Getting My Bearings, Returning to School

Issues Facing Adolescents With Traumatic Brain Injury

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Consider three adolescents who recently suffered traumatic brain injury (TBI), and put yourself in their positions as they face academic, social, and behavioral challenges. This article examines five case examples, but for now, let's look at Angelica, who received a direct blow to the head and has difficulty organizing her day. She received a "tardy" because she was late to a class, and decided she would rather take punishment than be perceived as confused. Another student, Sarah, was injured in a car accident and has trouble staying on task. Her grades have suffered, and she gives the impression of wasting time, rather than not succeeding. A third student, Rodney, a good student before his injury from a rock climbing fall, has behavioral issues, making inappropriate remarks in class and wandering around. All of these students, and many like them, can be helped. Strategies and solutions include providing the students with regular breaks from routines, supplying outlines of lectures and content of classes, and giving alternative assessments. When educators reuse or retool the strategies that have worked with many other students with disabilities, students with TBI benefit.

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Data from the Centers for Disease Control and Prevention (CDC, 2010a) indicate that 1.7 million people in the United States sustain a TBI annually as the result of events such as falls, motor vehicle accidents, assaults, and other incidental blows to the head. Young children and adolescents, particularly children from birth to age 4 and adolescents from 15 to 19 are at the greatest risk of sustaining such an injury. In fact, TBI is often cited as the leading cause of disability in children (CDC, 2010b). Epidemiological data indicate that 3,000 children and adolescents die from TBI, 29,000 are hospitalized, and an additional 400,000 are treated in hospital emergency departments annually (CDC, 2010b). However, families of children sustaining a TBI, specifically those experiencing milder injuries, sometimes do not seek treatment for their injuries. The resultant underreporting makes prevalence rates for this group hard to determine, particularly because limitations may not appear until years after the initial injury (National Institutes of Health [NIH], 2009). These facts are important for special education teachers to know and to share with their general education colleagues because students with TBI are entitled to services under the Individuals With Disabilities Education Act of 2004 within the eligibility category of Traumatic Brain Injury (34 CFR 300.7). Many researchers have noted, however, that such students, especially those with mild or moderate injuries, are often underidentified or misidentified and served under other IDEA categories (i.e., in attention deficit hyperactivity disorder and other health impairment categories; Glang et al., 2008; Lewandowski & Rieger, 2009; McCaleb, 2006; Schultz, Rivers, McNamara, Schultz, & Lobato, 2010). The Brain Injury Association of America (2009) defines TBI as a blow to the head or penetrating head injury that interferes with the brain's functioning. (TBI is a type of acquired brain injury, ABI.) Though the focus of this article is on interventions and educational strategies for serving the needs of adolescents with TBI, students with varying forms of ABI may also benefit from the strategies, supports, and techniques we discuss.

TBI can often result in both short- and long-term changes to cognitive, behavioral, and social functioning; and it is the responsibility of school personnel to understand and ensure that the needs of these students are adequately met. Typically, parents can share the

changes that have occurred and needs to be served for these students with the special or general education staff. Unfortunately, for this population of students, school personnel are often misinformed as to the effects of the injury on academics and social outcomes and the supports that the school needs to put in place for student success (Hooper, 2006). As a result, students with TBI may experience a less-than-ideal reentry into the school environment following injury.

Previous research regarding students with TBI has focused predominantly on the needs of younger (i.e., elementary age) students with TBI. Whereas TBI research appears to be readily available in academic circles, educators seem to lack access to the research results (Mohr & Bullock, 2005). This article provides teachers, school counselors, school psychologists, administrators, and other school staff with the information they need to make informed decisions regarding the successful school reentry of adolescents with TBI. We have paid particular attention to the supports necessary to assist in transitioning students back into the school environment postinjury.

Overview of Cognitive, Behavioral, and Social Effects of TBI

Cognitive Effects

Just as with many students with disabilities, students with TBI have unique challenges. The most common effects of TBI include memory problems, difficulty learning and recalling new material, difficulty involving nonverbal tasks, difficulty processing information, problems with self-monitoring behavior and performance, and speech or language difficulties (Arroyos-Jurado & Savage, 2008; Ornstein et al., 2009). This list is not complete but provides some areas for teachers to consider as a student with TBI returns or enters a new school or classroom.

Teachers can use these common areas to help guide their thinking about providing supports to the special or general education setting. The most common challenge observed is in the

Case Example 1: Executive Functioning Challenges

Sarah is a 16-year-old female who recently sustained a traumatic brain injury (TBI) in a car accident. Upon returning to school, she found it difficult to stay on task in her classes and would often appear overwhelmed and distracted when presented with assignments or lectures that required sustained attention. As a result, her grades declined and her teacher reported she was "goofing off" instead of doing her work.

Practical Solutions

- Provide regular breaks and adequate rest times during prolonged activities/lectures for students who experience fatigue. Students can be provided with a "rest area" in the nurse's office or a seat in the back of the room where they can take a break when feeling overwhelmed or overloaded.
- Break classroom activities/assignments into smaller chunks. For example, if students are required to find information in their textbooks or via a school library search for a class period, the student with TBI can be prompted with two or three separate "minisearches" to aid in organizing their search (i.e., "Causes of World War II," "Axis Powers," versus a general direction for a search on "World War II").
- Alternative assignments may be used for long assignments requiring sustained mental effort (e.g., brief writing assignments/multiple short writing assignments versus longer papers).
- Provide written outlines of lectures and copies of notes so students with TBI can follow along.
- Provide a detailed timeline that includes completion dates for various components of assignments (e.g., break the assignment into parts and provide due dates for each part).

area of *executive functioning skills,* or those skills involved in guiding and managing one's own behavior and thought processes to achieve a given goal (Jantz & Coulter, 2007). People with TBI often experience difficulty maintaining attention and mental effort for prolonged periods of time, focusing and concentrating, and using efficient methods of problem-solving that involve abstract concepts (Jantz & Coulter, 2007). Researchers have found that teachers have most often reported post-injury difficulties with attention, memory, fatigue, confidence, understanding schoolwork, and socialization (Hawley, Ward, Magnay, & Mychalkiw, 2004).

Given that middle and high school is a time when increased demands are placed on students to engage in tasks involving these very abilities, it is clear that adolescents with TBI can face many challenges upon reentry into the classroom setting following injury. The reentry process is critical to the student's success. This process should include everyone who will be a part of the students' school life and be led by the parent, who will know of specific needs that have emerged at home. Many times students with TBI have had extended time away from school but will have worked extensively with outside personnel (doctors, therapists) before their reentry. Reports from these professionals and the student's family support system can be invaluable to assist with a smooth return to a school setting. For example, in Case Example 1, providing information to the staff to support Sarah before her reentry could have made for a smoother transition. Overall, one of the most difficult times can be the return to past environments, and every support possible should be used to ensure a smooth transition (see box, "Case Example 1: Executive Functioning Challenges"; see Figure 1 for a handy summary of strategies and supports).

Behavioral Effects

In addition to cognitive difficulties, students with TBI returning to middle and high school also often exhibit changes in their behavior—and the more severe the injury, the more challenging the behavior. Such behavior may show increased hyperactivity, mood swings, low frustration tolerance in dealing with changes in functioning, poor anger control, behavioral impulsivity (i.e., difficulty following rules and interacting appropriately with others), and higher levels of inattention (Mayfield & Homack, 2005). Although teachers may often consider this typical "teenager" behavior, teachers and other school personnel should recognize when these behaviors are affecting the student's performance in the classroom and take appropriate steps to help the students learn ways to improve their behavior.

Common health difficulties following TBI include headaches, seizures, respiratory problems, fatigue, and bowel incontinence. Teachers should keep in mind that these types of issues can be very difficult for a teen to deal with and to still establish strong peer relationships. In addition, students with TBI may exhibit externalizing behavior difficulties (e.g., inattention, hyperactivity, behavioral impulsivity), or may display higher levels of behavioral inhibition (e.g., lack of self-initiative) as a result of physical health challenges. Students with TBI demonstrating externalizing behavior problems are likely to face increased difficulties completing schoolwork as well as problems getting along with teachers and peers (Jantz & Coulter, 2007). In contrast, those experiencing greater behavioral inhibition may experience isolation from class activities and peers, greater apathy related to school in general, and overall stress related to their reintegration into the classroom environment (Jantz & Coulter, 2007). Higher incidence of absenteeism in students with TBI (often due to prolonged hospitalization and rehabilitation following injury) has been shown to have socially isolating effects (Kaffenberger, 2006; Shiu, 2001). Teachers must understand these challenges and realize that these

Figure 1. Behavioral, Academic, and Social Supports and Interventions for Students With Traumatic Brain Injury (TBI)

Behavioral Supports	
Positive reinforcement	Offer specific praise and other rewards for appropriate, on-task behavior in the classroom (Mayfield & Homack, 2005).
Nonverbal cueing	Use subtle hand signals to remind students to stay on task without drawing too much negative attention to them (Bowen, 2005).
Regular verbal feedback	Provide brief regular reminders to students with TBI of what they are supposed to be doing to help keep them on task (Bowen, 2005).
Eliminating external distractions	Remove unneeded distractions including posters and other materials from around the classroom so that students with TBI can more easily focus on classroom tasks (Lewandowski & Rieger, 2009).
Academic Supports	
Adequate rest time	Allow 5– to 10-minute breaks between mentally or physically demanding activities (Jantz & Coulter, 2007).
Extra time	Provide extra time to complete assignments and tests; slower processing speed is often noted in students with TBI (Lewandowski & Rieger, 2009).
Assistive technology	Dragon Dictation software, note-taking pens/devices, and Alphasmart devices are helpful in addressing potential fine motor problems and difficulties following along while note taking (Bowen, 2005).
Breaking down assignments	Break down assignments into smaller chunks or allow students to finish parts or whole assignments at home given decreased tolerance for prolonged tasks (Jantz & Coulter, 2007).
Limited academic load	Decrease the number of required assignments or courses to be completed at one time (Bowen, 2005).
Offering alternative assignments	Allow students to put together a Power Point presentation or the option to complete several smaller writing assignments instead of writing a conceptual paper (Lewandowski & Rieger, 2009).
Testing accommodations	Use word banks on tests to aid in memory recall, allow extra space for working out math problems—supports to help boost memory following TBI.
Direct instruction	Present information in direct, concrete ways with lots of examples often using multiple formats (i.e., written and verbal; DePompei & Tyler, 2004).
Social Supports	
Ongoing counseling and guidance	School counselors can provide ongoing support following the school reentry of adolescents with TBI.
Social skills groups	Connecting students with available supports in the local community where social skills can be addressed.
TBI support groups	TBI clubhouses and other community organizations give students with TBI the opportunity to communicate with others undergoing the same process (Cope, Mayer & Cervelli, 2005).

Case Example 2: Behavioral Effects

Rodney is a 14-year-old male who experienced a traumatic brain injury (TBI) in a fall while rock climbing. After returning to school, his teachers felt that he "wasn't the same kid." Previously, teachers viewed him as a polite, model student whereas now he was constantly interrupting the class (e.g., blurting out answers to questions, walking around the classroom when he should be seated, and making inappropriate statements).

Practical Solutions

- Observe the student's behavior. Note the time(s) of day and under what circumstances misbehavior occurs. For example, if the student with TBI tends to act out near the end of the day, fatigue may be responsible. Providing the student with a shortened school day or rearranging the schedule so more demanding classes are taken during the first half of the school day and less demanding classes are taken in the afternoon is often helpful.
- Provide nonverbal cues to redirect the student to the current activity. Calling out students for misbehavior in front of peers should be avoided as this can be particularly isolating for adolescents. Redirection can be accomplished unobtrusively (i.e., by providing the student with a work checklist, walking by and touching the student's desk, or merely walking by the student's desk).
- Provide incentives when students with TBI are meeting behavioral expectations in the classroom. Rewards can be in the form of extra time to engage in preferred activities (e.g., art, sports) or simply verbal praise (given inconspicuously) for a job well done.

behaviors are often directly or indirectly linked to the injury (see box, "Case Example 2: Behavioral Effects").

Social Effects

The social effects of TBI following injury are perhaps less well understood than cognitive and behavioral deficits. Students with TBI can be absent more frequently due to a range of issues, but keep in mind that those who face longer periods of absences (i.e., those with more severe injuries) are often at greater risk for feeling socially isolated from peers (Kaffenberger, 2006). Facilitating school reentry as soon as it is feasible may help reduce the isolating effects from being absent from school for an extended period of time. Teachers might even consider having peers who text or video chat with the student to help make the transition back to the classroom to prevent some level of social isolation.

Another socially isolating aspect of TBI is the presence of associated physical limitations, particularly in the first year following the injury. In addition, parents of adolescents experiencing chronic health problems, including those with TBI, may unnecessarily restrict access to the opportunities for socialization that peer group activities provide (Sexson & Madan-Swain, 1995). These restrictions may lead to the perception that students with TBI are "different," creating further lack of acceptance by a range of peers. Social isolation, aggressive behavior, and feelings of being victimized by peers are often experienced by adolescents with TBI and may adversely affect healthy psychological and social development (Rubin, Bukowski, & Parker, 2007). Teachers (both general and special education) as well as all school personnel should be trained on the potential issues facing a student with TBI related to school reentry. These social issues must be handled adequately to ensure optimal outcomes and a successful return (see box, "Case Example 3: Social Effects").

Given the information that is currently available regarding the effect of TBI on the cognitive, behavioral, and social functioning of students, everyone involved (teachers, school counselors, school psychologists, administrators, etc.) must be up to date on the information available regarding students with TBI, the difficulties they encounter when returning to school, and effective strategies for addressing their needs.

Effective Strategies, Supports, and Techniques for Successful School Reentry

Early Education and Planning

The first year following a TBI is often difficult for students and families. School staff need to begin reentry planning soon after a student has experienced a TBI. At the very least, people involved in this planning process should be informed of the basics of TBI (i.e., definition, causes, treatment); psychosocial, behavioral, and academic implications; similarities and differences from other disorders (i.e., ADHD); skills in developing individualized education programs (IEPs) or 504 plans for this group; and the importance of working as part of a multidisciplinary team as they plan for reentry—an important aspect of the reentry process that will be returned to later (Bullock, Gable, & Mohr, 2005; see box, "Case Example 4: Planning for Reentry").

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Behaviorally Based Interventions

Many professionals support the use of behavioral strategies for both identifying and addressing the needs of students with TBI. Observations by behavior specialists can help to tailor services to the individual student. In addition, frequent recording of classroom behavior can help to identify whether strategies are working or need to be modified. Reassessment is particularly important because students with TBI tend to recover at uneven and unpredictable rates, particularly in the

first year following injury (Lewandowski & Rieger, 2009).

Students with TBI often exhibit behavioral difficulties, particularly in the areas of inattention and task completion. Traditional behavioral approaches in the form of positive reinforcement of appropriate on-task behavior, nonverbal cueing of responses, and regular verbal feedback, as well as environmental considerations reducing the presence of external distractions, are likely to create the optimal learning environment for the middle or high school student with TBI (Arroyos-Jurado & Savage, 2008; Keyser-Marcus et al., 2002). Once teachers gather data on specific behavioral concerns, the entire team (including parents) needs to create a clear and consistent way to deal with specific behavior patterns that emerge.

Flexibility in Assignments/ Providing Consistent Routines

As students with TBI transition back into the school environment, their tolerance for regular classroom work and activities should be monitored. Teachers should be aware that it is often necessary to break assignments down into smaller, more manageable chunks for students (i.e., requiring that one part of the assignment be done in class while the rest can be completed at home) or, at the very least, provide students with extra time. It may even be necessary to incorporate breaks into assignments to allow students time away from cognitively demanding tasks.

Organizational difficulties demonstrated by adolescent students with TBI indicate the need for consistency in everyday classroom routines (Bowen, 2005). As schedules become inconsistent, organizational difficulties, which often frustrate students with TBI, may become pronounced. Teachers and other school personnel can also encourage the regular use of agendas, electronic organizers, and other visual schedules or auditory prompts to aid with the organization difficulties of students with TBI (see box, "Case Example 5: Organizational Difficulties").

Case Example 3: Social Effects

Andre was a talented athlete who sustained a severe traumatic brain injury (TBI) in a car accident his sophomore year of high school. He spent weeks in the hospital and then months in full-time rehabilitation at a rehabilitation center specializing in TBI. Due to his TBI, Andre was no longer permitted to play contact sports. This was a huge psychological blow for Andre and was potentially socially isolating as most of his close group of friends were athletes.

Practical Solutions

- Allow students with TBI to return to normal activities as soon as possible while also abiding by the activity restrictions as identified by medical personnel.
- For example, student athletes may be allowed to be on the sidelines of high school games to support their teammates and participate in other ways during their recovery process (i.e., as a team photographer, team manager). Providing opportunities to remain involved with the sports that they love and maintain social relationships will facilitate their ability to maintain their friends and social groups.
- Involvement in alternative clubs or organizations including TBI clubhouses, support groups, or other after school activities can also be encouraged with the goal of helping students with TBI remain connected with peers.

Case Example 4: Planning for Reentry

Nicole is a 17-year-old high school senior who sustained a traumatic brain injury (TBI) following a motor vehicle accident. Following initial treatment, Nicole's parents and the school counselor began her school reentry plan while Nicole was in full-time rehabilitation. The neuropsychologist made recommendations, as did the occupational and speech therapists regarding Nicole's current functioning and what school work she could do while in rehabilitation.

Practical Solutions

- School reentry for students should often be a gradual process (i.e., attending school for half-days before starting back on a full-day schedule) so as not to overwhelm the student.
- It is possible to incorporate schoolwork into the rehabilitation plan. Coursework, including art assignments, band/music assignments, computer assignments, and culinary assignments, can be incorporated into the therapy regimen. Allowing students to begin working on school assignments during rehabilitation allows therapists to evaluate the student's readiness for undertaking academic coursework and allows the student to begin transitioning back into a student role.
- When given parental permission, all school staff and students should be informed about the student's injury, including potential changes in behavior or functioning that may be exhibited by the student with TBI. Providing specific information may help reduce any misconceptions about what may be underlying the student's behavior (e.g., that he's just lazy).
- Involving peers in the reentry process (e.g., serving as a note taker for a student with TBI) may help other students realize the role they play in facilitating a successful reentry experience both from a social and academic standpoint.

Case Example 5: Organizational Difficulties

Angelica sustained a traumatic brain injury (TBI) from a direct blow to the head during a sporting event. After her return to school she experienced difficulty organizing her materials, keeping track of schedule changes, and remembering events. One day the school schedule was modified due to upcoming final exams. Angelica mistakenly went to A lunch instead of B lunch. When she arrived in the lunchroom she noticed that she was obviously mistaken and went to class. She received detention for being tardy to class.

Practical Solutions

- Speak with the student about the situation, allowing the student to decide if she wants to serve detention or not. Accepting the detention as a consequence of her behavior may allow her to "save face" because being tardy may be seen as "normal," whereas being confused may draw negative attention from peers.
- In the future, provide the student with a written schedule when the regular school day schedule has been modified. This schedule can be given directly to the student or posted for easy access.
- Ensure that the student's teachers know that straying from the regular routine may be difficult and that necessary information regarding any changes must be written down for the student to refer back to (this includes verbal changes to test dates, location where the class is to meet, changes in times, etc.)
- Additionally, handle class tardies with discretion. Develop a plan to identify tardies related to the student's TBI and the procedures for handling these instances. A tardy slip could be given, but the actual consequences could be different from the prescribed consequences.

Direct Instruction

Given the particular difficulties often experienced by students with TBI with concentration, organization, memory, and abstract reasoning, as well as the emphasis placed on these skills in the middle and high school years, the direct instruction approach appears promising for addressing their needs (DePompei & Tyler, 2004). The emphasis in direct instruction is being as transparent as possible in teaching new concepts, using concrete examples, and making clear connections with previously taught material. Teachers want to share the need for a more direct approach with each general education teacher as students are included in the general education setting.

Psychosocial Support

Many students with TBI need ongoing counseling and guidance, as the student transitions back into school. For example, depression, frustration, confusion, and decreased socialization skills are not uncommon following injury and the recovery process, which often require psychological intervention. Teachers should consider what social-skills curriculum they currently use for other students with special needs and decide how these tools might be helpful for students with TBI.

Finally, educators and other school staff can assist in improving not only the psychosocial, but also academic and behavioral outcomes of students with TBI by just lending a sympathetic ear to the difficulties faced by these students. By educating themselves about the issues affecting this group and being aware of the steps they can take to make the school reentry experience successful, school personnel can serve as integral agents in this process.

Transitioning Back to School

Transitions are often difficult for students and teachers. When a student sustains a TBI, transitions may become more difficult because of the residual effects of the TBI. In particular, the difficulties with executive functioning and memory may make transitions for middle and high school students particularly difficult because these students are expected to become more independent with coursework, schedules, and responsibilities. Given that the recovery process for students with TBI often varies in both length and their readiness to return to school, the time-chart in Figure 2 provides helpful suggestions for facilitating school reentry.

Figure 2. Suggested Steps for School Reentry for Students With Traumatic Brain Injury (TBI)

Step 1: Before the Student With TBI Returns to School: Stay Informed

- Be aware of the potential effects of TBI on student functioning.
- Cognitive effects: Organizational difficulties, decreased abstract problem-solving abilities, brain fatigue, memory challenges.
- Behavioral effects: Inattention, hyperactivity, impulsivity, decreased activity.
- Social effects: Social isolation, withdrawal from others, victimization by peers.
- Ask questions of parents and others to understand current functioning.

Step 2: Preplanning for School Reentry

- Form a school reentry planning team, including teachers, school counselors, school psychologists, vocational rehabilitation counselor, parents, and the student.
- Develop an initial support plan, including supports/accommodations needed by the student as he first enters school (note takers, accessible spaces, readers, visual aids, audio/visual reminders).
- Decide when reentry should take place (gradual reentry is recommended).
- Clearly specify who is responsible for given tasks (teacher, special educator, school counselor, school psychologist, student).
- Decide how to tell other students at school about the injury. Ask parents and the student if and how they want this to happen (including level of disclosure).

Step 3: The First Week Back

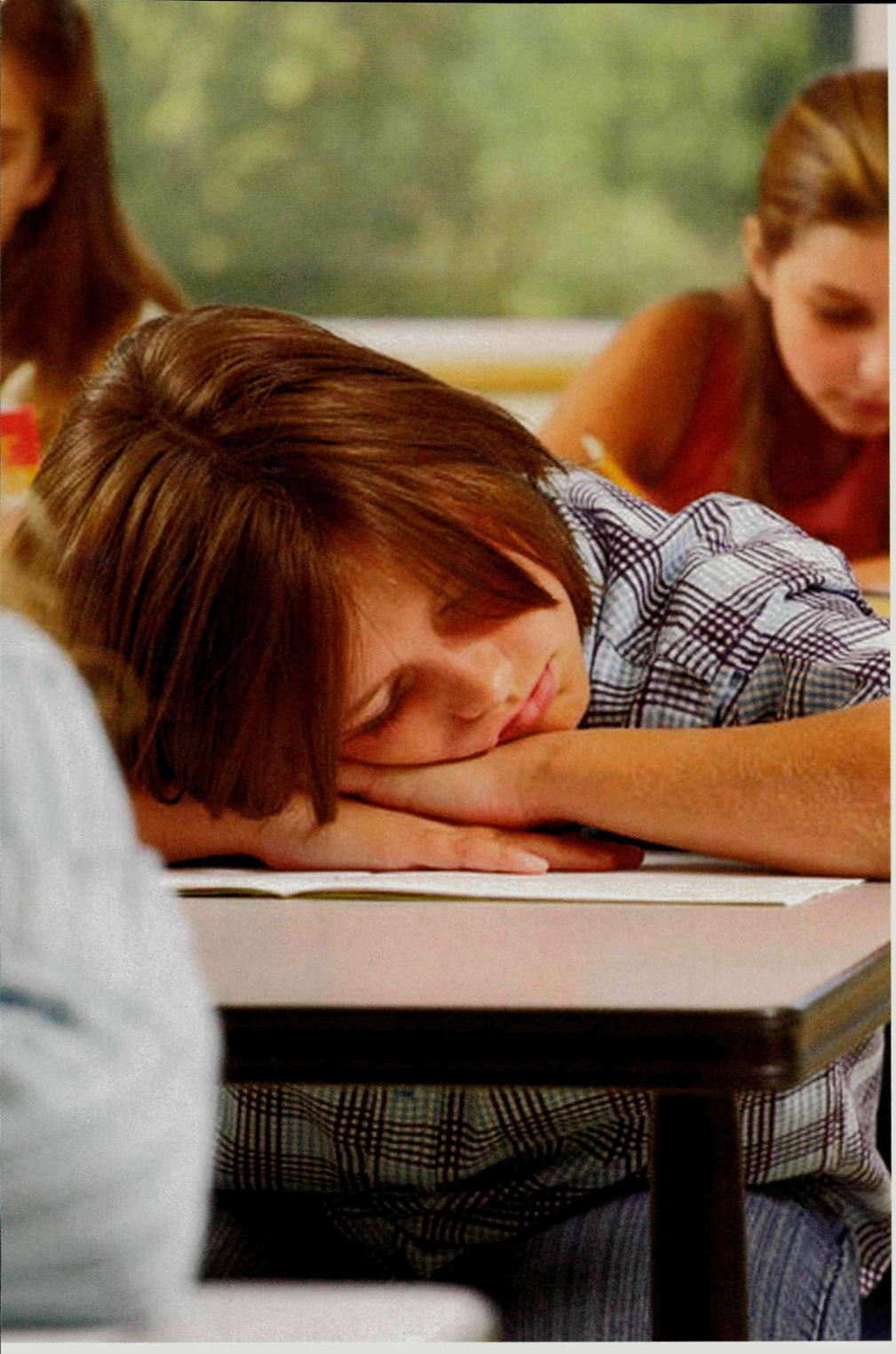
- Pay close attention to how the student is functioning (frequent check-ins).
- Hold team meeting at the end of the first week to discuss current functioning and assess the reentry process.
- Questions to ask
  1) Are the supports put in place working?
  2) Are all challenges currently being addressed?
  3) Is the student able to make it through an entire day of school successfully?
  4) Is the student making academic progress?
  5) Is he getting along with peers?
- If the answer to any of these questions is no, additional supports need to be put in place and the reentry plan should be modified.

Step 4: The End of the First Month Back

- Review student progress. Identify academic/personal strengths and weaknesses.
- Determine what is effective. Discard ineffective strategies/accommodations and brainstorm new ideas for additional needed supports.
- Decide if the student is currently taking advantage of the supports that are available (including technology). If not, identify what barriers may be preventing him from doing so.

Step 5: Other Important Milestones in the School-Reentry Process: Times to review progress and evaluate adequacy of services

- Midterm point following reentry.
- Before the beginning of the second term
- Midpoint of second term
- Educational transitions (i.e., from grade to grade, from middle school to high school, high school to college/vocational training)



Multidisciplinary Approaches to Reentry

Whereas it is ultimately the responsibility of the school system to ensure that the needs of students with TBI are being met, all those involved in the student's treatment and recovery process (i.e., neuropsychologists, rehabilitation counselors, doctors, therapists) should be consulted in making the best-informed decisions regarding necessary supports and accommodations (e.g., extra time for tests, shortened school day). In addition, vocational rehabilitation counselors can be pivotal in providing information regarding needed services, accommodations, assistive devices, and transition planning. Vocational rehabilitation counselors should be included on the multidisciplinary team to assist with school reentry and to assist in career planning, including postsecondary educational needs and accommodations. Because adolescents typically value their growing independence, the importance of their role in this process cannot be overstated (NIH, 2009).

Final Thoughts

Adolescents with TBI need both formal and informal supportive services when they return to school following injury. If the specific needs of these students are not met, school reentry can be difficult. Further, school personnel need to be aware of the issues facing this group, as well as potentially effective interventions and services that can be implemented to better serve their needs.

Considering that school personnel—including teachers, school counselors, school psychologists, and administrators—appear to lack adequate training in TBI-related issues, those encountering students with TBI must take the initiative to seek out this information. Unfortunately, the literature contains few specific strategies to facilitate academic and social success for adolescents returning to school after sustaining a TBI. We hope this article can help provide that knowledge base so that schools can become the most effective agents they can be in serving the needs and providing necessary accommodations for students experiencing traumatic brain injury.

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