

Brain Injury

Though not always visible and sometimes seemingly minor, brain injury is complex. It can cause physical, cognitive, social and vocational changes that affect an individual for a short period of time or permanently. Depending on the extent and location of the injury, symptoms caused by a brain injury vary widely. Some common results are seizures, loss of balance or coordination, difficulty with speech, limited concentration, memory loss and loss of organizational and reasoning skills.

A **traumatic brain injury** (TBI) is a nondegenerative, noncongenital insult to the brain from an external mechanical force, possibly leading to permanent or temporary impairments of cognitive, physical and psychosocial functions with an associated diminished or altered state of consciousness. Causes of traumatic brain injury are bicycle and automobile accidents, falls and skull fractures. The injury may be closed or open.

An **acquired brain injury** (ABI) is an injury to the brain that has occurred after birth from an internal source. Causes of acquired brain injury are anoxia, intracranial surgery, vascular disruption, infectious diseases, intracranial neoplasms, metabolic disorder, seizure disorders and toxic exposure.

Some considerations:

A traditional intelligence test is not an accurate assessment of cognitive recovery after a brain injury and bears little relationship to the mental processes required for everyday functioning. For example, students with brain injuries might perform well on brief, structured, artificial tasks but have such significant deficits in learning, memory and executive functions that they are unable to otherwise cope.

Recovery from a brain injury can be inconsistent. A student might take one step forward, two back, do nothing for a while and then unexpectedly make a series of gains. A “plateau” is not evidence that functional improvement has ended.

Common accommodations for students with brain injuries are exam modifications, time extensions, taped lectures, instructions presented in more than one way, alternative ways of completing assignments, early syllabus, note-takers, course substitutions, study skills and strategies training and alternative print formats.

Instructional Strategies

Brain injuries often require instructional strategies similar to those listed for other disability conditions. The use of such strategies will depend on how the disability is manifested. There are no TBI specific teaching strategies. Remember that students with TBI are going to be unique and require individualized teaching. If a faculty member would like more information about instructional strategies for students with brain injuries, he or she should contact the Office of Disability Services.

General thoughts on accommodations:

An organized classroom, predictable schedule and clearly defined expectations (course objectives) are crucial for students with traumatic brain injury.

Your instruction/lecture should include frequent repetition in an organized manner it is important to break lessons down into teachable parts.

Tell the student specifically what you want him/her to do. If necessary, show the student how to do the task.

General Characteristics:

Poor attention span

Poor organizational skills

Poor memory

Delayed processing skills

Withdrawn socially

Poor eye contact

Documentation for this disability, as with all disabilities, is required before services can be provided.