

Brain Injury: Special Education Criteria & Social Emotional Intervention

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Presentation Objectives

Participants will:

- Understand the hierarchy of neurocognitive development
- Understand social interaction/behavior and interventions
- Understand executive function and interventions
- Understand special education criteria and establishing credible history
- Apply learning with case studies



Brain Power

<https://www.youtube.com/watch?v=zLp-edwiGUU>



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Types of Brain Injury or Impact

Brain Impact/Injury

Acquired Brain Injury (acquired after birth)

Congenital (before birth/pre-natal)

Traumatic

Non-Traumatic

e.g., Fetal Alcohol Spectrum Disorder, etc.

Types of Brain Injury or Impact

Brain Impact/Injury

Acquired Brain Injury (acquired after birth)

Congenital (before birth/pre-natal)

Have similar impacts and need similar interventions and/or supports

Brain Injury

Prenatal or Congenital
Before Birth

Acquired Brain Injury (ABI)
After Birth

Non-TBI

TBI

Common Causes of Non-Traumatic Brain Injury

- Illness (e.g., high fever)
- Infections (e.g., meningitis, encephalitis)
- Anoxic injuries (lack of oxygen; e.g., airway obstruction, near drowning)
- Stroke or vascular accident (lack of blood flow)
- Brain tumors
- Poisoning (e.g., ingestion, inhalation)
- Metabolic disorders (e.g., insulin shock)



Common Causes of TBI

- Infants:** Physical abuse
- Toddlers:** Falls and abuse
- Young Children:** Passengers in vehicles
- School-aged Children:** Bicycle and pedestrian collisions with vehicles
- Adolescents:** Drivers and passengers in motor vehicle accidents



Note: Consider how the mechanism of injury will uniquely affect the grieving process.

University of Michigan; Pediatric Traumatic Brain Injury Training by Seth Warschausky, PhD



What makes ABI unique?

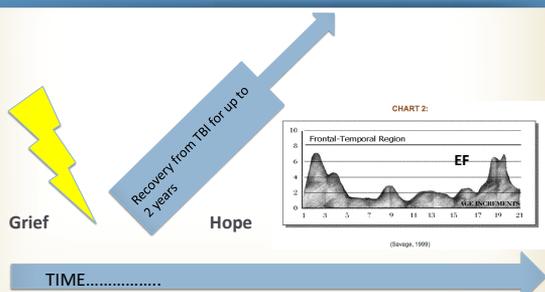
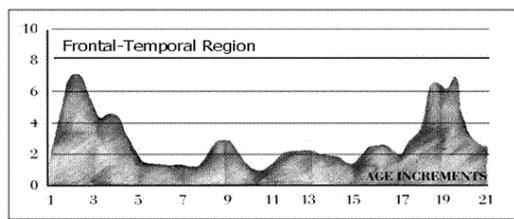
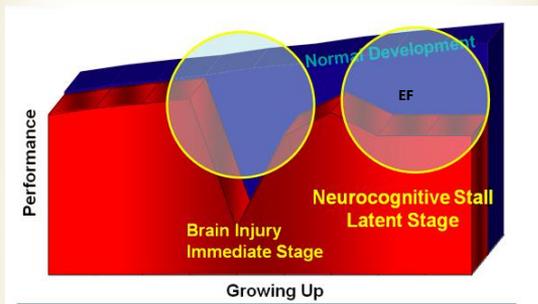


CHART 2:



Pediatric TBI: Two Stages of Recovery



(Chapman, 2007)

Statistics

- Traumatic Brain Injury (TBI) is a leading cause of death and disability among children ages 1 to 19 years in the United States (Faul, Xu, Wald, & Coronado, 2010).
- Each year, approximately 40 percent of TBIs in the United States occur in the pediatric population (ages 0–19 years) (Faul et al., 2010).
- The Centers for Disease Control (CDC) estimates that more than 60,000 children and adolescents are hospitalized annually in the United States after sustaining moderate to severe brain injuries.



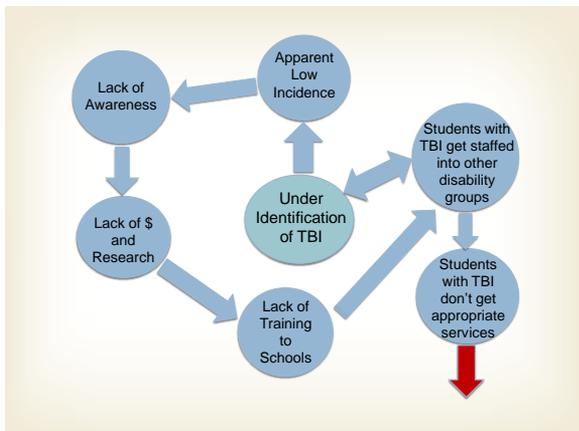
Statistics

- In all, nearly 145,000 children aged 0–19 years are currently living with long-lasting, significant alterations in social, behavioral, physical and cognitive functioning following a TBI (Zaloshnja, Miller, Langlois, & Selassie, 2008).
- Then why...do only approximately 2% get referred for special education out of the hospital?
- And why ...do the USDOE special education numbers report a mere .04% of students in special education?

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Why the Discrepancy?

- Not all children who sustain a brain injury experience lasting effects
- Not all parents want to have their child classified – they want their child back to “normal”
- Effects of TBI may mimic other disabilities leading to misdiagnosis and inappropriate placement/categorization
- Under-identification and misidentification within the educational system
- Sometimes it is just too difficult – emotional impact of grief, guilt, etc.
- The effects of a brain injury can be latent



25% - 87% in prisons/jail
*(97% current research)

30% homeless

60% substance abuse

60% mental health

Children's Healthcare of Atlanta; Julie Haarbauer-Krupa, PhD & CDC TBI in Prisons and Jails: An Unrecognized Problem

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Mental Health Fallout

- Depression, anxiety disorders (e.g., Post Traumatic Stress Disorder, Obsessive Compulsive Disorder and Panic Disorder), and irritability or anger problems are most common diagnoses
 - Premorbid psychopathology may predict substance abuse disorders post-trauma
- 1/3 of TBI survivors experience emotional problems between 6 months and a year post injury
- Patients who reported hopelessness=35%, suicidal ideation=23%, and suicide attempts=18%
- 85% of survivor families report that emotional or behavioral problems have an impact on their function

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Domain Areas - Sensitive to a TBI

- Attention
- Processing Speed
- Memory
- Sensory-Motor:
 - Fine Motor
 - Gross Motor



Adapted from Miller, Halstead-Rotan

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Domain Areas – Sensitive to a TBI

- **New Learning**
- **Language:**
 - Receptive Language
 - Expressive Language
 - Social Pragmatics
- **Visual-Spatial**
- **Social/Emotional/Behavioral**
- **Executive Functioning**
 - Initiation
 - Reasoning
 - Planning
 - Mental Flexibility
 - Organization

Adapted from Miller, Halstead-Rotan
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Fundamental Processes

Attention

Fundamental Processes

Attention: *The ability to sustain focus on the information necessary for learning or completing tasks*

- There are numerous types of attention: selective, sustained, shifting and divided attention. Being able to attend to a task, to shift from task to task and to ignore competing distractions so that one can stay focused on the original task at hand, explains why attention is a fundamental skill necessary for all levels of learning.
- Inhibition is associated with this process in the brain – the inability to inhibit an impulse is often the underlying issue with ADHD

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Fundamental Processes

Memory

Fundamental Processes

Memory: *The mental ability to store and retrieve words, facts, procedures, skills, concepts and experiences.*

- The general memory process is complex and entails memory creation, storage of information and retrieval. Additionally, there are several types of memory. For example, some primary types of memory are short-term, working, visual, auditory, procedural and declarative memory.
- Damage to any brain area that assists in the formation, storage or retrieval of information can degrade overall memory performance. Due to the number of areas associated with the memory system, it is important to emphasize there are also numerous ways to impair or damage this process.

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Fundamental Processes

Processing Speed

Fundamental Processes

Processing Speed: *How quickly information is received, processed, and/or outputted.*

- A common consequence of a brain injury is the slowing of information processing. Slowed information processing impacts a person’s ability to think efficiently and may hinder the effectiveness of other abilities such as memory. Although there are different reasons for slowed processing after an injury, one major reason is that the “wires” of the brain (neurons) can no longer communicate with each other efficiently.
- Another reason for slowed processing speed is that the brain might have to re-route signals around the damaged area (takes longer).

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Fundamental Processes

Sensory Motor

Fundamental Processes

Sensory Processing: *Perceiving and responding to what is seen, heard, smelled, tasted, felt and touched.*

- Generally speaking, the parietal lobe of the brain (top brain area) processes most sensory information and integrates it to construct a picture of one’s environment. Damage to the parietal lobe may interfere with body awareness, cause attention problems, and degrade the accurate processing of auditory, olfactory, taste, tactile, and visual information.
- **Fine Motor:** Involves the use of small muscles of the hands to make smooth, coordinated or fine motions.
- **Gross Motor:** Involves the coordinated use of the large muscles of the body.

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Intermediate Processes

Learning Processes

Intermediate Processes

New Learning: *The ability to learn new concepts and information.*

- Receiving and processing new information to create *learning* is a remarkably complex neurological phenomenon. A novel academic task requires several brain areas working in concert to produce understanding. Once new information is processed, the new information is sent to other areas of the brain so the information can be comprehended on a deeper level.

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Learning Processes: Unevenness

The hallmark of a brain injury on a child's performance is an "unevenness" in abilities across different settings, over time, and across different content areas.

Examples:

- Across domains – a 10 year old may have typical abilities of in fine and gross motor areas but have the social-emotional regulation of a 5 yr. old.
- Within domains – Average abilities in expressive language and difficulties with receptive language
- Across time – a student knows material on Tuesday but cannot retrieve the same information later that same week

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Intermediate
Processes

Visual-Spatial Processes

Intermediate
Processes

Visual-Spatial: *The ability to generate, retain, retrieve and transform well-structured visual images.*

- Visual-spatial processes are largely associated with the occipital lobe of the brain, which is located at the back of the brain. When visual information is processed in the occipital lobe, it divides the information and sends it to the lower left part of the brain (temporal lobe) or to an upper part of the brain called the parietal lobe. Damage to the back and left side of the brain can degrade a person's ability to process images of known objects. Injury to the back to upper regions of the brain may cause problems with spatial and location tasks.

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Intermediate
Processes

Language Processes

Intermediate
Processes

Language-Receptive: *The ability to understand language.*

- Understanding spoken language is typically associated with the left hemisphere of the brain. Young children typically understand what is told to them (receptive language) before they can express themselves, but damage to the left side of the brain hinders their ability to understand language.

Language-Expressive: *The ability to express one's thoughts and feelings into words and sentences.*

- The ability to speak logically and express oneself using language involves the left hemisphere of the brain.

Social Pragmatics: *Pragmatics are the verbal and nonverbal rules of social language and interactions.*

Higher Order
Processes

Social Emotional Competency

Higher Order
Processes

Social and Emotional: *The awareness of social issues and one's emotional status. Behavioral self-regulation, control and self-monitoring are also part of this domain.*

- The ability to interact successfully with other people and control one's emotions involves a higher order cognitive skill set. There are two primary areas associated behavioral and emotional regulation. 1) The frontal cortex is implicated in pro-social behaviors. Specifically, the front part of the brain, near the eyes, assists with impulse control. 2) The limbic system. The limbic system is made of several smaller parts that are associated with creating all emotions. When these deep brain structures are damaged, it is common that the person develops severe emotional difficulties.

Higher Order
Processes

Executive Functions: Reasoning

Higher Order
Processes

Reasoning: *The use of deliberate and controlled mental operations to solve novel and on the spot problems*

- Many aspects of reasoning are similar to the process of new learning. Reasoning is the foundation for problem solving and ultimately overall intelligence. Higher order reasoning involves the effective integration and processes of the entire cerebral (brain) structure. Since the frontal cortex is considered the "manager" of the brain, this region is typically needed in reasoning as it orchestrates how information is processed. However, many areas of the brain are needed for deep thinking.

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Higher Order
Processes

Executive Functions: Mental Flexibility

Higher Order
Processes

Mental Flexibility: *The ability to easily shift from one idea, train of thought, activity or way of looking at things.*

- Controlling the thoughts and actions of the brain falls under the function of the frontal lobe. Although there are different brain areas that also help with initiation, organization, planning and flexibility, these four "executive functions" are primarily regulated by the upper brain areas located behind the forehead. People with damage to the frontal lobe may become more rigid in their thinking and less adaptable to change.

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Higher Order Processes

Executive Functions: Planning

Higher Order Processes

Planning: *The ability to set a goal, identify a sequence of actions to reach the goal and carry out that sequence of steps.*

- Planning is a future oriented process requiring forethought, estimation and problem solving. Similar to the same neurological structures involved with regulation, organization, and problem solving, the upper frontal lobe is intimately tied to planning.

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Higher Order Processes

Executive Functions: Organization

Higher Order Processes

Organization: *The ability to create and maintain orderliness in thoughts, activities, materials and the physical environment.*

- The upper frontal region of the brain, behind the forehead, controls planning and organization of thoughts and activities. The ability to sequence thoughts in a logical fashion and translate those thoughts into action to organize a person's environment involves communication between the frontal cortex and left hemisphere of the brain. Damage to the front and/or the left hemisphere of the brain may cause disorganized thinking and ordering of materials.

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Higher Order Processes

Executive Functions: Initiation

Higher Order Processes

Initiation: *The ability to independently start an action or activity.*

- Since the frontal regions of the brain are largely responsible for action and movement, it is not surprising these same areas are responsible for initiation. It is also not surprising that emotions help start actions, so the deeper emotional centers of the brain are implicated in initiation. A child's inability to get tasks completed may be related to problems with initiation within the brain.

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Overall Functioning

Cognitive Ability Adaptive Living Skills

Overall Functioning

The child exhibits delays in adaptive living skills, including but not limited to with Activities of Daily Living (ADL).

Some Examples:

- Personal hygiene and grooming
- Housework
- Managing money
- Use of telephone or other form of communication
- Community mobility
- Care of pets
- Meal preparation and cleanup
- Safety procedures and emergency responses

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Overall Functioning

Cognitive Ability Achievement – Academic Skills

Overall Functioning

- The child exhibits delays in academic skills, including but not limited to reading, writing, and math delays that cannot be explained by any other disability. They may also demonstrate an extremely uneven pattern in cognitive and achievement testing, work production and academic growth.

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What questions do you have?



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Types of Brain Injury or Impact

Brain Impact/Injury

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Congenital (before birth/pre-natal)

Traumatic

Non-Traumatic

i.e. Hydrocephalus, Fetal Alcohol Spectrum Disorder, etc.

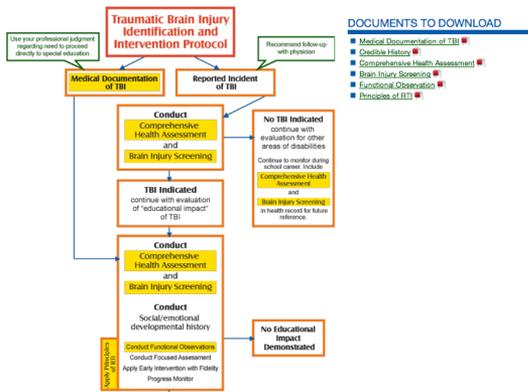
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What is TBI?...

ECEA Definition:

A child with a Traumatic Brain Injury (TBI) is a child with an acquired injury to the brain caused by an external physical force resulting in total or partial functional disability or psychosocial impairment, or both, which impairment adversely affects the child's ability to receive reasonable educational benefit from general education. A qualifying Traumatic Brain Injury is an open or closed head injury resulting in impairments in one or more areas, such as cognition; language; memory; attention; reasoning; abstract thinking; judgment; problem-solving; sensory, perceptual, and motor abilities; psychosocial behavior; physical functions; information processing; and speech. The term "traumatic brain injury" under this rule does not apply to brain injuries that are congenital or degenerative, or to brain injuries induced by birth trauma. ECEA 2.08(10)



DOCUMENTS TO DOWNLOAD

- Medical Documentation of TBI
- Child's History
- Comprehensive Health Assessment
- Brain Injury Screening
- Functional Observations
- Incisives of IETI

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www.cokidswithbraininjury.com

Medical Documentation OR Credible History of one or more TBI

2.08 (10) (a) To be eligible as a child with a Traumatic Brain Injury, there must be evidence of the following criteria:

2.08 (10) (a) (i) Either **medical documentation** of a traumatic brain injury, or a significant **history** of one or more traumatic brain injuries reported by a reliable and credible source and/or corroborated by numerous reporters; and

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Medical Documentation

If possible, establish traumatic brain injury through medical documentation via hospital records and/or from a doctor or clinician who has knowledge of the Center for Disease Control (CDC) requirements for TBI.

The CDC classifications are based on a severity rating of mild, moderate and severe. Most often individuals who fit these classifications for moderate to severe TBI will have sought medical attention and therefore, the chances are greater that documentation will exist.

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Code: _____ Date Received: _____



Brain Check: Screening Tool Project
Parent/Guardian Survey



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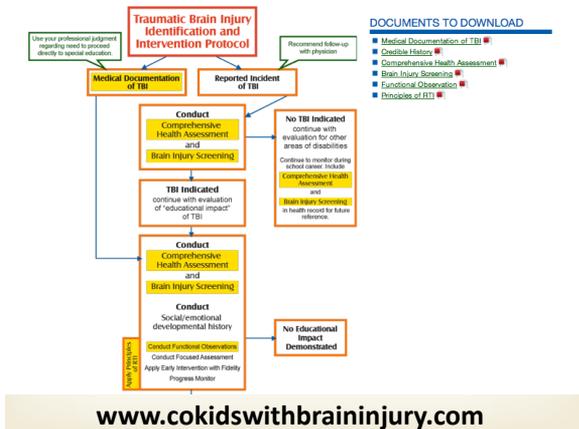
Student Information

Today's Date: ___/___/___ Child's Age: _____

Child's Date of Birth: ___/___/___ Child's Gender: Male Female

Child's race: (circle one or more) 1: American Indian/Alaska Native 4: Black or African American
2: Asian 5: White
3: Native Hawaiian or Other Pacific Islander 6: More than one race
Please describe: _____

Child's ethnicity: (circle one) 1: Hispanic or Latino 3: Unknown or Not Reported
2: Not Hispanic or Latino



Credible History

2.08 (10) (a) (i) Either medical documentation of a traumatic brain injury, or a **significant history** of one or more traumatic brain injuries reported by a **reliable and credible source** and/or **corroborated** by numerous reporters;

In the case when medical documentation either cannot be obtained or when the individual did not seek medical attention, the following elements will help school personnel to establish a credible history of TBI.

Credible History

The “gold standard for determining prior TBI is self/parent report as determined by a structured or in-depth interview” (Corrigan & Bogner, 2007).

- A comprehensive health history via structured **interview**
- Requires a skilled interviewer
- There needs to be a **reported incident(s)** as well as on-going symptoms/behaviors that persist beyond the incident (Corrigan & Bogner, 2007)
- Details of the incident should be clear and consistent
- The interviewer should be familiar with the acute symptoms related to TBI (at the time of injury and later)
- The interviewer should drill down into a comparison between the child **pre-injury versus post-injury**

Credible History

Structured Interview questions should include:

- **Questions should include:**
 - Where
 - When
 - How
 - Medical intervention(s) sought at the time, later, through the recovery
 - Are answers medically plausible?

*Be aware of assumptions – “scalp laceration” or “head injury” does not automatically cause a “brain injury”

INITIAL HEALTH ASSESSMENT

IDENTIFYING INFORMATION:
 LEGAL NAME OF CHILD: _____
 BIRTH/DATE: _____ AGE: _____ SEX: _____ GRADE: _____
 ADDRESS: _____
 This form is completed by: _____ Relationship to Child: _____
 MOC PHONE: Home _____ Work _____ Cell _____
 FOC PHONE: Home _____ Work _____ Cell _____
 Message Number: _____ Best time to call: _____
 Child lives with: Both Parents _____ Mother _____ Father _____ Other (explain) _____
 Language spoken in home: English _____ Spanish _____ Other (list) _____
 My child has the following health care coverage: Medicaid: _____ CHP+ _____ Private: _____ None: _____

PREGNANCY AND BIRTH:
 Month into pregnancy that medical care began: _____ Length of pregnancy: _____
 Were there any medications taken while pregnant? _____
 Explain: _____
 Length of labor: _____ Birth Weight: _____
 Did baby come home with mother? _____ Yes ___ No ___
 Explain: _____
 Did the baby need oxygen after birth: _____ Yes ___ No ___
 Explain: _____
 Did baby turn yellow enough to be treated? _____ Yes ___ No ___
 Explain: _____

DEVELOPMENTAL HISTORY:
 Did your child crawl by 9 months? _____ Yes ___ No ___
 Did your child walk by 18 months? _____ Yes ___ No ___
 Did your child say words by 15 months? _____ Yes ___ No ___
 Was your child toilet trained by 3½ years? _____ Yes ___ No ___

Credible History

If the comprehensive health history interview yields a very strong case of credible history, confirming this assessment with the Brain Check Screen is recommended.

- This checklist, developed and validated through Colorado State University, provides a more specific screen of the TBI.
- If the Brain Checklist also confirms the presence of TBI, then earlier assumption of credible history is confirmed.

Code: _____ Date Received: _____



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Brain Check: Screening Tool Project
Parent/Guardian Survey

Student Information

Today's Date: ___/___/___ Child's Age: _____

Child's Date of Birth: ___/___/___ Child's Gender: Male Female

Child's race: (circle one or more)

1: American Indian/Alaska Native	4: Black or African American
2: Asian	5: White
3: Native Hawaiian or Other Pacific Islander	6: More than one race
	Please describe: _____

Child's ethnicity: (circle one)

1: Hispanic or Latino	3: Unknown or Not Reported
2: Not Hispanic or Latino	

Medical Documentation

NOTE: Medical documentation simply confirms the **presence** of the TBI. It does not and cannot automatically establish the "impact" of the TBI.

Confirming that an injury has occurred does not shed light upon the **effect** of the injury on subsequent physical, educational, behavioral, emotional, social outcome.

Once medical documentation has been established, CDE requires that school teams continue to collect a **body of evidence** to establish "educational impact."



Medical Documentation

Cautions:

- TBI seems like a very serious medical condition, therefore the medical documentation of it makes many educators nervous and they will quickly say:
 - TBI = IEP. TBI does not = IEP! TBI = the need for the school team to consider how the TBI is impacting learning, if even at all.
- If the school team goes with the determination of TBI for the IEP, the goals and services on the IEP still need to reflect the need.



Credible History

NOTE: As in the case of medical documentation, simply establishing credible history does not and cannot automatically establish the "impact" of the TBI.

Confirming that an injury has occurred does not shed light upon the effect of the injury on subsequent physical, educational, behavioral, emotional, social outcome.

Once credible history has been established, CDE requires that school teams continue to gather a **body of evidence** to establish "educational impact".



Credible History

Cautions:

A vague or a sad story of abuse, injury, etc. leads to a "gut feeling" of ... "oh there must have been a hit to the head somewhere within that story."

- Credible history is extremely difficult to establish and cannot be taken lightly.
- It is a HUGE undertaking to gather enough data to come to the conclusion of credible history – and it is a HUGE responsibility and potentially life-altering decision for the child/family.
- There can be NO shades of gray with credible history, only 100% confidence when a school team makes this determination.



Other Considerations Lasting Effects of TBI Label

- **Possible Limitations: Future opportunities (Police, Military)**
 - Medical Records vs. Educational Records
- **Reminder: Special Education is about SPECIALLY DESIGNED INSTRUCTION**
 - In Practice:
 - modified curriculum
 - placement (removal from general education setting)
 - programming



(TBI): The Child Cannot Receive Reasonable Educational Benefit from General Education



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Reasonable Education Benefit

- **2.08 (10) (b)** Additionally, to be eligible as a child with a Traumatic Brain Injury, the traumatic brain injury prevents the child from receiving reasonable educational benefit from general education as evidenced by one or more of the following:

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As evidenced by one or more of the following:

- A limited ability to sustain **attention** and/or poor **memory** skills, including but not limited to difficulty retaining short-term memory, long-term memory, working memory and incidental memory; and/or
- An inefficiency in **processing**, including but not limited to a processing speed deficit and/or mental fatigue; and/or
- Deficits in **sensory-motor** skills that affect either one, or both, visual or auditory processing, and may include gross motor and/or fine motor deficits; and/or
- Delays in acquisition of information including **new learning** and **visual-spatial** processing; and/or
- Difficulty with **language** skills, including but not limited to receptive language, expressive language and social pragmatics; and/or

As evidenced by one or more of the following:

- Deficits in **behavior** regulation, including but not limited to impulsivity, poor judgment, ineffective reasoning and mental inflexibility; and/or
- Problems in cognitive **executive functioning**, including but not limited to difficulty with planning, organization and/or initiation of thinking and working skills; and/or
- Delays in **adaptive living** skills, including but not limited to difficulty with activities of daily living (ADL); and/or
- Delays in **academic** skills, including but not limited to reading, writing, and math delays that cannot be explained by any other disability. They may also demonstrate an extremely uneven pattern in cognitive and achievement testing, work production and academic growth.

Evaluation

IDEA Sec300.301(a) ...must conduct a **full** and **individual** initial evaluation

IDEA Sec300.304(c)(6) ...the evaluation is **sufficiently comprehensive** to **identify** all of the child's special education and related services **needs**, whether or not commonly linked to the disability category in which the child has been classified.

IDEA Sec300.304(c)(7) Assessment tools and strategies that **provide relevant information** that **directly assists** persons in determining the **educational needs** of the child are provided.

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Evaluation

Dual purpose:

- **Eligibility**
- **Intervention** – educational planning “...**provide relevant information** that **directly assists** persons in determining the **educational needs** of the child are provided”
- Always have educational planning, you may not always have eligibility (i.e., annual review)

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What questions do you have?



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Case Study

Ethan

Ethan: Case Study

Ethan is a 10th grade student, 15 years old. He lives with Mother, Step-Father and 18 year old sister. Parents have requested a special education assessment, potentially due to a TBI. Mother has been worried about years of attentional and learning issues. This fall, school staff has also contacted Mom to state "something is wrong". They question "trauma" and agree with the need to pursue further evaluation.

Parents requested special education testing in 4th grade due to attentional and learning and behavioral concerns; Ethan did not qualify.

Ethan has a history of ADHD, diagnosed in 2nd grade. He has been on medications in the past but Mother reports medications have been ineffective.

Ethan is prone to headaches (migraine-type), family history of migraines. Mother questions if biological father is bipolar but there is no confirmed diagnosis.

Ethan

Current concerns	Issues with reading writing and math, perceived memory and attention issues, poor work completion, defiance and refusal to follow directions
Past supports	Reading and writing (general education) strategies to work on reading comprehension and writing skills
Current Support	Structured study hall to improve academic skills
US History	25%
Earth/Environ	45%
Applied Biology	41%
Integrated Math	43%
English	20%
Ceramics	53%
Spanish 1	56%

History	
7 months old	In Mom's arms. Mom's knee gave out and Ethan flew out of her arms, hit the back of his head on a concrete floor. "Scuff" to the back of the head.
1 year old	Hit forehead on glass table. 4 to 5 stitches to forehead. Very active child, risk taker by 3 years old.
7 years old	Out of state visit with Father. Father fighting with older sister. Ethan tried to intervene. Father took Ethan by the back of the neck and bashed his head into the windshield. Cracked the windshield.
13 years old	Skateboarding accident. Fell off, face planted, scraped face, "blacked out", taken to ED – MD said it was not a concussion.
14 years old	Snowboarding accident. Hit a patch of ice, head hit a tree. No one was with him. He skied down and went in for the day.
14 years old	Bicycle accident. Fell off bike, wandered home, seemed disoriented. Mom took to ED. Diagnosed with concussion.

Ethan: Questions 1 and 2

Reason for Referral?	Academics difficulties Emerging compliance problems Question of eligibility? (Initial) <ul style="list-style-type: none"> • Medical Documentation? • Credible History? Under what category? Intervention planning: <ul style="list-style-type: none"> • Vocational? • College-bound? • Emotional/Behavioral?
What areas do you need more solid/specific information?	Developmental History Medical Documentation Credible History Academics Behavior Attention Vocational

Ethan: Questions 3 and 4

How would you get that information?
 Formal?
 Informal?
 Who will get that information?

- Developmental History/Credible Hx:**
- Parents - Interview
 - School Nurse – Interview/Dev Hx.
 - School Psychologist – BASC2
 - Social Worker – Interview/Brain Check
 - Academics: Learning Specialist - WJIII
 - Speech/Language? SLP
- Attention:**
- School Psychologist- NEPSY2 & on/off task obser.
 - Teacher/paras
 - Parents - checklists
 - Cognition:
 - School Psychologist – WISC-IV

What disability categories might you be considering?

TBI with medical documentation
 TBI with credible history
 SLD
 SED

INITIAL HEALTH ASSESSMENT

IDENTIFYING INFORMATION:
 LEGAL NAME of Child: _____ DOB: 10/10/10
 BIRTH: _____
 ADDRESS: _____ Relationship to Child: Parent
 This form is completed by: _____
 MOC PHONE: Home _____ Work _____ Cell _____
 FOC PHONE: Home _____ Work _____ Cell _____
 Message Number: _____ Best time to call: _____
 Child's sex: with Parents _____ Mother _____ Father _____ Other (specify) _____
 Language spoken in home: English _____ Spanish _____ Other (specify) _____
 My child has the following health care coverage: Medicaid _____ CHIP _____ Private _____ None _____

PREGNANCY AND BIRTH:
 Month in pregnancy that medical care began: 10/1 Length of pregnancy: 4 mos
 Were there any medications taken while pregnant? _____
 Explain: _____
 Length of labor: 24 hrs Birth Weight: 11.5
 Did baby come home with mother? Yes No
 Explain: _____
 Did the baby need oxygen after birth? Yes No
 Explain: _____
 Did baby turn yellow enough to be treated? Yes No
 Explain: _____

DEVELOPMENTAL HISTORY:
 Did your child crawl by 18 months? Yes No
 Did your child walk by 18 months? Yes No
 Did your child say words by 18 months? Yes No
 Was your child toilet trained by 36 months? Yes No
 Were there problems with balance coordination? Yes No
 Were there problems with fine motor skills (buttons, handwriting, picking something up)? Yes No
 Do you have other concerns about your child's development? Yes No
 Explain: _____

ILLNESS, HOSPITALIZATIONS, SURGERIES, AND/OR ACCIDENTS:
 Major Illness: _____
 Hospitalization/Surgery: TURKIN, IN, EARS
 Accident/Injury: _____
 Child's Doctor: Dr. Cynthia Date of Last Visit: 11/10 Reason: Headache

BODY SYSTEMS HISTORY:
TEETH: Has there any dental concerns? Yes No
 Date of Last Dental Exam: 2/2010 Dentist: Dr
EARS: Does your child have any known hearing problems? Yes No
 Explain: _____
 Do you have any concerns about your child's hearing? Yes No
 Explain: _____
 Ear infections? No Yes Age when started: 18 mos How many per year? _____
 Within last year? No Yes Were PE tubes placed? No Yes Number of sets? 1
NOSE: _____

RESPIRATORY:
 Does your child have any breathing problems? Yes No
 Explain: _____
 Is he/she prone to upper respiratory infections? Yes No
 Explain: _____
 Does your child have asthma? Yes No
 Triggers: COUGH
 Was inhaler, nebulizer, or medication? Yes No
GASTROINTESTINAL AND URINARY:
 Does your child have any problems going to the bathroom? Yes No
 Explain: _____
 Bedwetting: Yes No
 Constipation: Yes No
 Difficult to train: Yes No
 Does your child have dietary/food needs or concerns? Yes No
 Explain: _____
 Does your child have frequent stomach aches? Yes No
 Explain: _____

SKELTAL AND MUSCULAR:
 Has your child ever had a broken bone? Yes No
 When and which one? _____
 Are there any physical disabilities? Yes No
 Explain: _____
 Are there any restrictions for activity? Yes No
 Explain: _____

NEUROLOGICAL:
 Has your child ever had seizures? Yes No Date of last seizure: _____
 Does your child have frequent headaches? Yes No Explain: _____
 Has your child ever had a head injury or concussion? Yes No If unconscious, how long? 400 min
 After injury: Dizziness? _____ Memory problems? _____ Headaches? _____ Fatigue? _____
 Was a physician seen? Yes No What? _____
 Hospitalized? Yes No Where? _____
 Explain: _____
 Does your child have sleeping/bedtime concerns? Yes No
 Does your child have a limited attention span? Yes No
 Do you think your student is distractible? Yes No
 Do you think your student is inattentive? Yes No
 Do you think your student is disruptive? Yes No
 Do you think your student is disruptive? Yes No

ALLERGIES (Identify and explain):
 Medications (allergies)? Yes No What/Reactions: _____
 Food Allergies? Yes No What/Reactions: _____
 Insect/Wasp/bee sting allergy? Yes No What/Reactions: _____
 Environmental Allergies? Yes No What/Reactions: _____
 Seeing an Allergist? Yes No What/When? _____

MEDICATIONS:
 Is your child currently taking medications (prescription and/or over-the-counter)? Yes No
 List Name, Dose, and Time: _____

Brain Check Screening Tool Project

Parent/Question Number: _____
 Student Information: _____
 Student ID: _____
 Teacher/Date: 11/10/10 Child's Age: 10
 Check for vision: Vision Hearing Balance Fine Motor Gross Motor Social Skills Self-Management Executive Functions Learning Processes Language Processes Motor-Apical Processes Attention Processing Speed Memory Sensory-Motor

Child's Name: _____
 Grade (or age or year): _____
 1. American Indian/Alaska Native 2. Black or African American
 3. Asian 4. Hispanic or Latino 5. More than one race
 Pacific Islander Please describe: _____

Child's ethnicity (check one): _____
 1. Hispanic or Latino 2. Not Hispanic or Latino

Check for vision: _____
Check for hearing: _____
Check for balance: _____
Check for fine motor: _____
Check for gross motor: _____
Check for social skills: _____
Check for self-management: _____
Check for executive functions: _____
Check for learning processes: _____
Check for language processes: _____
Check for motor-apical processes: _____
Check for attention: _____
Check for processing speed: _____
Check for memory: _____
Check for sensory-motor: _____

Behaviors that can affect learning

Please tell us about your child's learning styles and behaviors

Learning Style or Behavior	Not Applicable (check)	No Problem	Extreme Problem
		1 2 3 4 5 6	1 2 3 4 5 6
Focusing and maintaining attention	<input checked="" type="checkbox"/> N/A	1 2 3 4	5 6
Getting started on activities, tasks, chores, homework and the like, on his or her own	<input checked="" type="checkbox"/> N/A	1 2 3 4	5 6
Being understood (speech is easy to understand, speaks clearly)	<input checked="" type="checkbox"/> N/A	1 2 3 4	5 6
Understanding others	<input checked="" type="checkbox"/> N/A	1 2 3 4	5 6
Coping with change or transitions	<input checked="" type="checkbox"/> N/A	1 2 3 4	5 6
Maintaining family and friend relationships	<input checked="" type="checkbox"/> N/A	1 2 3 4	5 6
Letting go of one activity to attend to another	<input checked="" type="checkbox"/> N/A	1 2 3 4	5 6
Reaction to vague problems	<input checked="" type="checkbox"/> N/A	1 2 3 4	5 6

Code: _____ Ethan

Learning Style or Behavior	Not Applicable (check)	No Problem	Extreme Problem
		1 2 3 4 5 6	1 2 3 4 5 6
Monitoring own progress on homework, assignments, chores, and the like	<input checked="" type="checkbox"/> N/A	1 2 3 4 5	6
Solving everyday problems (examples: thinking of different options when something is not working for him/her)	<input checked="" type="checkbox"/> N/A	1 2 3 4	5 6
Waiting for his or her turn in a game	<input checked="" type="checkbox"/> N/A	1 2 3 4 5	6
Learn from past mistakes or behavior	<input checked="" type="checkbox"/> N/A	1 2 3 4 5	6
Thinks before speaking or acting	<input checked="" type="checkbox"/> N/A	1 2 3 4	5 6
Listens without interrupting others often	<input checked="" type="checkbox"/> N/A	1 2 3 4	5 6
Handles a change in plans	<input checked="" type="checkbox"/> N/A	1 2 3 4	5 6
Demonstrates good judgment	<input checked="" type="checkbox"/> N/A	1 2 3 4	5 6
Learns new things easily	<input checked="" type="checkbox"/> N/A	1 2 3 4	5 6
Remembers lists	<input checked="" type="checkbox"/> N/A	1 2 3 4	5 6



Teacher Input/Functional Observation(s)

Brain Injury Observation Form

ATTENTION SUBTYPE	Less positive More Positive				
	1	2	3	4	5
SELECTIVE/FOCUSED	Significantly Below Average	Slightly Below Average	Average	Slightly Above Average	Significantly Above Average
Focuses on teacher lecture					
Attends to detail					
Orients to speaker/staff					
Looks at board appropriately					
Responds to questions with on-topic answers					
Resists subtle classroom distractions-noise, lights					
SUSTAINED					
Focuses for long periods of time					
Completes in-class assignments					
Looses train of thought when talking or writing					
Looses place when working on task or when reading					
SHIFTING/DIVIDED					
Can multitask-note taking while listening					

Can explain plans to meet an assignment, task, deadline, or activity					
After a short assigned problem, can explain logic used in problem solving					
Focuses for appropriate period of time					
When engaged in a problem solving task, uses feedback to help in the process (monitors progress)					
Can quickly adjust to changes in routine					
Keeps track of place when working on task or when reading					
EF RELATED BEHAVIOR					
Motivation					
Impulsivity					
Transitions from school activity to activity appropriately					
Common sense/judgment					
Perspective taking/empathy					
Follows rules					
Overall attention					
Emotional/behavioral regulation					
Creativity/concept formation					
On-topic reciprocal dialog					
Sudden / inappropriate emotions					

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Other Considerations

Pre-Existing Conditions & TBI: Effects of TBI will compound and add to preexisting learning, behavioral or psychological problems, such as:

- Dyslexia
- ADHD
- Depression
- Anxiety
- Central Auditory Processing Disorder



Misidentification

Studies have found:

- Approximately 20% of students identified as emotionally disturbed have sustained a TBI.
- Approximately 98% of students with brain injury are not appropriately identified for accommodations.

Shultz, L. E., Rivers, K. O., McNamara, E., Schultz, J. A., & Lobato, E. J. (2010). Traumatic brain injury in K-12 students: Where have all the children gone? *International Journal of Special Education*, 25(2), 55-71.



TBI compared to other disabilities:

Characteristics	TBI	Autism	LD	ED	ADHD
Sudden onset	x				
Previous successful functioning at a higher level	x				
Loss of "normal" self-image	x				
Medical complications and fatigue are common	x				
Previously learned information can assist in re-acquiring skills	x				
Problems generalizing new information	x	x	x		
Inconsistent patterns of performance	x	x	x	x	
Memory Difficulties	x	x	x	x	
Compromised self-awareness and difficulty recognizing difficulties	x	x		x	x
Extreme difficulties with self-regulation	x	x		x	x
Inappropriate behavior in normal circumstances	x	x		x	x
Poor judgment, loss of emotional control	x	x	x	x	x
Slower pace of skill acquisition	x	x	x	x	x
Family experience of grief	x	x	x	x	x

Unique to TBI Shared by Some Shared by All

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www.cbirt.org

Lens of Brain Injury Assessments and Interventions



Adapted from Miller, Hublied Autism



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Evidenced Based Assessments and Interventions

What Works Clearinghouse www.whatworks.ed.gov

Center on Brain Injury Research and Training www.CBIRT.org

Brain Line for Kids www.Brainline.org

Collaborative for Academic, Social and Emotional Learning
www.casel.org



Evidenced Based Assessments and Interventions

For TBI...







COKIDSWITHBRAININJURY.COM



Fundamental Processes

Assessments Attention

Fundamental Processes

Suggestions:

- WJ-III Cognitive- Numbers Reversed, Auditory Working Memory, Auditory Attention,
- NEPSY II Attention and Executive Functioning Subtests
- D-KEFS Delis-Kaplan Executive Function System
- Conners 3rd Edition
- Cognitive Assessment System (CAS)- Attention Composite (Consider Planning Composite)
- BASC II
- BRIEF
- Vanderbilt
- Behavior Observations during testing
- Classroom Observations- On Task/Off Task



Fundamental Processes

Assessments Memory

Fundamental Processes

Suggestions:

- WISC-IV Working Memory
- NEPSY-II Memory and Learning
- DAS-II Memory & Working Memory
- DAS-II Recall of Designs
- DAS-II Recall of Objects Delayed
- WJ-III Memory Subtests (Thinking Ability)
- Test of Memory and Learning-2 (TOMAL)
- Children's Memory Scale (CMS)
- Wide Range Assessment of Memory and Learning 2-WRAML



Fundamental Processes **Assessments** **Fundamental Processes**
Processing Speed

Suggestions:

- WISC-IV- Processing Speed
- DAS-II- Processing Speed
- WJ-III Cog- Cognitive Efficiency Subtests
- WJ-III Achievement- Fluency Subtests



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Fundamental Processes **Assessments** **Fundamental Processes**
Sensory-Motor

Suggestions – Sensory:

- Behavioral Classroom Observations
- Functional Behavioral Assessments
- OT Consult
- PT Consult
- Vision and hearing screening: conversion/tracking/depth perception
- Functional vision
- Effective informal vision – ocular motor control

Suggestions – Motor:

- OT Consult
- PT Consult
- NEPSY-II Sensorimotor
- DAS-II Recall of Designs
- Visual-Motor Integration (VMI)



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Intermediate Processes **Assessments** **Intermediate Processes**
Learning Processes

Suggestions:

- Wide Range Assessment Memory and Learning 2- WRAML
- NEPSY-II Memory and Learning- Immediate Trials
- DAS-II Recall of Objects-Immediate Trials
- Woodcock Johnson-III Cognitive- Visual-Auditory Learning
- Test of Memory and Learning-2 New Learning Index
- Wechsler (WMS-III) and Children’s Memory Scales Immediate Trials
- CELF-4, Paragraph Recall Subtest
- SCATBI for Adolescents (Scales of Cognitive Ability for TBI)



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Intermediate Processes **Assessments** **Intermediate Processes**
Visual-Spatial Processes

Suggestions:

- DAS-II -Spatial Subtests
- WISC-IV Perceptual Reasoning Subtests
- WJ-III Cognitive- Spatial Relations, Picture Recognition
- NEPSY-II-Visual Spatial Processing
- K-ABC 2 Nonverbal Scale
- Leiter-R
- Visual Motor Integration (VMI)



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Intermediate Processes **Assessments** **Intermediate Processes**
Language Processes

Suggestions:

- Clinical Evaluation of Language Fundamentals (CELF)- 5
- CELF Pre-School
- CELF Metalinguistics
- Pre-School Language Scale
- Comprehensive Assessment of Spoken Language (CASL)
- Peabody Picture Vocabulary Test (PPVT-4)
- WORD-2
- WISC-IV Verbal Comprehension
- NEPSY-II Language
- DAS-II- Verbal
- WJ-III- Verbal Comprehension
- Expressive One-Word Picture Vocabulary Test (EOWPVT)
- WIAT-2 – Wechsler Individual Achievement Test , Oral Expression
- Test of Problem Solving (TOPS)



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Higher Order Processes **Assessments** **Higher Order Processes**
Social-Emotional Competency

Suggestions:

- FBA
- BASC-II
- BRIEF
- Revised Children Manifest Anxiety Scale-2 (RCMAS-2)
- Children’s Depression Inventory
- Reynolds Adolescent Depression Scale (RADS)-2
- Test of Pragmatic Language-2 (TOPL)
- NEPSY-2
- Social Perception
- Social Skills Rating System (SSRS)
- Vineland Adaptive Behavior Scales-2
- Adaptive Behavior Assessment System-2 (ABAS-2)
- Scales of Independent Behavior-Revised (SIB-R)
- SFA- School Functional Assessment
- Interviews
- Classroom Observations



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Higher Order Processes

Assessments Executive Functions: Reasoning

Higher Order Processes

Suggestions:

- DAS-II
- Non-Verbal
- WISC-IV Perceptual Reasoning Subtests
- K-ABC 2 Nonverbal Scale
- CAS Simultaneous Processing Composite
- Test of Adolescent Problem-Solving (TOPS)
- WJ-III, Verbal Analogies and Analyses-Synthesis

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Higher Order Processes

Assessments Executive Function: Mental Flexibility

Higher Order Processes

Suggestions:

- BRIEF
- NEPSY II- Attention and Executive Function
- WJ-III Cognitive- Concept Formation
- D-KEFS
- Assessment Observations
- Parent/teacher interview

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Higher Order Processes

Assessments Executive Function: Planning

Higher Order Processes

Suggestions:

- NEPSY II-Attention and Executive Function
- D-KEFS
- WJ-III Cog- planning subtest
- CAS- Planning Composite
- BRIEF
- Assessment Observations
- Parent/teacher interviews

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Higher Order Processes

Assessments Executive Function: Organization

Higher Order Processes

Suggestions:

- BRIEF
- Parent/teacher interview
- Observations

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Higher Order Processes

Assessments Executive Function: Initiation

Higher Order Processes

Suggestions:

- BRIEF
- Classroom Observations
- Assessment Observations

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Overall Functioning

Assessments Cognitive Ability: Activities of Daily Living

Overall Functioning

Suggestions:

- SIB-R
- Vineland Adaptive Behavior Scales
- ABAS II
- Functional Observation

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Overall Functioning

Assessments

Cognitive Ability: Achievement

Overall Functioning

Suggestions:

- All Achievement Tests
- Classroom Function
- Teacher report, Report cards
- Progress Monitoring
- Formal Achievement Tests i.e. ACT, PSAT, SAT, PARCC



Ethan: Questions 1 and 2

Reason for Referral?	Academics difficulties Emerging compliance problems Question of eligibility? (Initial)
	<ul style="list-style-type: none"> • Medical Documentation? • Credible History?
	Under what category? Intervention planning: <ul style="list-style-type: none"> • Vocational? • College-bound? • Emotional/Behavioral?
What areas do you need more solid/specific information?	Developmental History Medical Documentation Credible History Academics Behavior Attention Vocational

Ethan: Questions 3 and 4

How would you get that information? Formal? Informal? Who will get that information?	Developmental History/Credible Hx: <ul style="list-style-type: none"> • Parents - Interview • School Nurse – Interview/Dev Hx. • School Psychologist – BASC2 • Social Worker – Interview/Brain Check Academics: Learning Specialist - WJIII Speech/Language? SLP Attention: <ul style="list-style-type: none"> • School Psychologist- NEPSY2 & on/off task obser. • Teacher/paras Parents - checklists Cognition: <ul style="list-style-type: none"> • School Psychologist – WISC-IV
What disability categories might you be considering?	TBI with medical documentation TBI with credible history SLD SED

ATTENTION SUBTYPE	1	2	3	4	5
SELECTIVE/FOCUSED	Significantly Below Average	Slightly Below Average	Average	Slightly Above Average	Significantly Above Average
Focuses on teacher lecture					
Attends to detail					
Orients to speaker/task	✓				
Looks at board appropriately			✓		
Responds to questions with on topic answers				✓	
Remains stable classroom (distraction-noise, lights)	✓				
SUSTAINED					
Focuses for long periods of time	✓				
Completes in-class assignments					
Looses train of thought when talking or writing			✓		
Spells aloud when working on task or when reading			✓		
SHIFTING/DIVIDED					
Can multitask-note taking while listening	✓				
Can attend to more than one task at time appropriately	✓				
Switches from activity to activity appropriately			✓		
Responds when watching audio or video activities			✓		
OTHER					
Overall attention capacity	✓				
Energy level when performing long academic tasks/tests	✓				
Organized with materials			✓		
Organized thoughts (analyze writing samples)			✓		
Initiates tasks without prompts			✓		
Time management (e.g. keeps schedules, dates)			✓		
Responsibility	✓				

MEMORY	1	2	3	4	5
SHORT TERM MEMORY <small>(When student appears to be having difficulty with the following...)</small>	Significantly Below Average	Slightly Below Average	Average	Slightly Above Average	Significantly Above Average
Can repeat back simple information just presented		✓			
Can copy from board without frequently looking up		✓			
Aids for statements to be repeated		✓			
Can complete simple 2-step problems			✓		
Follows directions correctly		✓			
Can repeat/explain simple activities previously learned on same day		✓			
WORKING MEMORY					
Completes thought process in writing assignments		✓			
Summarizes story/short themes (characters, setting, details)		✓			
Completes multi-step problems- especially in math/science		✓			
Copy from board/note taking while being taught		✓			
LONG TERM MEMORY					
Recalls previously learned material/ facts			✓		
Recalls school events from previous week			✓		
Remembers where classroom materials are stored		✓			
Remembers routines		✓			
Remembers vocabulary words		✓			
Draws / recognizes previously learned pictures or diagrams			✓		
OTHER					
Auditory short term-repeats back 4 words in order (4 years old)		✓			
Working Memory-repeats back 3 even numbers in reverse order (12 years old)		✓			
Visual student can name pictures/ objects			✓		

PROCESSING SPEED	1	2	3	4	5
PROCESSING SPEED	Significantly Below Average	Slightly Below Average	Average	Slightly Above Average	Significantly Above Average
Responds to verbal directions/questions quickly			✓		
Keeps pace with class			✓		
Slow reading control for comprehension			✓		
Completes tests/tasks on time		✓			
Quickly finishes timed tasks accurately		✓			
Recalls specific information quickly		✓			
Writing or drawing speed			✓		
Speech rate			✓		
Physical movement					
Sometimes seems confused after simple information is provided-not due to attention or memory		✓			
COGNITIVE FATIGUE <small>(Rate change of resting criteria*)</small>					
Completes morning/afternoon academic tasks easier than later tasks	Observed Frequently	Observed sometimes	Average Compared To Peers	Not Observed Often	Never Observed
Simple word approval consistent throughout day			✓		
Attention capacity consistent throughout day		✓			
Behavioral changes after moderately difficult test/task			✓		
Cognitive changes after moderately difficult test/task			✓		
Reports of fatigue/physical complaints after long tasks		✓			
Blank staring			✓		
States feeling in a "fog" or feeling "sluggish"			✓		
Responsive to lights/ noise after moderate exposure			✓		

EXECUTIVE FUNCTIONS (EF)	1	2	3	4	5
PLANNING, ORGANIZATIONAL, COMPREHENSION, FLEXIBILITY	Significantly Below Average	Slightly Below Average	Average	Slightly Above Average	Significantly Above Average
Organization of materials		✓			
Organization of thoughts in writing / speech		✓			
Shifts appropriately from subject to subject	✓				
Is able to keep and follow planner or schedule		✓			
Transitions well to different activities		✓			
Writes or draws basic outline of process (ex. logical paragraph)			✓		
Difficulty learning new concepts		✓			
Difficulty understanding simple stories or concepts			✓		
Can explain plans to meet an assignment, task, deadline or activity		✓			
After a short assigned problem, can explain logic used to problem solving	✓				
Focuses for appropriate period of time					
When engaged in a problem solving task, uses feedback to help in the process (monitors progress)		✓			
Can quickly adjust to changes in routine		✓			
Keeps track of place when working on task or when reading		✓			
EF RELATED BEHAVIOR					
Motivation	✓				
Impulsivity		✓			
Transitions from school activity to activity appropriately		✓			
Common sense/judgment		✓			
Perspective taking/ empathy		✓			
Follows rules		✓			
Overall attention		✓			
Emotional/behavioral regulation		✓			
Flexibility/concept formation		✓			
On-task/ reciprocal dialog		✓			

Sensory/Tactile/Visual/Motor	1	2	3	4	5
SENSORY/MOTOR	Significantly Below Average	Slightly Below Average	Average	Slightly Above Average	Significantly Above Average
Posture					
Walking / running difficulties					
Fine motor (scissor play / graphomotor)					
Picking up small pieces					
Gross motor					
Balance / muscle tone					
Touches each finger separately					
Mimics simple body movements (hand gestures, knock and tap)					
Tracks or copies space					
Identifies simple objects placed in hand with eyes closed					
If clumsy, awkward, unusual movements task box					
VISUAL-SPATIAL / PERCEPTUAL					
Solve puzzles / blocks					
Understands right vs. left and up vs. down					
Ignores one side of paper while writing or drawing/coloring					
Creates distorted drawings that are directly copied					
Spatial breaks in drawing					
TACTILE/AUDITORY/VISUAL					
Light Sensitivity					
Noise Sensitivity					
Touch Sensitivity					
Color Blindness					
Hearing (ex. Responds to name)					
Sees details/writing on board from back of room					
Sensitive to temperature					
Confusion of numbers or odd sensations					
Other:					

Ethan Assessment Data

WISC-IV	
Verbal Comprehension	83
Perceptual Organization	92
Working Memory	83
Processing Speed	88
Full Scale	83

WI-II Total Achievement	Scaled Score	Percentile
Broad Reading	94	34%
Broad Math	85	16%
Broad Writing	93	32%
Reading:		
Letter word ID	82	12%
Reading Fluency	95	37%
Passage Comprehension	105	63%
Math:		
Calculation	72	3%
Math Fluency	88	21%
Applied problems	101	53%
Writing:		
Spelling	89	23%
Writing Fluency	97	42%
Writing Samples	93	32%

Ethan Assessment

NEPHY-2:		Data	
Attention and Executive Functioning			
Animal Sorting	Measures ability to form basic concepts, organize concepts and shift to new concept	Scaled Score: 3 (well below)	Interpretation: Poor cognitive flexibility, initiation and conceptual reasoning
Auditory Attention	Measures sustained auditory attention	Scaled Score: 3 (well below)	Interpretation: Poor selective and sustained attention
Inhibition	Measures ability to inhibit automatic responses and follow directions (sustained attention) when directions are shifted	Scaled Scores: Naming = 8 (at expected level) Inhibition = 7 (borderline) Shift = 8 (at expected level)	Interpretation: Poor inhibition, trouble with self correction, self monitoring
Memory for Designs	Measures spatial memory	Scaled Score: 12 (at expected level)	Interpretation: Good recall of meaningless visual details
Delayed Memory for Designs		Scaled Score: 8 (at expected level)	Interpretation: Subtle decline with delay
Memory for Faces	Measures ability to encode/recognize facial features	Scaled Score: 4 (below expected level)	Interpretation: Poor visual, facial recognition
Delayed Memory for Faces		Scaled Score: 9 (at expected level)	Interpretation: Facial recognition improves with time
Memory for Names	Measures immediate recall	Scaled Score: 3 (well below level)	Interpretation: Poor immediate recall and active attention
Delayed Memory for Names		Scaled Score: 2 (well below expected)	Interpretation: Memory decline with delay
Narrative Memory	Measures verbal memory embedded in meaningful story	Scaled Score: 8 (at expected level)	Interpretation: Memory improved with meaningful stimuli

Ethan Assessment Data

BASC-2	** At-Risk	** Clinically Significant	
Scale	Mother	Teacher 1 Teacher 2	
Clinical Scales:			
Hyperactivity	64*	66*	51
Aggression	51	59	54
Conduct	48	41*	71**
Anxiety	39	49	52
Depression	42	57	60*
Somatization	43	43	45
Attention	65*	68*	59
Learning	51	53	48
Absocialize	52	63*	67*
Withdrawal	44	58	69*
Adaptive Scales:			
Adaptability	46	35*	33*
Social Skills	40*	34*	40*
Leadership	39*	37*	30**
Study Skills	38*	33*	36*
Functional Communication	34*	36*	34*
Composite Scores:			
Externalizing	55	63*	59
Internalizing	40	38	62*
School Problems	59	61*	54
Behavioral Symptoms	54	62*	67*
Adaptive Skills	38*	34*	33*

Domain	Mom	Teacher
Inhibit	67*	72*
Shift	59	51
Initiate	56	46
Working Memory	62	67*
Plan/Organize	57	69*
Organization of Materials	42	59
Monitor	50	49

Ethan: Questions 5, 6 and 7

What did your information help you to decide?

Primary = Academics
Secondary = Attention
Tertiary = Behavior

Based upon your assessment, what interventions might you use?

Modification of academics to decrease frustration:
 • Learning Specialist
 Appropriate vocational exploration:
 • SWAP
 Attentional treatments, medical and psychological:
 • Parents and School RN
 CBT strategies at school:
 • School Mental Health in group
 CBT strategies at home/community:
 • Parents and Community supports (firefighter)

Who is responsible on paper?
Who is responsible in practice?

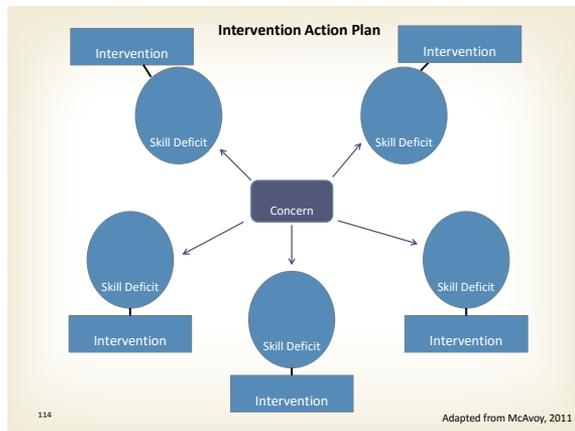
On paper – SLD
In practice – Psych/SW/RN

Intervention

Intervention – educational planning “...provide relevant information that directly assists persons in determining the educational needs of the child are provided”

Common Sense and best practice!

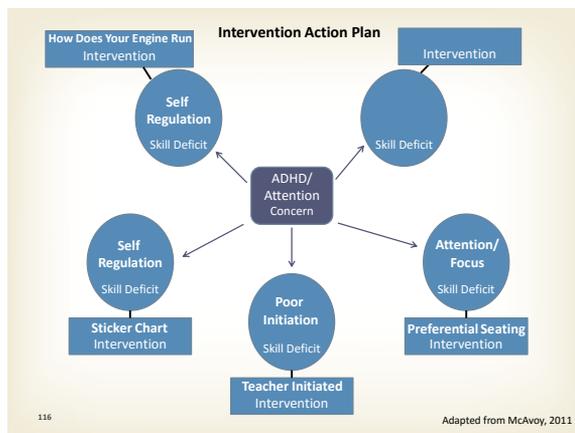
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Case #1

Classroom teacher:

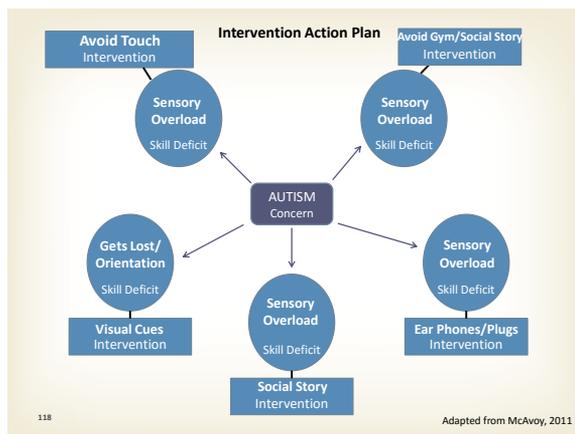
“This student is extremely busy and off-task. When it is time to do academic work, he is always the last to get started. He tries to engage his neighbor in shenanigans, he will try to draw the attention of the class onto him. I always try to keep him close to me when teaching because I have to give him gentle reminders to start the task, to stay on task, to keep his hands to himself, to sit on his bottom, etc.”



Case #2

Specials PE:

“I first met David when PE came up as specials in the middle of September. The first time he came to the gym, he walked over to the side of the gym with his hands over his ears. He walked around with his hands on his ears, humming to himself and walking and walking. I tried to go over and touch him and he kind of shrieked and pulled away. I didn't know what to do so I asked the TA for another kid to go over and follow him around the gym. She was finally able to get him to calm down and she asked him to go to the nurses office. Later I found out that he never made it to the nurse office because he said he got lost.”



Case #3

Playground Aid:

"I am always writing up referrals on this kid. He charges out of the classroom onto the playground and he just runs over everyone else in his way. He is rough with other kids. It's like he doesn't care. Something that happens quite often is that by the end of recess, he will come up to me pouting or crying or mad. He says that no one will play with him or he'll say that someone was mean or unfair to him. So I started paying more attention and I saw him run right up to a kid, grab the ball away from him and run off with it. When the other kid ran after him, he yelled and kicked and screamed... I don't know how that kid is going to get any friends that way."



Discussion

- Story of David
- How would your interventions have been different if you had known that the problems described stemmed from brain injury?



Fundamental Processes

Interventions Attention

Fundamental Processes

Suggestions:

- Schedule most important work during times when the child has displayed their greatest concentration abilities.
- Seat nearest the location of instruction and away from distractions (e.g. doors, windows, high traffic areas, and other off-task children).
- Seat next to positive peers with age appropriate attention abilities.
- Clear desk and area of everything except what is needed for the task at hand.
- Connect new learning to prior knowledge or with areas of interest.

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Fundamental Processes

Interventions Memory

Fundamental Processes

Suggestions:

- Break instructions and assignments into manageable pieces-limit amount of information give at one time.
- Present information in several ways (verbal, written, visuals, modeling).
- Use visuals, graphic information, sticky notes and encourage students to form a mental visual picture of verbal information.
- Use verbal prompts and auditory modalities.
- Teach the concept and then ask the student to teach you or others - having them teach others activates numerous areas of the brain.



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Fundamental Processes

Interventions Processing Speed

Fundamental Processes

Suggestions:

- Give instructions one at a time and focus on the essential or most important parts.
- Give time between parts of a direction for the child to process and provide a response.
- If the child appears "blank" or is not doing what you have asked, repeat the main points. Do not elaborate or add details.
- Provide written directions and combine verbal information with visuals.
- Frequent checks for understanding.
- Reduce other distractions, so your student does not have to screen them out or share his/her focus with anything but your words.



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Fundamental Processes

Interventions Sensory-Motor

Fundamental Processes

Suggestions:

- Allow the student to stand up and lean on the table when reading or lie on the floor to do work.
- Encourage heavy work activities (e.g. standing pushups against wall, carrying boxes or books, stacking chairs).
- Strategies for written work
 - Break written work into chunks.
 - Reduce the amount Provide multiple choice test format.
 - Allow student to use computer
- Ensure the student's table and chair provide optimal support to reduce the amount of energy devoted to maintaining balance. A firm seat with arm rests and table at elbow level are often optimal.
- Have the student warm up their hand/finger muscles
- Reduce the number of problems or visual stimulation on the page.

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Intermediate Processes

Interventions Learning Processes

Intermediate Processes

Suggestions:

- Teach outlining and highlighting of most important concepts.
- Provide copies of guided notes and outlines.
- Extra time to complete tests and assignments.
- Encourage student to review what has been learned daily.
- Provide student/parents with upcoming topics, notes and materials (preview and reinforce concepts at home).
- Use real world examples- make connections between new learning and information student already knows.
- Teach the concept and then ask the student to teach you or others.

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Intermediate Processes

Interventions Visual-Spatial Processes

Intermediate Processes

Suggestions:

- Verbal focus on learning- provide directions and content verbally.
- Provide precise and clear verbal directions.
- Frequent checks for understanding.
- Highlight what visual information needs to be focused on.
- Visual planners (webs, diagrams) may be too confusing.
- Enlarge written materials.
- Consider if visual presentation of worksheets needs to be modified.
- Provide support/graph paper in aligning math problems.

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Intermediate Processes

Interventions Language Processes

Intermediate Processes

Suggestions:

- **Stimulate strategic learning for children and adolescents**
 - Identify main ideas/concepts
 - 2-3 supporting details
 - State main concepts and supporting facts/ideas
 - Demonstrate main directions/ideas
- **Focus on the ability to abstract gist-based meaning**
 - Teach how to eliminate unimportant information
 - Teach how to ask/develop questions about material to be learned
- **Teach multiple meaning words**
- **Focus on strategic learning and gist related information**
 - Introduce social interactions with other children, peers and family
 - Teach receptive and expressive vocabulary
 - Teach social language experiences in a variety of environments
 - Teach turn-taking
 - Teach responsibility and organizational skills

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Higher Order Processes

Interventions Social-Emotional Competency

Higher Order Processes

Suggestions:

- Give clear and simple direction
- Avoid time outs (the student is not likely to independently regroup or calm down or connect the behavior)
- Build on existing strengths
- Build in peer feedback and modeling (the student may be more receptive)
- Minimize verbalizations and logical explanations
- Maximize hands-on demonstrations
- Teach strategies and how to use them rather than offering assistance
- Discuss and practice age-appropriate behaviors in real life situations
- Create structured social activities (a school/community friendship group focused on the student, for example)
- Assume limited ability to generalize from one setting to another
- Label the emotion and direct the student to show the acceptable behavior

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Higher Order Processes

Interventions Executive Functions: Reasoning

Higher Order Processes

Suggestions:

- Teach the student how to develop a step-by-step guide for problem solving by identifying the problem, considering relevant information, listing and evaluating possible solutions, creating a plan of action, and evaluating the plan of action.
- When considering solutions, review at least two alternatives then let the student select one of the solutions, eventually move them to developing their own possible alternative solutions.
- Give consistent, neutral feedback.
- Teach use of self-monitoring questions- "What else could I do?"
- Present information in concrete and concise manner- avoid language using puns, sarcasm, and double meanings.
- Check for understanding and the need for assistance.
- Break tasks into smaller and shorter segments.
- Use graphic organizers to show relationships.
- Provide copy of guided notes or outlines with most important points highlighted.

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Higher Order Processes

Interventions Executive Function: Mental Flexibility

Higher Order Processes

Suggestions:

- Evaluate the assignments, worksheets and tests to see if they are requiring too many shifts in the type of questions the student is required to complete. Either reduce the different types of questions required of the student or help support them as the task demands change.
- Teach coping strategies.
- Use social stories to help teach solutions or coping strategies to different situations.
- Structured social skills groups to help identify, practice and learn more flexible coping and problem solving strategies.
- Teach thought stopping, relaxation or coping strategies (e.g., deep breaths, calming self-talk, leaving the situation until calm, etc.).
- Help them understand why strategies used in one setting or for one task may not work for another. Role-play situations ahead of time to help generate more than one outcome and more than one potential solution.

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Higher Order Processes

Interventions Executive Function: Planning

Higher Order Processes

Suggestions:

- Teach the student how to develop a step-by-step guide for problem solving by identifying the problem, considering relevant information, listing and evaluating possible solutions, creating a plan of action, and evaluating the plan of action.
- Provide step-by-step visual directions and instructions.
- Teach use of graphic organizers and other planning strategies to organize their thoughts.
- Model appropriate planning by verbalizing your own step by step process as you complete a task.
- Teach time management and prioritizing.
- Teach how to develop short term and long term goals.
- Support student in connecting new information with what they already know.

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Higher Order Processes

Interventions Executive Function: Organization

Higher Order Processes

Suggestions:

- Establish a daily routine as much as possible. Particularly for young students, the ability to predict what is going to be happening will help them to organize their behavior better.
- Teach the student how to develop a step-by-step guide for problem solving by identifying the problem, considering relevant information, listing and evaluating possible solutions, creating a plan of action, and evaluating the plan of action.
- Use picture schedules, planners, checklists, or electronic organizers to help them organize their day and prepare themselves for transitions.
- Use a "check-in/ check-out" system to ensure that student has assignments and materials.
- Help the student break down long-term and larger projects. Start with the due date and then work backwards to determine when the smaller steps need to be completed. Mark those dates in their planner or on a calendar.

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Higher Order Processes

Interventions Executive Function: Initiation

Higher Order Processes

Suggestions:

- Provide assistance with getting started on school tasks - have the child then identify the first thing they are going to do.
- Provide more frequent check-ins to ensure student is completing work and to provide "jumpstarts" as the task demands change.
- Seat next to a positive peer to help them get started or if they get stuck as the task changes.
- Provide a written routine with an outline of tasks and time frame.
- Break large projects or tasks into smaller steps.
- Help student develop planning skills.
- Teach organization strategies: checklists, graphic organizer or a series of pictures indicating steps needed in task.
- Teach self-advocacy skills: "Can you help me get started?" "Could you help me get started at ___ time?"
- May need lunch groups or support building relationships if initiation is interfering.

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Case Study

COLIN

"Colin"

15 year old, 10th grade student

Sustained ABI at age 12, end of 6th grade year

Pre-injury cognition very high – no baseline data

Goal for after graduation was "entomology" or a "storm chaser"

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History

Spent a good amount of the summer between 6th and 7th grade in the hospital following a suicide attempt (hanging = anoxia)

Staffed into "special education" early Fall of 7th grade year
ABI = PH (ABI)

Case managed by Speech-Language
Serviced by SLP, LD and occasionally by DHH classes

In the Juvenile Diversion program
In Risk Cycle Treatment:
unsuccessful, recently re-offended

What do you think the questions of concern were?

Juvenile Diversion – can't versus won't
What will Colin be able to do after high school?

How will Colin be successful socially, adaptively and vocationally after high school?

Overall mental health?

Overall academic abilities?

Question Generating Meeting

Strengths:

- Great work in LA classes

CSAPS:

- Advanced in LA

CELF:

- Expressive language = 116

WISC-IV:

- Verbal = 122
- Performance = 119

Concerns:

- Struggles in Math

CSAPS:

- Below proficient in Math

CELF:

- Receptive Language = 96

WISC-IV:

- Processing Speed = 92
- Working Memory = 105

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Question Generating Meeting

Social and Behavioral:

- Tries to please
- Parents are very cooperative
- Can be very gentle with younger sister
- Loves to help out teachers – "runs passes"

Social and Behavioral:

- Poor work completion: in-class and homework
- Poor social skills
- Rigid thinking
- No sense of humor
- Juvenile Diversion: Risk Cycle Treatment *

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Questions from Concerns:

Poor work completion – in-class and homework –

- Is this a can't versus won't issue?
- Is this an initiation issue?
- Is this an attentional issue?
- Is this a memory issue?

Questions from Concerns:

Poor social skills – often in conflict with peers and adults – school staff, parents, diversion officer

Parents and school question – how is he going to get and keep a job and deal with authority?

- is this visual cue mis-reading?
- Is this over inflated sense of justice/fairness?
- Is this a receptive language problem?
- Is this a expressive language problem?
- Is this a social pragmatic problem?

Questions from Concerns:

Rigid thinking – difficulty with transitions and changes. Often in conflict with peers and adults – school staff, parents, diversion officer

Parents and school question – how is he going to get and keep a job and deal with authority?

- Is this stubborn-ess?
- Is this mental inflexibility? Judgment issues? EF?

Question from Concern

No sense of humor

Decided not to work on this problem – this might just be Colin's personality

Questions from Concerns:

Juvenile Diversion:

- Risk Cycle Treatment
- Limited benefit from Risk Cycle Treatment
 - Is this a cognitive issue?
 - Is this a can't versus won't?
 - Is this a language/understanding issue?
 - Is this a memory issue?
 - Is this an impulse/attentional issue?
 - Is this a generalization issue?

Plan for Questions:

Poor work completion – in-class and homework –

- Is this a can't versus won't issue?
- Is this an initiation issue?
- Is this an attentional issue?
- Is this a memory issue?

1. Gen ED teacher and SPED teacher will assign 1 week of work at confidence level and 1 week of work at frustration level (2X over next month) and assess level of initiation and level of willingness (can do) versus refusal (won't do).

2. Psychologist will test attention using NEPSY2, STROOP and immediate and delayed verbal and visual memory using the WRAML2

Plan for Questions:

Poor social skills – often in conflict with peers and adults – school staff, parents, diversion officer
Parents and school question – how is he going to get and keep a job and deal with authority?

- Is this visual cue misreading?
- Is this overinflated sense of justice/fairness?
- Is this a receptive language problem?
- Is this an expressive language problem?
- Is this a social pragmatic problem?

1. SLP will test social pragmatics using the Test of Adolescent Problem-Solving.

2. Parents and Diversion Officer will test social fairness with scenarios with younger sister and with other students in Diversion program.

Plan for Questions:

Rigid thinking – difficulty with transitions and changes. Often in conflict with peers and adults – school staff, parents, diversion officer

Parents and school question – how is he going to get and keep a job and deal with authority?

- Is this stubborn-ess?
- Is this mental inflexibility? Judgment issues? EF?

1. Vocational Teacher will administer district vocational screen.

2. SLD and DHH teachers will set up scenarios where Colin has to "run passes" and deal with adult and peer conflict.

Plan for Questions:

Juvenile Diversion:

- Risk Cycle Treatment *
- Limited benefit from Risk Cycle Treatment
 - Is this a cognitive issue?
 - Is this a can't versus won't?
 - Is this a language/understanding issue?
 - Is this a memory issue?
 - Is this an impulse/attentional issue?
 - Is this a generalization issue?

1. Diversion Officer will assess proficiency of understanding the Risk Cycle Treatment in the office setting.

2. School Psychologist will assess proficiency of understanding the Risk Cycle Treatment in the school office setting.

Answers to question of poor work completion

- Is this an initiation issue?
- Is this an attentional issue?
- Is this a memory issue?

1. Gen ED teacher and SPED teacher will assign 1 week of work at confidence level and 1 week of work at frustration level (2X over next month) and assess level of initiation and level of willingness (can do) versus refusal (won't do).

Initiation was not a problem for "easy" work, just for work at "frustration" level – fear of failing
"Can do" work at frustration level – often "won't do"

2. Psychologist will test attention using NEPSY2 and immediate and delayed verbal and visual memory using the WRAML2

Ability to "inhibit" was very poor

Immediate memory for verbal = average range (103) (consistent with WISC-IV WM)

Immediate memory for visual = borderline range (79)

Delayed memory for both areas significantly decayed over time.

Answer to Question: Poor social skills; how is he going to get and keep a job/deal with authority?

- Is this visual cue mis-reading?
- Is this over inflated sense of justice/fairness?
- Is this a receptive language problem
- Is this an expressive language problem?
- Is this a social pragmatic problem?

1. SLP will test social pragmatics using the Test of Adolescent Problem-Solving.

When social situations and problem-solving are involved, = Scores in the low average range (82); concern with pragmatic language

Expressive Language = 116 (from past testing)

Receptive Language = 96 (from past testing)

2. Parents and Diversion Officer will test social fairness with scenarios with younger sister and with other students in Diversion program.

More verbal mis-hearing than visual mis-reading

Heightened sense of "fairness" for him

Low sense of "empathy" for others

Answer for Question: Rigid Thinking; how is he going to get and keep a job/deal with authority?

- Is this stubborn-ess?
- Is this mental inflexibility? Judgment issues?

1. Vocational Teacher will administer district vocational screen.

Standard district screen = adaptive skills are low; best suited for a non-group work setting

2. SLD and DHH teachers will set up scenarios where Colin has to "run passes" and deal with adult and peer conflict.

As emotion and anxiety increased; ability to problem-solve decreased

Answer to Question: No sense of humor

No sense of humor – decided not to work on this problem – this might just be Colin's personality

Answer to Question: Juvenile Diversion: Risk Cycle Treatment * Limited benefit from Risk Cycle Treatment

- Is this a cognitive issue?
- Is this a can't versus won't?
- Is this a language/understanding issue?
- Is this a memory issue?
- Is this an impulse/attentional issue?
- Is this a generalization issue?

Diversion Officer will assess proficiency of understanding the Risk Cycle Treatment in the office setting.

Proficient in steps of risk cycle

2. School Psychologist will assess proficiency of understanding the Risk Cycle Treatment in the school office setting.

Proficient in steps of risk cycle – limited ability to generalize to various situations

Interventions for Rigid Thinking

- Learn a vocational skill set at school, at home and then in a supported community setting
- Practice 1. accepting not getting his way, 2. practicing problem-solving in emotionally charged situations at school, at home and in Diversion
- School, home and Diversion focus on injustices of the world = CBT/ANT's (distorted thoughts)
- School, home and Diversion focus on "delaying gratification/impulse"
- Parents helped by getting Colin a CBT therapist

Interventions for poor social skills

- Practice mental flexibility, empathy and appropriate verbal expression with social skills group at school
- Parents decided to attempt Tae Kwon Do for Colin
- Provide a supported community work situation monitoring appropriate verbal expression and problem-solving between Colin and co-workers – starting with an in-school job then branching out to a community job

Interventions for Work Completion

- Mindfulness of a balance between "easy and hard" work to build confidence and keep Colin engaged
- Heighten reinforcement for work at "frustration" level
- Consequence at school and home for "hard" work not done
- Use this area as fodder for one of the "injustices" of the world (at school and home)

Interventions for Risk Cycle Treatment

- Diversion program decided not to pursue further charges on Colin
- Diversion program decided to re-start Risk Cycle Treatment with Colin but placed more focus on making sure Colin retained:
 - ◆ (delayed)memory of skill
 - ◆ generalized skill
 - ◆ Impulse control
- School and home were assigned Risk Cycle Treatment tasks to reinforce learning and generalization

Executive Function

The teenage brain is like a Ferrari: it's sleek, shiny, sexy, and fast, and it corners really well. But it also has really crappy brakes.



Dawson/Guare-May 2012

Executive Function

Key Areas:

1. Purposeful Structures & Routines in the Environment

- For individual students or whole classrooms (Dawson & Guare, 2010)
- Classroom Zones (Sarah Ward, 2014)

2. Build Time Management Skills - an essential component to all executive function areas

- Working Clock (Sarah Ward, 2014)

3. Replace "Think" with "Imagine" – Create Future Thinkers

- "Get Ready, Do, Done" (Sarah Ward, 2014)
- Job Talk (Heyman, 2008)

1. Purposeful Structures & Routines in the Environment

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Purposeful Structures & Routines

- **Purposeful zones: Identify the name and the process for each zone**
 - Explicitly teach each zone – purpose, expectations, how they can use the setup to think in an organized way
- **During the year involve students: keep the areas useful and dynamic**
 - Have the students take down already learned materials (or move to a strategy zone) and replace with new learning visuals
 - Explain the purpose of the change
 - Demonstrate how to use the new materials

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Purposeful Structures & Routines

- **Walls: ensure they have educational or motivational value**
 - Some areas are left undecorated in order to provide visual “rest” when students look up from their work to think or reflect
 - Students should be activity engaged in organizing their space
 - Help students to know where they are in the curriculum
- **Create a Strategy Wall:**
 - Post specific strategies that are in use in the classroom
 - Helps students get “unstuck”
- **Use Borders: to create mental organization and visual rest**
 - Colored tape on whiteboards
 - Paper borders on walls

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Before



After



Before



After



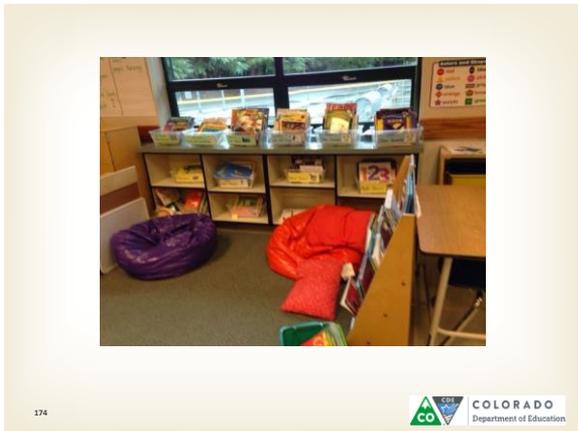
Before



After







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Study Zone

Upcoming Test

Topics Covered

Study Guide

Post a test question here!

?

?

Study Plan - Countdown!

- ✖ Mon: Organize Notes
- ✖ Tues: Write & post 3 test questions
- Weds: Create a study tool
- Thurs: Study Stations!
- Fri: Test!

Favorite Study Strategies!

This word sounds like...

Great website!
www.study.com

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2. Building Time Management Skills

3. Creating Future Thinkers

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Get Ready

3

4

Do

2

5

Done

1

6

1. Done – what will it/I look like?
2. Do – what do I need to do?
3. Get Ready – what materials will I need?

4. Get Ready – gather materials
5. Do – create time markers/check points
6. Done – stop and review

Sarah Ward, 2014

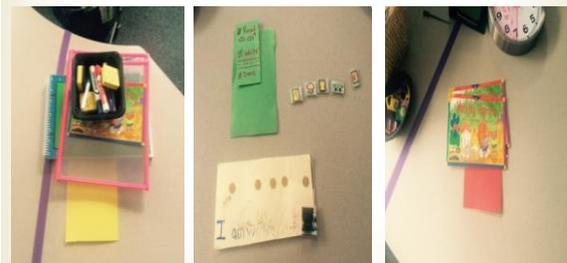
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Get Ready

Do

Done



Job Talk!

- Turn the action into a job and name the student their "job title"
 - Develops nonverbal working memory
 - Creates immediate structure for the student
 - Accesses procedural memory
 - Limits emotional reactions
- What is my job?
 - Reader, Writer, Mathematician
 - Summarizer
 - Detective (investigate new words; find the main ideas)
 - Psychologist (How is the character in the passage feeling?)
 - Hand washer, counter wiper

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What questions do you have?



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Can't versus Won't

Skill versus Will



Mitigating Factors?

- Can a person with a known disability or illness be held accountable for inappropriate behaviors?
- Are there mitigating factors related to disability, illness, trauma, stress, substance use/abuse?
- Can you hold a returning veteran accountable for hitting his wife while knowing he suffers from PTSD, TBI and was under the influence of alcohol at the time of the incident?



Manifestation Determination

- Manifestation determination is a test employed when a student who receives special education services (or a 504 or there is knowledge of a "disability") is considered for suspension, expulsion or any alternative placement due to some behavioral concern. It is a process where the behavior of a student who receives special education is considered to determine if the actions that resulted in the consideration of some disciplinary action against the student were manifestations of the student's disability.



Manifestation Determination

i) In general. Except as provided in subparagraph (B), within 10 school days of any decision to change the placement of a child with a disability because of a violation of a code of student conduct, the local educational agency, the parent, and relevant members of the IEP Team (as determined by the parent and the local educational agency) shall review all relevant information in the student's file, including the child's IEP, any teacher observations, and any relevant information provided by the parents to determine—

- (I) if the conduct in question was caused by, or had a direct and substantial relationship to, the child's disability; or
- (II) if the conduct in question was the direct result of the local educational agency's failure to implement the IEP.

(ii) Manifestation. If the local educational agency, the parent, and relevant members of the IEP Team determine that either subclause (I) or (II) of clause (i) is applicable for the child, the conduct shall be determined to be a manifestation of the child's disability



Do you “treat” or do you “consequence”?

Do “consequences” = “treatment”?

If so, when do you use “consequences” versus “treatment” and on which individuals?



Going Beyond FBA

Functional Behavioral Assessment (FBA)

- Behaviors serve a function and have a purpose, usually:
 - To get something (e.g., attention, money, good grades, power, control)
 - To avoid/escape something (e.g., punishment, embarrassment, out of work)

Presupposes “will”

- www.BehaviorAdvisor.com



Function of the Behavior



Collaborative Problem Solving CPS

Kids Do Well If They Can This is the most important theme of Collaborative Problem Solving: **the belief that if kids could do well they would do well.** In other words, if the kid had the skills to exhibit adaptive behavior, he wouldn't be exhibiting challenging behavior. That's because doing well is always preferable to not doing well.

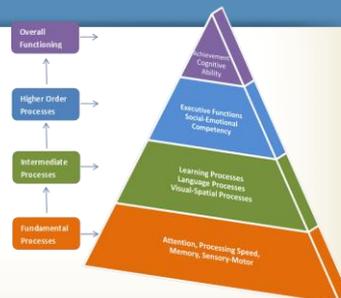
What's Your Explanation? Your explanation for a kid's is challenging behavior has major implications for how you'll try to help. If you believe a kid is challenging because of lagging skills and unsolved problems, then rewarding and punishing may not be the ideal approach. Solving those problems and teaching those skills would make perfect sense

Check Your Lenses Challenging behavior occurs when the demands of the environment exceed a kid's capacity to respond adaptively. In other words, it takes two to tango. But many popular explanations for challenging behavior place blame on the kid or his parents. Not Collaborative Problem Solving. www.livesinthebalance.org

EF – Mental Flexibility

Domain Areas – Sensitive to a TBI

- Attention
- Processing Speed
- Memory
- Sensory-Motor:
 - Fine Motor
 - Gross Motor



Domain Areas – Sensitive to a TBI

- **New Learning**
- **Language:**
 - Receptive Language
 - Expressive Language
 - Social Pragmatics
- **Visual-Spatial**
- **Social/Emotional/Behavioral**
- **Executive Functioning**
 - Initiation
 - Reasoning
 - Planning
 - Mental Flexibility
 - Organization

Adapted from Miller, Halburd-Rotun
 COLORADO Department of Education

Generalization

Skill Acquisition (New Learning)

Emotional Dysregulation

Memory

Receptive Language

Processing Speed

Attention

Setting Events:

- Fatigue
- Seizures
- Pain
- Mental "fogginess"
- Hunger
- Sensory over-load
- Sensory under-load
- Medications!

The term **Setting Event** is used to describe the events that momentarily change the value of reinforcers and punishers in a person's life. The occurrence of a setting event can explain why a request to complete a task results in problem behavior on one day but not on the next.

Antecedent Management

Thus, behavior management techniques can be classified into two categories:

(1) antecedent strategies, which are used before a behavior occurs in an effort to prevent or elicit a behavior, and

(2) consequent strategies, which are used after a behavior occurs in an effort to prevent the continuation and recurrence of a behavior or to reinforce a behavior.

Although both can be effective, antecedent techniques are used more often than consequent strategies with older adults, **persons with disabilities** and students with executive functioning disabilities because they are easier to apply, require less caregiver time, and are generally considered less manipulative, and therefore more acceptable, by caregivers and professionals.

COLORADO Department of Education

Environment

- What are the environmental factors affecting the behavior? Can the environment be changed?
- Antecedent Management

Skill Acquisition

- Identify the skill deficit – teach the skill
- Break the skill down to reasonable "chunks" for more impressive acquisition

Skill Generalization

- Generalize the skill to other environments
- Practice in various settings and under various circumstances

Performance Deficit

- Assumes the client has the skill but is making a choice not to perform the skill as requested

Steps in teaching a skill

Performance Deficit

Environment

- What are the environmental factors affecting the behavior? Can the environment be changed?
- Antecedent Management

Skill Acquisition

- Identify the skill deficit – teach the skill
- Break the skill down to reasonable "chunks" for more impressive acquisition

Skill Generalization

- Generalize the skill to other environments
- Practice in various settings and under various circumstances

FBA – Function of the Behavior?

COLORADO Department of Education

Fluid FBA

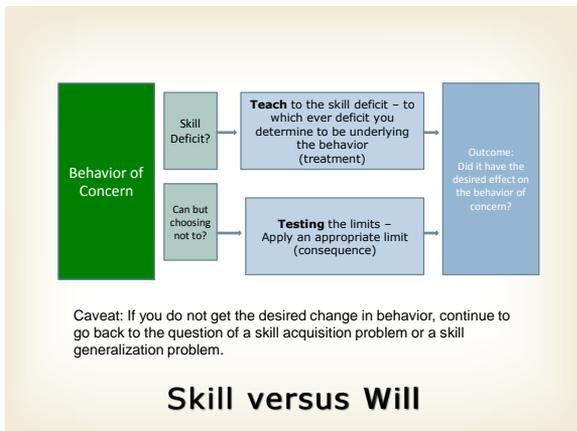
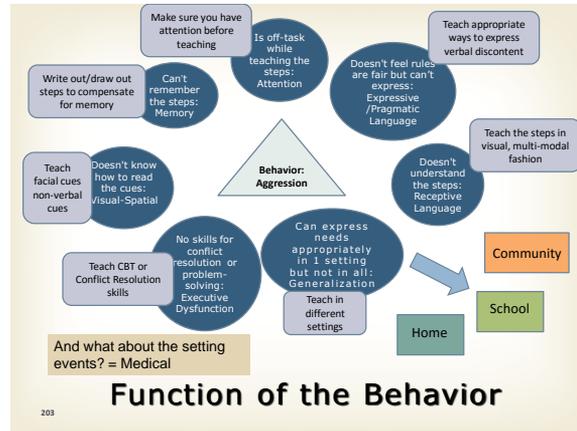
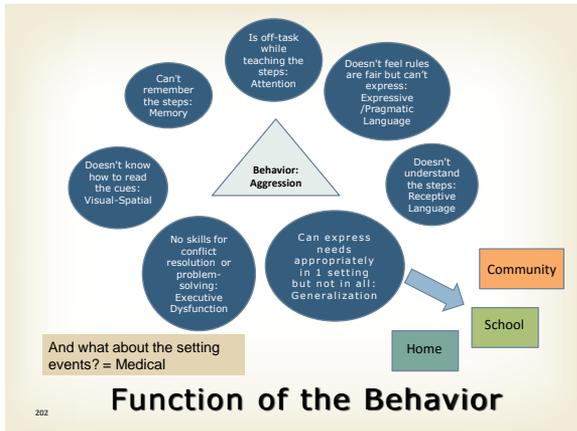
Internal & external environment -Constantly asking ... what about the setting events? Sensory and physical/emotional dysregulation? What's the underlying disability or skill deficit?

Teach

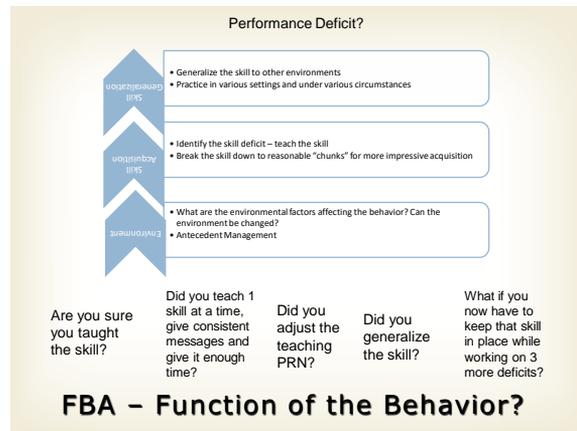
- Understand language?
- Need visual cues?
- Have their attention?
- Ability to make new learning?
- Ability to remember?

Generalize – new places, new people, varied situations – how does that affect the setting events?

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Caveat: If you do not get the desired change in behavior, continue to go back to the question of a skill acquisition problem or a skill generalization problem.



Consequence-Based Strategies

Thus, behavior management techniques can be classified into two categories:

- (1) antecedent strategies, which are used before a behavior occurs in an effort to prevent or elicit a behavior, and
- (2) consequent strategies, which are used after a behavior occurs in an effort to prevent the continuation and recurrence of a behavior or to reinforce a behavior.

Although both can be effective, antecedent techniques are used more often than consequent strategies with older adults, **persons with disabilities** and students with executive functioning disabilities because they are easier to apply, require less caregiver time, and are generally considered less manipulative, and therefore more acceptable, by caregivers and professionals.

After you are 100% sure the client has:

- acquired the skill
- generalized the skill

Then it is OK to strengthen the skill with reinforcement. However...

If you find you are using reinforcers too often to sustain the desired behavior...

↓

If you find you are using consequences too often to extinguish the desired behavior...

↓

Go back to the question of skill



Name: _____ Date: _____
 1. Acquisition Skill Deficit – student needs to be taught the skill or 2. Fluency Skill Deficit – student is practicing skill and needs generalization or 3. Performance Skill Deficit (“will”) – student knows the skill but chooses not to apply it at this time.

Problem #1:	Skill Deficit (1 or 2) Will (3)	Decide skill deficit, apply intervention Teach replacement behavior: Decide/apply consequence (+ or -)	Outcome:
Problem #2:	Skill Deficit (1 or 2) Will (3)	Decide skill deficit, apply intervention Teach replacement behavior: Decide/apply consequence (+ or -)	Outcome:
Problem #3:	Skill Deficit (1 or 2) Will (3)	Decide skill deficit, apply intervention Teach replacement behavior: Decide/apply consequence (+ or -)	Outcome:

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- Go back to the question of the:
- The environment (setting events?)
 - The function of the behavior
 - The teaching of the skill
 - The generalization of the skill

Behavior charts (use of rewards) and Behavior Plans (use of consequences – “do this ...or else”) presupposes “skill is in place and will is at play”

A Behavior Contract is NOT a Behavior Intervention Plan (BIP)

A Behavior Plan is consequence based, a BIP is a treatment plan

Behavioral Interventions

- Successive Approximations – reinforce closer and closer to goal
- Consequence – a phenomenon that follows and is caused by some previous phenomenon, has come to typically mean something that is unwelcome or unpleasant, typically to **decrease** a behavior.
- Reinforcer – A reinforcer is any consequence that causes the preceding behavior to **increase**. The increase may be in intensity, frequency, magnitude or some other quality. There are two subtypes: Positive. Negative.
- Replacement Behavior – behavior to fill the void.



Dylan

Manifestation Meeting

- 15 year old, 10th grade student boy
- Student was staffed into special education - Speech/Language Disability in 7th grade
- Receives LA, Math and Science in the ILC classroom
- Is mainstreamed for a Social Studies class and electives
- School is pursuing expulsion for carrying knives on school property. He reports that he was asked by a peer to hold onto the knives at school.



Maybe it was a TBI...

Dylan is the only child born to Sherry, a single mother, who was 17 when she had him. Mother and son have moved from Nevada to California to Colorado. Sherry holds a waitressing job; she has no medical insurance.

No medical documentation available. Family moved from state to state, child moved from school to school.



Testing

Testing: WISC-IV

Verbal = 76
 Performance = 84
 Processing Speed = 58
 Working Memory = 72

Testing: CELF

Expressive = 64
 Receptive = 77

Test of Adolescent Problem-Solving = Impaired range



Questionable TBI's?

Age 3, Dylan fell down the stairs. Force was so hard that he knocked his tooth out.

Age 6, Dylan was in the back seat of the car in a roll-over MVA. His car seat came unbuckled and was pitched from one side of the back seat to the other. Dylan stayed strapped in his car seat but ended up on the other side of the car.

Mother reports she is a victim of physical and emotional abuse by boyfriend. She denies any abuse to Dylan.



Zach

- 12 year old, male
- Breaking into homes with older brother and cousin
- Stealing computers, cameras, cash, jewelry
- Found a gun, fighting brother to hold it, gun went off lodging bullet in right temporal lobe
- LOC, immediate transport to level 1 trauma center
- Bullet in an inoperable position
- Staffed into Special Education – TBI – once recovered



What questions do you have?



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BRAIN INJURY MATRIX GUIDE

The brain injury matrix is provided as a general guideline for educators and professionals. It was developed as a beginning "reference point" for professionals working with students where a brain injury is suspected or known to be present. The matrix offers a wide range of suggested assessment tools and intervention strategies for students with brain injury. It covers the domain areas of processing/learning most commonly affected by a brain injury. It does not cover all areas affected by a brain injury.

DOMAIN AREAS COMMONLY AFFECTED

- NEW LEARNING**
 - The capacity to learn new information.
- LANGUAGE – RECEPTIVE**
 - The ability to understand words and sentences.
- LANGUAGE – EXPRESSIVE**
 - The ability to express one's thoughts and feelings into words and sentences.
- MEMORY**
 - The mental ability to store and retrieve words, facts, procedures, skills, concepts

HOW TO USE THE MATRIX

ASSESSMENT
 The most common scenario is that a school team will be presented with a student who is struggling academically, socially, emotionally or behaviorally. The bullets in the Behavioral impacts and the Cognitive/Academic impacts may help teams discern between areas of concern. Once the team decides (or prioritizes) the area(s) of concern, they can go immediately to that domain within the

Brain Injury in Children and Youth A Manual for Educators



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<http://www.cde.state.co.us/cdesped/SD-TBI.asp>

Helpful Websites

CDE TBI: <http://www.cde.state.co.us/cdesped/sd-tbi>

CDE FASD: <http://www.cde.state.co.us/cdesped/fasd>

Traumatic Brain Injury Networking Team-Resource Network ("CO Kids Website"): www.COKidswithbraininjury.com

LEARNet - A Problem Solving System for Teachers, Clinicians, Parents, and Students (Brain Injury Association of New York State): www.projectlearnet.org

Brainline & Brainline Kids -

http://www.brainline.org/landing_pages/features/blkids.html

CBIRT - In The Classroom -

<http://intheclassroom.cbirt.org/accounts/signup/>



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Courageous First Followers



**GREAT LEADERS START
OFF AS GREAT FOLLOWERS**



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