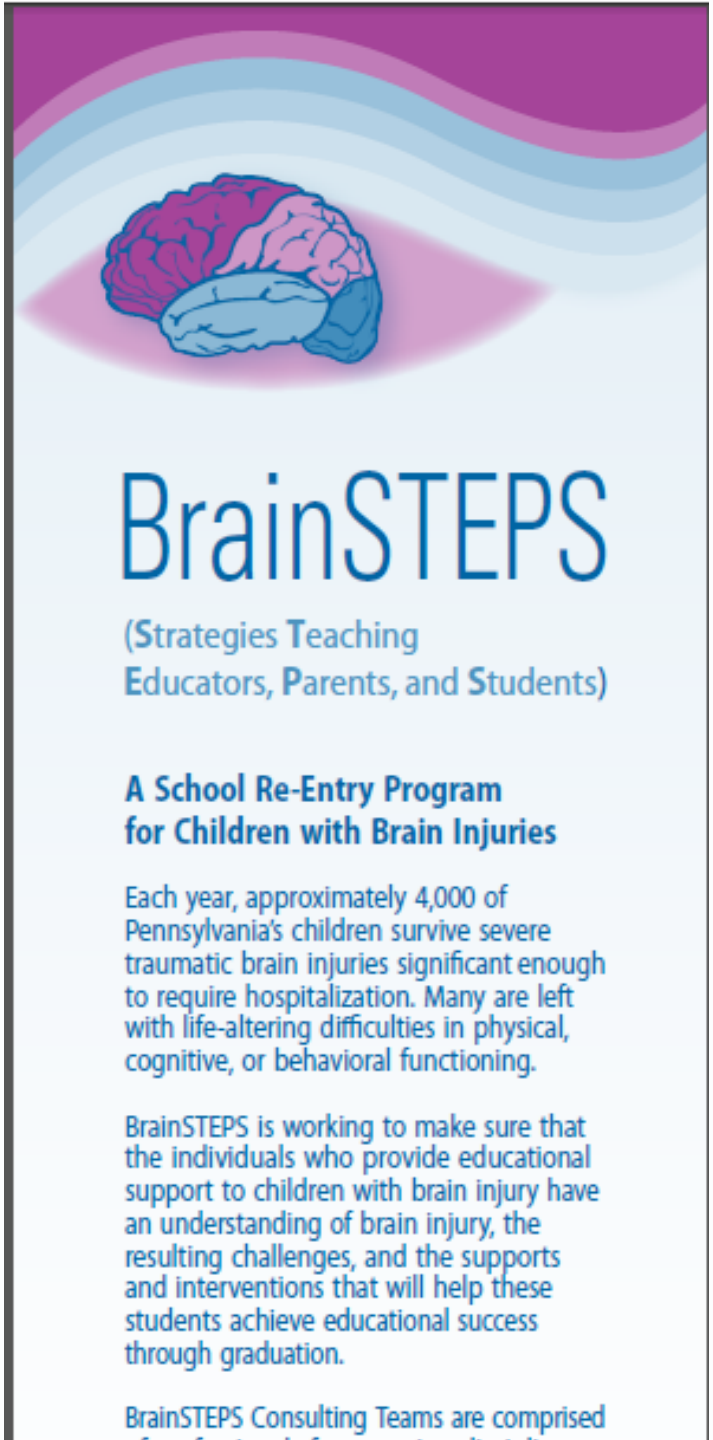

BrainSTEPS

(Strategies Teaching
Educators, Parents, and Students)

A School Re-Entry Program for Children with Brain Injuries

Each year, approximately 4,000 of Pennsylvania's children survive severe traumatic brain injuries significant enough to require hospitalization. Many are left with life-altering difficulties in physical, cognitive, or behavioral functioning.

BrainSTEPS is working to make sure that the individuals who provide educational support to children with brain injury have an understanding of brain injury, the resulting challenges, and the supports and interventions that will help these students achieve educational success through graduation.

BrainSTEPS Consulting Teams are comprised

Available at:

www.brainsteps.net

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A BRAIN INJURY SCHOOL RE-ENTRY CONSULTING PROGRAM

Returning to School After Concussion: Recommended Protocol

CENTERS FOR DISEASE CONTROL AND PREVENTION

The Centers for Disease Control (CDC) & Prevention document:

Authors: S. Davies, B. Eagan Brown, A. Glang , K. McAvoy

Heads Up to Schools:
KNOW YOUR CONCUSSION ABCs

Assess the situation	Be alert for signs and symptoms	Contact a health care professional

Helping Students Recover from a Concussion: Classroom Tips for Teachers

How can I help students who are recovering from a concussion?

As a teacher, you play an important role in helping students recover from a concussion as they return to school. Making short-term

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