IEP Planning Process and Brain Injury

Presented by Joanne Plescia
December, 2016

This presentation will include:

An Introduction to Brain Injury

Important considerations in the IEP/504 process

The identification, evaluation, and determination Process IEP

Areas of Concern in a IEP planning

The effects of brain injury on students’ performance

Strategies & accommodations to assist students in the classroom

Programs and services available through the Brain Injury Alliance of NJ
What is the single most important consideration in the IEP Process?

The single most important consideration is that the entire process, when a TBI is involved, is that it more than any other situation requires a family focused approach to treatment and special education services.

What is family focused treatment? - it is a treatment philosophy that supports the emotional and physical well-being of the person with a TBI and the caregiver(s) who ultimately will support the student’s acclimatization to the disability. What needs to be recognized is:

- The family may still be in shock,
- The family may not have the psychological resources to handle the trauma,
- The family may become exhausted as the TBI symptoms continue or increase over time,
- The student may experience personality changes that are difficult to manage,
- The family is coming to the CST for help, Denial, anger, depression, acceptance stages of grief.

The New Jersey Administrative Code 6A:14 -3.5 (c)13 defines a Traumatic Brain Injury (TBI) as the following:

"Traumatic brain injury" corresponds to 'neurologically impaired' and means an acquired injury to the brain caused by an external physical force or insult to the brain, resulting in total or partial functional disability or psychological impairment, or both. The term applies to open or closed head injuries resulting in impairments in one or more areas, such as cognition; language; memory; attention; reasoning; abstract thinking; judgement; problem-solving; sensory; perceptual and motor abilities; psychosocial behavior; physical functions, information processing, and speech.
Mild, moderate and severe TBI

Mild - any period of loss of consciousness for 30 minutes or less, any loss of memory for events immediately before or after the event not greater than 24 hours, any alteration in mental state at the time of incident, Glasgow Coma Scale (GCS) of 13 - 15.

Moderate - often self evident, often in the presence of life threatening injuries. Glasgow Coma Scale (GCS) of 9-12. Loss of consciousness for more than 30 minutes, physical or cognitive impairments which may resolve, benefit from rehabilitation

Severe - GSC 0-8; coma, no interaction with environment, no localized response to pain.

Mild Brain Injury & Concussions

- A concussion is a mild brain injury
- A mild brain injury that is not properly managed can lead to another concussion, post concussion syndrome, and second impact syndrome

Like a broken ankle needs accommodations and time to heal, so does a concussion
Moderate and severe TBI

Mild - any period of loss of consciousness for 30 minutes or less, any loss of memory for events immediately before or after the event not greater that 24 hours, any alteration in mental state at the time of incident, Glasgow Coma Scale (GCS) of 13 - 15.

Moderate - often self evident, often in the presence of life threatening injuries, Glasgow Coma Scale (GCS) of 9-12; loss of consciousness for more than 30 minutes, physical or cognitive impairments which may resolve, benefit from rehabilitation

Severe - GSC 0-8; coma, no interaction with environment, no loca

Brain & Behavior Relationships

Frontal Lobe
- Initiation
- Problem solving
- Judgment
- Inhibition of behavior
- Planning/anticipation
- Self-monitoring
- Motor planning
- Personality/emotions
- Awareness of abilities/limits
- Organization
- Attention/concentration
- Mental flexibility
- Speaking

Temporal Lobe
- Memory
- Hearing
- Expressive and receptive language
- Comprehension of language
- Musical awareness
- Organization & sequencing skills

Parietal Lobe
- Sense of touch
- Differentiation of size, color, shape
- Spatial perception
- Visual perception

Occipital Lobe
- Visual perception and input
- Reading (perception and recognition of printed words)

Cerebellum
- Coordination
- Balance
- Skilled motor activity

Brain Stem
- Breathing
- Heart rate
- Arousal/Consciousness
- Sleep/wake functions
- Attention/concentration
Brain Injury in the School System

NJ Special Education Code

Step One: Identification
Step Two: Evaluation
Step Three: Classification
Step Four: IEP Development
Step Five: Goals and Objectives
Step Six: On-going Monitoring
Where are students with brain injury before returning to school?

- A pediatric brain injury rehabilitation facility (only 2% - according to National Pediatric Trauma Registry data)
- A local trauma center (severe traumatic injuries)
- A local hospital (mild to moderate injuries and/or acquired injuries)
- A doctor’s office or emergency room (mild injuries)

**OR**

- Some students may have experienced a brain injury that was not properly identified or treated
- Others may have sustained an injury prior to entering the school system

“*Hospital staff, family, and the survivor often celebrate school re-entry as the primary milestone of this purported return to normality.*”

(Cockrell, Chase, & Cobb, 1996; Lash, 1995; Savage & Carter, 1991; Walker & Wicks, 2005)

Getting Ready For Return To School

- Important to have good communication between rehab staff, family and school system
- Prepare family - provide information on available services, modifications, etc. well in advance of child’s return to school, then update as child’s needs change (family education at hospital)
- Make sure receiving teachers have information about child’s injury and present deficits
- Provide peers with information about brain injury
- Prepare child for return (visiting school, looking at scheduling options, discussing different supports av...
Components of Assessment

- Neuropsychological Evaluation
- Child Study Team Evaluation
- Classroom Performance

Neuropsychological Evaluation

- Administered by a neuropsychologist with training in children and adolescents with brain injury. This is a doctoral level licensed psychologist.

- A comprehensive assessment for defining cognitive strengths and weaknesses, and makes specific recommendations for educational programming.

- A neuropsychologist is typically not employed by the school system.
**Neuropsychological Assessment**

An assessment can determine:
- which functions of the brain have been disrupted
- to what extent
- what these changes may mean in day to day life
- uneven intellectual functioning

Assesses the student in the following areas:
- Psychological
- Educational
- Functional Observation
  - Social
  - Emotional
- Ancillary (speech, occupational, physical, assistive technology evaluations, etc.)

**Child Study Team Evaluation**

Assesses the student in the following areas:
- Psychological
- Educational
- Functional Observation
  - Social
  - Emotional
- Ancillary (speech, occupational, physical, assistive technology evaluations, etc.)
Classroom Performance

Performance in a testing setting may differ from classroom performance because in the classroom there is/are...

- Less individualized cueing
- Greater stimulation and distractions
- More demands for increased processing speed
- Increased anxiety

Lifelong Consequences

“A child’s brain continues to develop until he or she reaches his or her early 20s...

The full impact of an injury on a child’s brain becomes evident over time as the brain fails to mature in line with the child’s physical growth and development...

These delayed or latent effects can create lifetime challenges for living and learning for children, their families, schools and communities.”

Accommodations and Strategies to Assist Students with TBI

Physical Effects

- Seizures
- Muscle spasticity
- Fatigue
- Sleep disturbances
- Headaches
- Balance problems
- Speech difficulties
- Loss of range of motion
- Visual difficulties
- Loss of sense of smell and taste

- Hearing issues
- Paralysis
- Motor control and coordination
- Sensory overload
- Decreased tolerance for alcohol and drugs

Example: The student having trouble copying from the board or staying on the line when writing.
Physical Effects – Accommodations and Strategies
- An Individualized Healthcare Plan (IHP) developed by the certified school nurse
- Adaptive Physical Education
- Therapies (speech, physical, occupational)
- Assistive technology
- Shortened school day
- Designing a time and place for rest
- Physical layout of the school and class schedule to minimize fatigue.
- Tours of new facilities, buildings, etc.

Example: The student has assistive technology to aid him with writing.

Psychosocial Effects
- Anxiety
- Depression
- Mood swings
- Impulsivity
- Irritability
- Social isolation
- Aggression
- Emotional lability
- Egocentric behaviors
- Feelings of loneliness
- Disinhibition
- Decreased frustration tolerance
- Blunted affect
- Lethargy
- Loss of self-esteem

Example: The student who has no “filter” and says whatever pops into their head, including telling the football coach she thinks he is really cute.
Psychosocial Effects

- Inability to pick up subtle conversation cues, either verbal or non-verbal
- Trouble with turn taking, give and take during conversations, reading body language
- Difficulty judging social situations
- Vulnerability to alcohol/drugs
- Inappropriate behavior and/or language
- Difficulty establishing and maintaining relationships
- Shaken sense of self
- Profound sense of loss

Example: The student having trouble fitting in with peers.

Psychosocial Strategies

Social interaction and support

- Use a peer to peer approach, and/or social skills groups
- Provide counseling
- Balance positive and constructive feedback in the classroom
- Utilize speech therapy in the classroom to assist with communication challenges, such as picking up on social cues

Example: The student attends social skills group every Wednesday with a focus on learning to respect the personal space of others and how to read facial expressions of other students.
Behavioral Effects

- Hyperactivity, distractability
- Impulsivity
- Shortened attention span
- Acting out behaviors
- Difficulty getting tasks started, lack of motivation
- Agitation, hostility
- Disinhibition

Which can lead to substance abuse, inappropriate sexual conduct, delinquency, poor academic performance, and involvement with the law enforcement system.

Behavioral Strategies

ABCs of Behavior

- Antecedent - most important in TBI
- Behavior - pick your battles
- Consequence - least effective in changing behavior

- Identify “triggers”
- Determine patterns of behavior
- Monitor for overload, excess stimuli, frustration or social rejection
- Develop a signal for when a break is needed

Example: The student’s behavior is tracked through a Functional Behavior Assessment, which determines he becomes agitated in more demanding classes in the afternoon. His more demanding class is moved to the morning resulting in less behavioral issues.
Antecedents

What conditions existed prior to the behavior that likely contributed to/triggered it?

**External/Environmental:** noise level, activity level, lighting, etc.

**Internal:** hunger, fatigue, pain, frustration, physical function (spasticity, drooling), anxiety, confusion, etc.

**Situational:** interaction with another, task performing, emotional climate, transition time, amount of choice, structure/consistency, etc.

Keep in mind...

It is important to remember that all brain injuries are unique and that all students have different strengths and weaknesses, therefore different strategies may or may not work depending on the student, the class, and the time of day, among other facts.

What works in math, may not work in history; and what works in 3rd grade may not still work in 5th grade.

It is important to remain flexible in trying different strategies until you find one that works for that student, and to always keep in mind the ultimate goal of moving students towards independence.
Cognitive Effects

- Attention and concentration
- Neuro-fatigue
- Communication & Information Processing
- Visual processing
- Memory
- Executive functioning
  - Organization
  - Reasoning and abstract thinking
  - Problem solving
  - Decreased self-awareness

Attention & Concentration Effects

- Problems with sustained and divided attention
  - Difficulty following directions
  - Difficulty with multi-tasking
- May result in comprehending only part of what was said, difficulty managing to process the “whole picture”

Example: The student who appears distracted.
Attention & Concentration Strategies

- Modify info, break down tasks
- Reduce visual stimuli, color code important info
- Reduce distractions
- Help the student focus through routine, shortened work, subtle cueing

Example: The student is provided an outline highlighting the four main points of the chapter.

Neurofatigue Effects

- Fatigue after mental effort
- May manifest as mental and physical fatigue

Example: The student who falls asleep during afternoon classes.
Neuro-fatigue Strategies

- Scheduled rest breaks
- Arrange the class schedule for more mentally challenging classes to be early in the morning
- Discuss with parents practicing a consistent bed time

Communication & Information Processing Effects

- Difficulty keeping up with the flow of information – including class discussions/processing speed
- Poorly organized thoughts resulting details omitted
- Difficulty transitioning to new topics/Shifting
- Difficulty listening and taking notes/simultaneous processing
- Difficulty with written and oral comprehension
Communication & Information Processing Strategies

- Limit the amount of information
- Use concrete language
- Preferential seating to avoid auditory distractions
- Avoid rapid rate of speech
- Teach active listening – have the student paraphrase what they heard, verify that they understand what was said
- Rehearsal opportunities
- Scaffolding and sequencing

Communication & Information Processing Strategies

- Teacher prepared notes, outlines, Power Points and study guides in advance
- Summarize at the end of each main idea
- Extra time to process, retrieve and generate information
- Films and documentaries to accompany text
- Small group instruction
Visual Processing Effects

- Difficulty processing information on the page and busy sheets of information
- Difficulty reading because of field cuts or other visual disturbances
- Sensitivity to too much visual stimuli.

Example: The student unable to complete the busy math sheet.

Visual Processing Strategies

- Reduce amount of visual stimuli on page
- Use ruler or note card for visual tracking
- Use arrows or colored dots for cueing
- Block off parts of the page not in use
- Supplement visual with verbal and hands
- Adjust for visual field cuts
- Longer viewing time
- Enlarged print

Example: The students uses a blank sheet of paper on his math test to block out the questions not answered, and the number of questions are reduced.
Organization Effects

- Difficulty getting all of the materials needed for a class and homework
- Problems telling a story in its correct sequence
- Poor organization of notes, e.g., difficulty deciding which steps go first, second, etc.
- Disorganized binders, lockers, backpacks

Example: The student missing assignments.

Organizational Strategies

- Notebook or graphic organizer
- Different colored folders for different subjects
- Study sheets and guides
- Cueing to organize notebooks and backpacks
- Checklists

Example: The student uses a graphic organizer with different colored folders for different subjects. His aid assists him in developing a homework checklist that includes what texts to bring home for homework.
Memory Effects

- Forgets what transpires in class
- Doesn’t remember names of people
- Forgets class schedule, locker combination, location of classes and bathrooms
- Forgets to write instructions – incomplete homework
- Difficulty with tests requiring cumulative knowledge

Example: The student who comes unprepared to class.

Memory Strategies

**Devices or tools**

- Memory book or electronic organizer
- Calendar
- Lists and checklists
- Watches and timers
- Homework book
- Notes (post-its)
- Daily schedule
- Audio recorder
- Pen recorder

Example: The student audio records the end of chapter/before the test summary lectures.
Memory Strategies

- Association
- Mnemonic techniques
- Clustering information
- Relating new info to learned info
- Visual & auditory cues

- Consistency and organization
- Provide info more slowly
- Repetition (multi-sensory presentation)

Example: The student re-reads old chapter outlines before moving onto the new chapter.

Reasoning & Abstract Thinking Effects

- “Why” and “How” questions harder than “When” and “Where”
- Concrete facts are easier to learn than abstract facts
- Difficulty understanding figurative language (idioms, jokes, humor, sarcasm)

Example: The student having difficulty with essay questions.
Reasoning & Abstract Thinking Strategies

- With “why” and “how” questions use examples or rephrase the questions
- Have the student paraphrase what they have read or what has been discussed
- Avoid open ended questions and model abstract thinking techniques

Example: The student reads aloud and stops at intervals to ask questions.

Problem Solving Effects

- Decreased identification of problem solving abilities
- Difficulty generating alternative solutions

Example: A student is unable to get all of the notes down fast enough during lecture, and cannot figure out how to resolve the problem or recognize that it is a problem.
Problem Solving Strategies

- Brainstorm alternatives
- Model and role play problem solving
- Use a problem solving model
  - Define the problem
  - Generate solutions
  - Look at pros and cons for each solution
  - Check results to see which solution is more viable

Example: The teacher rehearses possible scenarios and responses before entering situation, for example, what would you do if you forgot to bring a pen to class? Ask a fellow student, ask the teacher, ask to go back to your locker.

Decreased Self-Awareness Effects

- Unaware of having difficulty learning
- Unaware of the need to use compensatory strategies
- Unaware of inappropriate social skills, behavior, social cues

Example: The student who stands to closer to other students when talking with them and when they pull away moves in closer.
Decreased Self-Awareness Strategies

- Cue the student until it becomes a habit
- Explicit instructions and supported experiences
  - Tell them what the problem is
  - Show them what it is or what it looks like
  - Assist in figuring out how to change it
- Social skills group

Example: In social skills the teacher gets parent permission to videotape students interacting with one another to show the student how and when he is invading person space, how to read the facial expressions of the other student. The teacher shows the student how to use their arms length to measure appropriate personal space.
Testing Modifications

- Extended time or break times for the student with information processing challenges
- Provide a word bank for fill in the blank questions for the student with memory challenges
- Permit alternative means of testing: oral, written, nonverbal, projects – for the student who needs repetition to address memory and information processing challenges
- Modify directions accordingly for the student with visual and information processing challenges

Testing Modifications

- Avoid more than one test on the same day for the student with memory and neurofatigue challenges
- Provide adequate notice of testing for the student who needs repetition to remember things
- Avoid Scantrons and bubble response tests for the student with visual tracking issues and difficulty shifting attention from one page to the other
- Assistive technology, based on the student’s needs for cognitive, communication, physical issues
Scheduling & Environmental Modifications

- Modified school re-entry for the student recently injured, needing cognitive rest and to reduce neurofatigue
- Shortened school day to reduce neurofatigue
- Extended school year for the student with memory issues who will lose gains over the summer
- Physical layout of school for the student with physical impairments that make it challenging to get to the other side of the building in 3 minutes
- Preferential seating for the student with attention & concentration issues

Scheduling & Environmental Modifications

- Waiving attendance requirements for the student just returning who will need to be out for multiple doctor and rehabilitation appointments
- Extra set of books for home for the student who can’t remember to bring texts home or has physical impairments that make carrying a heavy backpack difficult
- Designing a time and place for rest to address neurofatigue and prevent behavioral outbursts
- Waiving foreign language requirements for the student with memory, communication and information processing challenges
Programs & Services of the Brain Injury Alliance of New Jersey

Information & Resources Helpline
1-800-669-4323
732-745-0200
Info@bianj.org

Brain Injury Resource Center
● Free Publications
● Articles on brain injury and disability related topics
● Browse & Borrow Book & Video Library
Staying in Touch

- **E-News**: The Alliance’s monthly electronic newsletter.
- **Leg-Net**: The Alliance’s e-mail network to learn about important legislative issues.
- **Website**: Updated regularly with important news & events.

CONNECT WITH US

facebook.com/biaofnj

twitter.com/braininjurynj

youtube.com/brainhealthnetwork

instagram.com/braininjuryallianceofnj
Since the early 1980s, the Children & Adolescents Committee has worked to improve services for youth affected by brain injury.

This includes creating the following guides:
- Brain Injury: A guide for educators
- Brain Injury: A guide for families about school
- Brain Injury: A guide for school nurses

And...........

A free online course for school professionals on brain injury through Rutgers Continuous Education

This can be taken at your convenience and once completed – provides 10 Professional Development Hours for New Jersey educators
Thank you!