

TBI: HOW IS IT DIFFERENT?

Students with TBI differ from children with learning disabilities or emotional deficits. The chart below helps differentiate ways students with these various disabilities differ from one another in the classroom. Always to be kept in mind is that these areas of differences between groups do not imply that students with TBI are 'all alike' - to the contrary, each child was unique to begin with, and TBI affects each child very differently.

TYPE OF DISABILITY

AREA of Difference	TRAUMATIC BRAIN INJURY	LEARNING DISABILITY	EMOTIONAL DISABILITY
<i>ONSET</i>	Sudden	Early	Slow, reactive to environment
<i>CAUSE</i>	One or more blows to the head accompanied by altered mental status, including loss of consciousness	Unclear; various	Unclear; various
<i>FUNCTIONAL CHANGES</i>	Marked contrast between pre- and post-onset capacities: memory loss, reduced processing speed, impaired executive functions	No before-after contrasts in capacities	Changes in functioning emerge slowly and gradually
<i>PHYSICAL DISABILITIES</i>	May include loss of balance, weakness, paralysis, visual/sensory changes, headaches	Poor coordination is the most frequent impairment	Physical disabilities unlikely
<i>EMOTIONAL DIFFICULTIES</i>	Labile mood, depression and anxiety frequently found	Prone to outbursts related to situation	Reactions attributable to distortions of reality
<i>BEHAVIORAL DIFFICULTIES</i>	Unpredictable: possible agitation, aggressiveness, restlessness, impulsivity	Restlessness, impulsivity Typically aware Splintered and underdeveloped	Variable, depending on diagnosis
<i>AWARENESS OF DEFICITS</i>	Limited-to-full awareness	Typically aware	Varies
<i>SKILLS AND KNOWLEDGE</i>	Pre-TBI learning is largely intact	Splintered and underdeveloped	Acquisition may be limited by emotional difficulties
<i>DIFFICULTIES WITH LEARNING</i>	Old information is easier to recall than new	New learning <i>can</i> be linked with past learning	New learning <i>can</i> be linked with past learning
<i>ACADEMIC DEFICITS</i>	Based on disrupted cognition	Based on the type of learning disability	<i>Not</i> based on impaired cognition
<i>PEER INTERACTIONS</i>	Affected by cognitive deficits, behavioral difficulties, reduced social skills	Affected by poor social skills	Affected by behavioral difficulties

- Children with more severe TBI typically receive special education services similar to those for children with LD. However, classroom interventions for LD children address specific deficit areas in reading and mathematics, but do not focus on the underlying cognitive impairments in attention, processing speed, memory and executive function that are impaired in children with TBI. In one of our studies, 30% of the students we screened had a positive history of a brain injury but had been incorrectly classified as LD by the school system. Thus, while students with LD benefit from traditional special education approaches to enhance academic skills, students with TBI require specialized interventions to address areas of reduced cognitive abilities.
- Despite significant differences in their respective disabilities, students with TBI are also often incorrectly placed into classes for children with emotional disabilities. In fact, 20% of the children in an ED class had an unclassified TBI, in a recent study by other researchers. One immediate consequence of this misclassification is that the behavioral difficulties of children with TBI are misunderstood and the cognitive deficits of the child are ignored. The child experiences not only avoidance by others and social isolation, but also failure in the classroom, which in turn results in confusion, behavioral disruptions and anger. Because the etiology of the behavioral deficits of children with TBI and with ED differ, they require different approaches in classroom settings.
- Deficits secondary to TBI are not always immediately apparent. Developmentally, sensory systems and the frontal lobes do not fully mature until relatively late, with higher-level cognitive functions, such as judgement and organization, not well established until later adolescence. Thus, a child who experiences a TBI early in life may appear to be academically ‘normal’ for several years following an injury, only to experience significant difficulties when new demands emerge in the middle and high school years (e.g., deductive reasoning, organizational abilities). Due to the lag between the onset of injury and emerging academic difficulties, educators and families often fail to make the connection between TBI and its consequences.

No matter how a child with TBI ‘slips through the cracks’, the consequences of not receiving appropriate classification and focused accommodations are considerable. Unclassified or missed TBI often leads to school failure/dropout, conflict between parents and the school and the student’s becoming demoralized. Several steps can be taken by schools to address problems of misclassification and non-identification of children with TBI. First, screening of current students can be done to identify children with probable brain injuries and with persisting problems (particularly cognitive) that may be leading them to failure at school. This Research and Training Center has developed the ***Brain Injury Screening Questionnaire*** for this purpose (see Page 16). Second, children who *have* been identified in the school should be followed yearly, to determine if belated academic problems related to the TBI emerge as the child develops. Procedures should be established within a school system to track children with known TBI. Third, classroom teachers should be trained to understand the nature of TBI and when to refer their students for screening. Finally, all educators need to be aware that identification is the essential first step, without which neither appropriate assessment nor accommodations in the classroom can be implemented.

Adapted by Jarice Butterfield, Ph. D., CBIS from Hibbard, Gordon, Martin, Raskin, & Brown, 2001. *Students With Traumatic Brain Injury: Identification, Assessment, and Classroom Accommodations*