

## Understanding and Helping Students with Brain Injury

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Brain Injury  
Alliance  
WASHINGTON

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## What this Training is...

- A basic overview of Concussion and Brain Injury in the school setting
- Supports available to you in working with students with Concussion and Brain Injury

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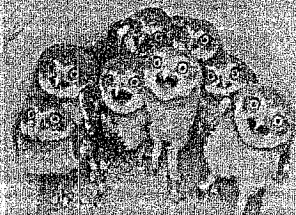
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## What this Training is not...

- An in-depth medical review of Brain Injury
- A one-size-fits-all solution



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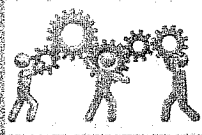
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### Today you will learn:

- Brain Injury statistics
- How to screen for Brain Injury
- Brain Injury terms
- All about concussions—REAP
- Return to school; Return to play
- How Brain Injury may impact learning
- How to provide support in the classroom
- How BIAWA can support you and your students



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### Before we get started...



How many people in the room have provided services to an individual with Brain Injury? ...with a concussion?

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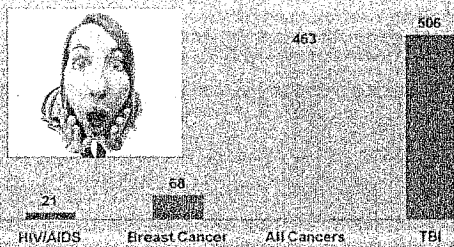
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### In Comparison...

Incidence Per 100,000



Information from "The Essential Brain Injury Guide" BIAA, 2009

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## Brain Injury in the U.S.



- TBI is the leading cause of both death and disability in children and youth in the US.
- Individuals who experience 1 TBI have an increased risk for re-injury.
- Concussion is the most common type of brain injury.
- 47% of high school football players have suffered a concussion\*
- 35% have experienced at least two\*
- 20% of athletes fake being symptom free\*

Information from "The Essential Brain Injury Guide" BIAA, 2009  
\*statistics quoted from Seattle Times article November 4, 2008

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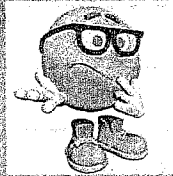
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## Misidentifications



- Depression
  - Learning Disabled
  - Drunk
  - Anxiety Disorder
  - PTSD
  - Schizophrenia
- ★
- Brain injury is often called an invisible injury.
  - People with Brain Injury may seem fully recovered, especially if they have no physical disabilities.
  - Cognitive, emotional, and behavioral problems may linger and appear when the person is stressed.

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## Brain Injury Terminology

- **Brain Injury** = Damage to the brain that causes the death of brain cells and/or impaired brain functioning.
- **Traumatic Brain Injury (TBI)** = Damage to brain tissue caused by an external force – a hit to or jolting of the head—resulting in death of brain cells or changes in brain functioning.
- **Acquired Brain Injury (ABI)** = Damage to the brain caused by events after birth such as traumatic brain injury, stroke, anoxia, brain hemorrhage, tumor, infection, etc.

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### Brain Injury Terminology

- Closed Head Injury
- Open Head Injury
- Contusion
- Hematoma
- Anoxia
- Skull Fracture
- Coup contra Coup
- Diffuse Axonal Injury
- Post-traumatic seizure
- Concussion



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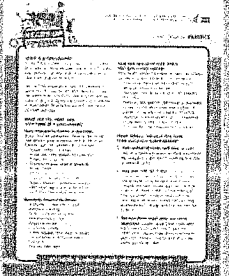
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### A Few Quick Questions

- Does your school have a concussion protocol?
- Do you provide fact sheets to families and athletes?
- Do you provide information on the Zachary Lystedt Law?



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### The Zackary Lystedt Law

- The Lystedt Law requires an athlete with signs of a concussion to receive **written clearance** from a licensed healthcare professional trained in the evaluation and management of concussion **before returning to play**.
- "When in doubt, sit them out!"



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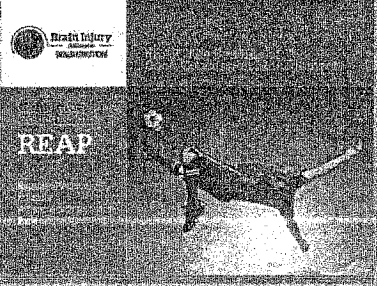
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**REAP**  
[biawa.org/concussion.php](http://biawa.org/concussion.php)




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**The Teams**

- Orange—**F**: The Family Team  
 Student, parents, friends, other family members, BIAWA
- Light Blue—**S/P**: School Physical Team  
 Coaches, Certified Athletic Trainers (ATC) PE Teachers,  
 Playground Supervisors, School Nurses, etc.
- Dark Blue—**ST/A**: School Academic Team  
 Teachers, Counselors, School Psychologists,  
 Administrators, etc.
- Green—**M/C**: Medical Team  
 Emergency department, Nurses,  
 Primary Care Providers,  
 Concussion Specialists, Neurologists,  
 Neuropsychologists, etc.

**DON'T TURN THE PAGE!**




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**Concussion Myths and Facts**

**True or False:**

- A concussion is diagnosed by loss of consciousness
- A concussion is a Brain Injury and needs to be treated seriously
- A parent should awaken a child who falls asleep after a head injury
- A concussion can be diagnosed by X-ray, CT/CAT scan or MRI

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### Did You Know?

#### True or False:

- \_\_\_ It usually takes a week or longer to recover from a concussion
- \_\_\_ Children are more resilient and recover faster than adults from a concussion
- \_\_\_ The course of recovery cannot be predicted at time of injury
- \_\_\_ Some concussion symptoms may take days to show up
- \_\_\_ If symptoms have resolved after rest, the concussion has healed




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### Did You Know?

#### Reduce and Rest:

- The brain requires extra energy to heal
- The brain is less efficient in parsing out energy
- Energy previously devoted to cognitive tasks may now be used for screening, and planning motor tasks
- A healing brain tires more easily
  - Follow doctor's orders
  - Monitor symptoms such as fatigue and headaches to determine extent of rest needed
  - Stay home from school
  - Limit screen time, reading, homework
  - Sit out of sports, recess, PE
  - Avoid loud group functions
  - Do not drive




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### Every Team Member is Important

- Recognize and identify possible concussion
- Remove from play/activity
- Diagnose concussion
- Manage concussion, return to school
  - Monitor and Track sleep, energy, physical, academic and emotional symptoms
- Manage gradual return to play
- Final clearance




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### What to do if you suspect concussion...

- Always remove the athlete from play
- Inform the athlete's family and teachers
- Make sure the athlete is evaluated by an appropriate health care professional.
- If the family's PCP is not familiar with concussion, refer them to:



Heads Up: Brain Injury in Your Practice  
<http://www.cdc.gov/headsup/providers/index.html>

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### Typical Healing Timeframe: Three Weeks

- Adjust rest/activity based on symptoms such as fatigue/headache
- Appendix Resources
  - Subjective symptom check list
  - Teacher feedback form

A table with columns for symptoms and checkboxes, likely a subjective symptom check list.

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### Why Remove/Reduce/Rest?

- **Post Concussive Syndrome**
  - Concussion symptoms are usually temporary
  - If unidentified and not treated appropriately, they may linger or cause permanent damage.
  - The duration of symptoms is more significant than the seriousness of symptoms.
- **Second Impact Syndrome:** Before a youth's concussion heals, even a minor impact may result in a catastrophic Brain Injury or death
  - Playing with a concussion can impact the rest of life!



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### A Tale of Two Students

- Student A had a concussion in late August during football practice
  - The doctor said to stay out of school for a week
  - The school wrote a 504 Plan upon his return
  - Mother called BIAWA in early November
  - This student continues to have symptoms -- 4 years later!
- Student B's mother called BIAWA right away
  - BIAWA PRM visited Mother and School Nurse that day
  - 504 Plan was written; REAP provided
  - All teams were notified
  - Student's concussion healed normally

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### Possible symptoms of concussion

#### Signs observed by others:

- Hit or jolt to the head
- Temporary loss of consciousness
- Appears dazed or stunned
- Confused, disoriented
- Difficulty remembering/concentrating
- Vomiting
- Behavior or personality changes
- Muscular weakness, poor coordination, paralysis
- Slow response time
- Slurred speech



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### Possible symptoms of concussion

#### Symptoms reported by student/athlete:

- Headache, pressure in head
- Nausea
- Dizziness or balance problems
- Double or blurry vision
- Sensitivity to light and/or sound
- Ringing in the ears
- Feeling sluggish
- Feeling foggy or groggy
- Concentration or memory problems
- Confusion



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**Emergency attention needed if any of the following signs are present during the first 72 hours after concussion:**

- Loss of consciousness greater than 30 seconds
- Seizures
- Too drowsy to awaken
- Repeated vomiting
- Slurred speech
- Can't recognize people or places
- Weakness or numbness in arms or legs
- Neck pain
- Unusual behavior change
- Increasing confusion and irritability
- Headaches that get worse



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**Educate all Teams**

- Free consultation and training through BIAWA
- Communication between teams is essential
- Symptoms flaring up means you have done too much
  - Cut back and try again in a few days
  - Do not add physical activity back until cleared by a medical professional



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**Adjust/Accommodate**

- When should a student return to school?
  - Stay at home if symptoms prevent 10 minutes' concentration—total bed rest
  - Light cognitive activity once 20 minutes' concentration is tolerated
  - Gradual return to school once 30-45 minutes' concentration is tolerated— but no physical activities yet, possibly no music



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### Return to School...

- Support healing while maximizing education
- The goal of education is the learning that results from various tasks, not the tasks themselves
- Find other ways to teach main points and to have the student demonstrate learning

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### Typical Problems and Adjustments/Accommodations

- Fatigue
  - Sensitivity to light/sound/activity/sensory input
  - Alternate high stress and low stress classes
- Concentration and Working Memory
  - Focus on essential learning
  - Decrease tasks
- Processing Speed
  - Extra time, extended due dates
  - Grade on completed work only
- Converting new learning to memory
  - "Audit" classes
  - Sufficient quality sleep
- Emotional symptoms
  - Support and reassurance
  - Watch for depression and anxiety




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### Clearance for Physical Activity

- Be 100% symptom free at home (or back to baseline)
  - Performing normal chores/interactions at home
  - Even when exposed to a noisy environment
- Be 100% symptom free at school (or back to baseline)
  - Performing in class as before on a full schedule
  - Completing homework as efficiently as before
  - Even in a noisy environment
  - Off over-the-counter medications
- ImPact test scores back to baseline




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### Graduated Return-to-Play

- Once medically cleared, follow the below steps
- If symptoms reappear, step down until symptom free for 24 hours
- Move up once symptom free for 24 hours on a step
  - No activity
  - Light aerobic exercise (no running)
  - Sport-specific exercise
  - Non-contact training drills (resistance training can begin)




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### Graduated Return-to-Play

- Final clearance by medical professional
  - Full-contact practice
  - Return to play

*All these steps are the responsibility of ATC, PT or family, under medical guidance*

*However, decreasing activity levels should always be an option for the school nurse, coach or PE teacher, based on symptoms*




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### If Symptoms Persist Past Three Weeks

- 10-20% of concussions do not resolve within three weeks
  - Families: be seen by concussion specialists
  - Neuropsychological testing may also be helpful
    - Students with pre-existing ADHD, Learning Disabilities, migraines, sleep disorders, depression, anxiety, multiple concussions
  - Schools: put a 504 Plan in place
  - When indicated, refer for Special Education Evaluation
  - Retirement from sport




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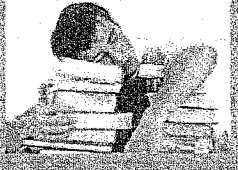
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### How might Brain Injury impact learning?

- Sensory Changes
- Motor Skills
- Memory
- Organizational Problems
- Transitions
- Mental Processing
- Executive Processes
- Social Emotional Symptoms
- Speech and Language Symptoms



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### Neuropsychological Evaluation

- Neuropsychologists can make inferences about underlying brain function
- Neuropsychological tests examine cognitive abilities such as: processing speed, attention, memory, language, and executive functions (necessary for goal-directed behavior)
- Neuropsychological tests include detailed individualized recommendations for the education program as well as social, emotional and behavioral supports.



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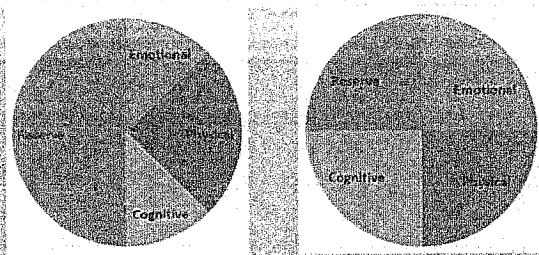
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### Energy Pie Normal & After a Mild Brain Injury



Adopted from "Brain Injury Survival Kit" by Cheryl Sullivan, MD. Chart copyright of Mary Lou Acimovic, MA

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### Sensory Changes...

- Headaches: these may interfere with sleep
- Eyes that tire easily; difficulty focusing
- Blurred, double, or field cuts to vision
- Lack of sense of taste or smell
- Ringing in the ears
- Neck pain
- Increased sensitivity to:
  - Sounds and lights
  - Stimulation, including touch
  - Inability to screen out sensory input



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### Memory...

- Difficulty learning new information
- Difficulty retrieving information
- Difficulty juggling multiple tasks
- Difficulty following multi-step processes
- Challenges applying learning to new situations



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### Mental Processing

- Decreased processing speed
- Abilities and skills may be uneven—
  - Across settings
  - Over time
  - In different context areas
- Students may appear “unmotivated” or “not working up to potential”
- Impacts to executive functions
  - Inhibition
  - Attention
  - Flexibility
- Difficulty with transitions



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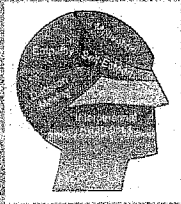
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**Social Emotional Symptoms...**

- Emotional lability
- Disinhibition
- Irritability, frustration
- Depression, anxiety
- Aggression
- Changes in social relationships




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**Speech and Language Symptoms...**

- Difficulty speaking or understanding the spoken word
- Difficulty understanding inferences, double-meanings, humor
- Problems reading and writing
- Difficulty with comprehension




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**Social Nuances**

- Makes others uncomfortable
  - Does not recognize social boundaries
  - Unable to read body language, tone of voice
  - Inappropriate comments, responses
- Poor hygiene
- Apparently strange eating behaviors
- Lack of awareness of dysfunction (Anosognosia)




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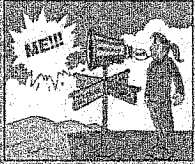
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### Self Advocacy Limitations

- Remembering what to ask
- Remembering what was learned
- Remembering what to do next
- Deciding when one needs help
- Attending school reliably
- Making and remembering safety plans
- Accurately assessing danger
- Defending oneself from physical or sexual assault




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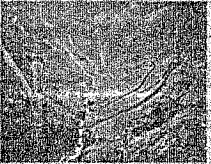
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### What techniques might help individuals with Brain Injury?

- Remember: each brain injury is unique
  - Because the brain controls ALL aspects of functioning!
- What works for one may not work for another
- Individuals may have widely varying skills— “splinter skills”
- What works today may not work tomorrow, or next week




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### General guidelines...

- Include the student as much as possible in educational planning
- Design a plan that is simple, clear and achievable
  - Errorless Learning is recommended for individuals with diminished cognitive capacities
  - <http://www.projectlearn.net.org/tutorials/errorless-learning.html>
  - Collaborative and Proactive Solutions can help
  - <http://www.livesinthebalance.org/>
- Be consistent across environments, reinforcing learning
- Be flexible when circumstances change




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### General guidelines...

- Practice, repeat, practice, repeat
- Prepare individuals so that they can be successful—create structure and predictability
- Keep your comments about the individual positive—share their successes with others in front of them
- Stay calm; avoid arguments; keep your sense of humor
- Don't take things personally
- Be patient, give the student time to collect their thoughts
- Use visuals and hands on approaches as needed



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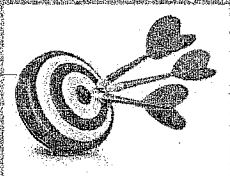
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### Strategies to Empower Attention and Concentration

- Speak clearly and concisely
- Minimize distractions
- Create a quiet location
- Minimize bright lights
- Limit the length of work
- Build in short breaks—perhaps with movement



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### Strategies to Empower Concentration

- Keep voice and facial expression congruent
- Focus on one thing at a time
- Provide outlines
- Allow use of manipulatives  
option to stand, move around
- Provide warnings for transitions
- Capitalize on learning styles
  - Brain injury can impact ability to process verbal, visual, spatial, motor information



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### Strategies to Empower Information, Processing, Memory

- Ask yes-or-no questions
- Provide written as well as verbal information
- Introduce new material in the context of familiar material
- Have the student repeat new information, use mnemonics, visualization, etc.
- Break tasks down into steps—write down and check off as completed
- Use daily planner, to-do lists, cue cards, alarm cues



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### Strategies to Empower Assist memory

- Be factual, not abstract
- Provide options, multiple choice
- Introduce new learning in the context of old
- Provide support BEFORE a mistake is made when teaching new information— errorless learning
- Provide reassurance and structure to help decrease anxiety



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### Strategies to Empower Executive Functioning

- Help prioritize goals
- Write out general steps to planning or problem-solving tasks
- Identify possible short and long-term consequences of specific choices
- Provide clear and specific feedback



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### Problem Solving Guide

State Problem: \_\_\_\_\_


List 3 solutions: 1) \_\_\_\_\_  
 2) \_\_\_\_\_  
 3) \_\_\_\_\_

Solution 1	Solution 2	Solution 3
Pros _____	Pros _____	Pros _____
Cons _____	Cons _____	Cons _____

Describe the most logical and effective solution based on the above: \_\_\_\_\_

**Remember, those with frontal lobe damage may have difficulty establishing goals, taking action to achieve goals, and inhibiting behaviors that prevent achievement of goals.**

\*Adapted from the Rhode Island DIA presentation "Brain Injury: A Practical Training for Caregivers"




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### Strategies to Empower Executive Functioning

- Break tasks up into small, tangible, sequential steps
- Allow extra time to complete tasks
- Track processes with frequent follow up
- Help fill out forms
- Make important phone calls together




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### Strategies to Empower Healthy Development

**Be aware—Developmental Milestones may pose challenges for individuals with Brain Injuries**

- Abilities that are just developing are very vulnerable at the time of Brain Injury
- Developmental Milestones coming after Brain Injury may be less easily negotiated, as higher level processing/thinking is required




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### Strategies to Empower Positive Behaviors

Most people with Brain Injury are not inherently aggressive or assaultive; however, when challenges are not properly addressed it can lead to:

- Lack of proper responsiveness/ task refusal
- Property destruction
- Verbal or physical aggression
- Violation of personal or sexual boundaries
- Wandering or flight
- Self harm/self abuse/suicide



**Others' not recognizing the basic challenges to an individual with TBI is often cited as a cause of this.**

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### Strategies to Empower Positive Behaviors

- Develop trusting relationships
  - honest, caring, and consistent interactions
  - comfortable, nonjudgmental atmosphere
  - feedback and support from social network
- Understand behavior
  - Identify triggers, antecedents
    - fatigue, hunger, lowered self-esteem
    - frustrating task, interaction with certain individuals, change in routine, increased level of stimulation



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### Strategies to Empower Positive Behaviors

- Identify warning signs
  - Pacing, fidgeting, getting red, decreased attention, muttering, raised voice
- Identify reinforcing consequences (what happens after the behavior)
  - Positive reinforcement: attention, praise
  - Negative reinforcement: removal of undesired task, avoidance, attention
- Create a plan: We CANNOT control the behavior of others. We CAN control our behavior and adjust the environment.



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### Strategies to Empower Positive Behaviors

- Create a plan with the individual
  - Collect data for baseline
  - Consider their strengths and weaknesses
    - Use strengths, accommodate for weaknesses
  - Utilize their learning style, or multiple styles
  - Base new learning on pre-existing learning



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### Strategies to Empower Positive Behaviors

- Change the environment
  - Positive consequences: rewards, privileges, incentives, attention, praise
    - » Identify motivators: what makes them smile
  - Negative consequences: removing privileges— not as effective as positive consequences
  - Reinforce desired and incompatible behaviors
  - Alternate preferred and non-preferred activities
  - Teach in the moment in order to help with generalization
  - Go for improvement
  - Fade out intervention



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### Positive Self Image

- Individuals with Brain Injuries often remember how they functioned before the injury and are able to compare current functioning to past functioning.
- Reinforce their dignity as a unique human being regardless of accomplishment level.
- Help them find something they enjoy and are good at:
  - Consider non-dominant brain functions such as art and music



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### Building Your Team

- Seattle Sports Concussion Program, Harborview  
– 206-744-8000
- Seattle Sports Concussion Program, Children's Hospital  
– 206-987-2109
- Seattle Children's Hospital TBI Clinic (non-sports related TBI out-patient rehab)  
– (206) 987-2000
- WA Interscholastic Activities Association  
– 1-866-545-8638
- [www.getschoolledonconcussions.com](http://www.getschoolledonconcussions.com)  
– For more information




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**Brain Injury**  
Alliance  
WASHINGTON

BIAWA offers **Free Support Services** to individuals throughout WA whose lives are affected by Brain Injury.

We support individuals in attaining the quality of life they deserve using an empowering client-centered approach to support.

Connecting individuals to the supports needed to succeed!

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### Services Include:

- Statewide Toll-Free Resource Line
- In-person Resource Management & Clinical Case Management (Adults & Pediatrics)
- Support Groups
- Social Engagement Opportunities
- Academic Scholarships
- Brain Injury Art Show
- Brain Health & Wellness Program

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### Washington TBI Resource Line

- Statewide Toll Free Line 1-877-824-1766
- 9am-5pm M-F
- Point of entry for access to services through BIAWA
- Offering support, information & referrals to:
  - Physicians, facilities, attorneys, housing, etc.
  - Public assistance such as food, housing and other benefits
  - Social activities, Support Groups and events
  - Adult and Pediatric Resource Management



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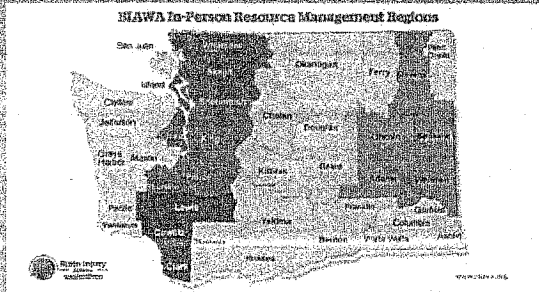
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### Resource Management



The BIAWA has boots on the ground in counties that cover more than 90% of the TBI incidence.

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### Resource Management

#### Pediatrics and Adults

In person support for survivors, families, and caregivers to assess their current resources and needs and to provide support in accessing additional resources.

Resource Management is:

- Geared toward success in communities
- Goal driven
- Client centered



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### Pediatric Resource Management

- Meet the family and student in the community—answer questions
- Help them identify goals and next steps
- Provide reminders and encouragement
- Coordinate care team; obtain records
- Assist with 504 Plan/IEP process
- Provide training to school team
- Help with applications for various programs, finding needed assistance
- Support family in developing advocacy skills

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### Connecting Individuals to Needed Supports

- 2,500+ resources specifically vetted for individuals with Brain Injury
- Resources for:
  - Social support
  - Government assistance
  - Access to medical care/ insurance
  - Housing
  - Legal aid



We support individuals in all aspects of life!

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### Value of Peer-to-Peer Support

- Common experiences: people find it helpful to know that they are not alone
- Installation of hope: knowing that others have been through a similar experience and knowing that they coped or survived may bring hope
- Quality of empathy & interaction: people often feel that only those in the same situation can understand. Peers understand because they have been there; they do not give 'textbook' answers that might be given by a healthcare professional who does not have the experience of being in a similar situation



<http://www.biawa.org/supportgroups.php>

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**Support Groups**  
60+ throughout Washington



<http://www.biawa.org/supportgroups.php>

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**Children's Support Group**

- Collaboration between Camp Korey, HeadStrong, Seattle Children's Hospital, and BIAWA
- Two part support group meets three times a year
  - Parents meet to share experiences, learn about resources
  - Children/youth meet to enjoy fun new activities with uplifting theme

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**Social Engagement**  
A critical piece for survivors & families



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**Brain Injury Art Show  
Academic Scholarships  
Walk, Run & Roll**



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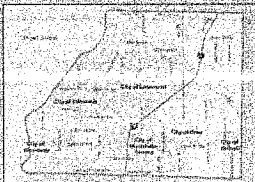
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**Brain Health & Wellness**

- A non-clinical approach
- Offering classes to enhance quality of life
- Partnering with medical systems/community centers to bring services to the community
- Yoga
- Art Classes
- Nutrition



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**Helping You Help Your Students**

- Providing information and materials to you
  - 504 Plan Checklist, Resource lists
  - School team trainings
- Supporting follow through on best practices
  - Attending school meetings with family/student
  - Explaining school system to families
  - Attending medical appointments with family/student
  - Coordinating care across environments
  - Brain-storming solutions when issues arise
- Connecting to external resources
  - Medical providers
  - Legal support
  - Insurance
  - Public assistance
  - Transportation
- Providing Social Engagement Opportunities
- Aiding in transition planning

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### How to Connect your Students?

- Give out our flyers
- Tell other providers about BIAWA to increase system of support
- Call on behalf of (with an ROI) or with your student/family
- Share the Resource Line #1-877-824-1766
- Follow us on Facebook and join our email list for updates

[www.facebook.com/braininjurywa](http://www.facebook.com/braininjurywa)  
<http://www.biawa.org/joinmailist.php>

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### Contact

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[CarlaJoW@biawa.org](mailto:CarlaJoW@biawa.org)

The Washington TBI Resource Center at BIAWA  
1-877-824-1766  
[www.biawa.org](http://www.biawa.org)

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### Thank You!



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