

Returning to School after Traumatic Brain Injury

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Parental involvement is critical when a young person is returning to school after a traumatic brain injury (TBI). Parents have the most knowledge about their child and are deeply invested in their daughter's or son's well-being and future. Often parents become advocates to ensure that all essential supports are in place to enhance their child's successful return to school. Parents may also be a go-between to make sure all the necessary medical information has been provided so the school can design the best plan for the student. If the student is close to exiting school, vocational rehabilitation professionals may also be involved.

How does TBI affect students?

- The effects of TBI vary greatly from student to student; no two will be alike.
- Sometimes the effects of a brain injury are not obvious at first but become more noticeable later when thinking and social activities increase at school.

Some examples of changes that may occur after a person has sustained a TBI are:

- **Physical changes:** tiredness; lack of interest; headaches; awkward movements; slowed reactions; heightened sensitivity to light or noise.
- **Cognitive (thinking) changes:** forgetfulness; difficulty learning new material; word-finding difficulties; problems with organizing materials; easily distracted.
- **Emotional changes:** unable to deal with minor changes in the environment or daily routine; little or no expressed emotion; depression.
- **Behavioral changes:** irritability; inability to deal with unexpected event

Planning to return to school

Much of the frustration and confusion related to returning to school can be avoided with proper planning. Rehabilitation professionals should communicate with family members and school personnel to help find the most effective ways to help the student return. This communication may need to be initiated by the student's family.

School personnel should be contacted as soon as possible after the injury to plan for the student's return to school. School personnel can also connect the student with services they need while they are not in school.

School systems are required to have special programs to help students with disabilities return to school. Most schools have trained special educators. However, not all special educators are familiar with the needs of students with brain injuries. On the other hand, not all students with TBI will require special programs.

In some states, a brain injury educational consultant is available through the state’s Office of Special Education. This consultant helps special educators in local schools to assess and provide services to students with brain injuries.

Specific laws require schools to provide special services for students with disabilities:

- Individuals with Disabilities Education Improvement Act (IDEA) 2004 – These laws help ensure that students with disabilities receive a free appropriate education that is designed to meet their unique needs and prepare them for employment and independent living.
- Section 504 of the Rehabilitation Act – Some students who are not eligible for special education services under IDEA are eligible for other support at school under Section 504.
- American With Disabilities Act – These laws aim to end discrimination against individuals with disabilities throughout society.

For more information about these laws, parents can contact their local Department of Education or other resources listed at the end of this factsheet.

How can schools support students with TBI?

It is important to obtain information about the student’s pre-injury cognitive abilities from current or former teachers, and from the student’s rehabilitation professionals such as neuropsychologists (psychologists who specializes in brain function), speech pathologists, occupational therapists, physical therapists and social workers.

Educators and family members need to understand the nature and severity of the injury. A neuropsychologist and other rehabilitation professionals can evaluate the student’s current strengths and abilities and recommend possible

supports both in and out of the classroom. This information can be used to determine what classes the student should be placed in and any changes needed within the classroom.

Often a neuropsychological evaluation is used to answer questions such as:

- Can the student do the work needed to advance to the next grade or to participate in specific activities/classes (e.g. music class)?
- What are the student’s cognitive strengths (e.g., ability to learn, memory for things to be done in the future, ability to plan and carry out events, ability to self-evaluate, initiative to start and finish tasks, and speed of thinking)?
- What are the student’s social skills (e.g., emotional status, sensitivity, ability to handle stress)?
- What are the student’s physical abilities, such as strength, balance and endurance?
- What are some of the problems the student may face, and what should educators look for?
- What classroom strategies can be used to help with attention, concentration, and learning (or other areas) for this student?

What are possible classroom placement options?

There are basically four types of classroom placements.

- **Inclusion Class:** The student will be in a regular classroom. In addition to the teacher, a special education teacher will be available to adjust the curriculum to the student’s abilities. While this arrangement allows the student to be in class with peers, it may not provide the intensive help some students need.
- **Resource Room:** Students who need intensive help to keep up with grade-level work in a particular subject may be placed in the Resource Room where a special-education teacher works with a small group of students. Resource Room placements have the benefit of providing help where needed while letting the student remain in regular classes most of the time.

- **Self-Contained Class:** Placement in a self-contained classroom means the student is taught in a small controlled setting with a special education teacher. Students in a self-contained class may be working at all different academic levels. The benefit is that the classes offer structure, routine and specialized instruction.
- **Out-of-District Placement:** Out-of-district placement requires the student to attend a specialized school specifically designed to address special learning or behavioral needs. The advantage is the high degree of specialized instruction. The disadvantage is the student does not attend the neighborhood school and misses peer interactions.

Every parent has a different opinion about placement. What is best will depend upon the student's needs.

The following questions may help parents and school staff to think through this important decision.

- What type of setting would most likely be the most conducive to learning?
- What are the disadvantages of not remaining in the regular classroom (loss of friendships, loss of confidence, etc?)
- What structure is needed?
- What specialized instructional techniques or technology are needed to enhance learning; where can these be provided without stigmatizing the student?
- Does the student need to focus on functional skills to enhance independent living and employment?
- Would the student benefit from learning "real" life or employment skills in setting outside of the classroom?
- Does the student plan to attend college?

Parents are advised to get input from others, including their child, teachers, other parents, special education personnel, and members of the

rehabilitation team. Once the student is placed it is important to monitor his or her progress so changes can be made as needed.

Challenging behavior in the classroom

Several common "triggers" can cause or contribute to negative behaviors in the student with TBI.

- Students with TBI can become over-stimulated easily (from noisy hallways, crowded classes, too much information too quickly), which may lead to difficulty thinking and emotional distress.
- The student with TBI may respond negatively to an unexpected event or a lack of clear structure.
- Physical and cognitive activities at school may overwhelm the student to the point of an emotional outburst. Outbursts are more common as the student's level of fatigue increases throughout the day.
- Negative feedback and lack of support from teachers and other students, such as ridiculing or putting rigid demands on the student, can also contribute to emotional and behavioral problems.

Ways educators can address challenging behavior

- Avoid labeling the student ("she hates math" or "he isn't motivated").
- First, talk to the student to find out what is contributing to the student's behavioral flare-ups. Is it emotional (e.g., poor self-esteem, depression), physical (e.g., headaches, fatigue), cognitive (e.g., poor memory, inattention) and/or lack of social skills?
- Evaluate the student's environment to determine what events may trigger behavioral problems. Also observe how the student interprets these events. The interaction of the events and the student's interpretation of the events may help in identifying the patterns of behavioral problems.

Behavior that is counterproductive in school does not “just emerge.” It follows a pattern, which may be complex but is, nevertheless, a pattern. The educator’s task is to detect and understand the pattern through discussions with the student, family and teachers, and observation in the classroom. Based on this understanding, changes can be made that minimize “triggers” of inappropriate behavior and support the student’s learning.

Resources for Further Information

National Dissemination Center for Children with Disabilities.

www.nichcy.org

National Association of Special Education Teachers.

www.naset.org/traumaticbraininj2.0.html

Virginia Commonwealth University Rehabilitation and Research Training Center (VCURRTC) on Workplace Supports and Job Retention.

www.worksupport.com

National Longitudinal Transition Study 2.

www.nlts2.org/index.html

Pacer Center.

www.pacer.org

The National Center on Secondary Education and Transition.

www.ncset.org

Reference

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Disclaimer

This information is not meant to replace the advice from a medical professional. You should consult your health care provider regarding specific medical concerns or treatment.

Source

Our health information content is based on research evidence whenever available and represents the consensus of expert opinion of the TBI Model System directors.

Authorship

Returning to School after TBI was developed by Paul Wehman, PhD, and Pam Targett, M. Ed., in collaboration with the Model Systems Knowledge Translation Center. Portions of this document were adapted from materials developed by Baylor Institute for Rehabilitation and Mayo Clinic TBI Model System.