

# Research Matters

## IEPs and TBIs: What's included and what's missing?

### WHAT IS THE CONCERN?

- 1.8 million US children from birth to 17 years have been diagnosed with a traumatic brain injury (TBI).
- 145,000 children have long-term disability as a result of their TBI.
- TBIs can cause brain damage, disruption in social development, as well as concerns in cognitive and executive functioning, academic performance, attention, memory, and language skills.
- Despite the large number of students with long-term impact and the range of concerns resulting from a TBI:
  - These students are underserved in special education.
  - They are often classified with another disability rather than being served on the basis of their brain injury.
  - Without the official diagnosis of TBI added, teachers cannot fully know the unique needs of their student, resulting in missed opportunity to target learning difficulties.

### WHAT DID THIS STUDY DO?

- A statewide review of IEPs for students in kindergarten through 12<sup>th</sup> grade with a TBI.
- The following information was considered:
  - Cause and age at time of injury
  - Type and amount of services listed on the IEP
  - IEP goals
  - Confirmation of TBI as opposed to other diagnosis or injury

### WHAT WAS FOUND?

- Goals were more inclusive across development and academic domains for students who still showed symptoms well after time of injury. However, intervention intensity was not necessarily greater closer to the timepoint of injury.
- Goals more commonly focused on academic skills (such as math and reading). Yet, targets to improve academic achievement (such as increasing attention, memory, and executive functioning) were less commonly the focus of these goals.

- TBIs were not independently verified. Instead, most students were already receiving special education services before the documentation of TBI was added to their IEP

## PRACTICAL TAKE AWAYS

- The age-group with the most injuries was in children under age 4. Yet, teens are at greater risk for sport-related TBIs which are often mild. Thus, practitioners should consider both individual needs of students based on age combined with severity of injury. For example, some students will require intervention that is higher in dosage and frequency, while other students will benefit from broader interventions at first that become more individualized over time.
- Intensity of intervention should evolve as the student progresses through school. The TBI diagnosis should follow the child as impact of the injury may not be seen until later in childhood when academic expectations become more demanding.
- Intervention goals for students with TBI should broadly focus on specific needs associated with TBIs rather than academic subject areas such as reading and math. That is, IEP goals should include specific measures and interventions for: attention, memory, executive functioning and cognitive processes.
- A large number of students in this sample had a diagnosis on record prior to their TBI. While it is likely that a TBI can lead to academic concerns (such as a learning delay), it is not often considered that a pre-existing concern (such as ADHD or developmental delay) could predict riskier behavior, ultimately increasing the chances of TBI. It is possible that early diagnosed developmental concerns should caution parents and educators to be “on alert” to prevent risky behavior, ultimately decreasing the chances for brain injuries.

## REFERENCE

Harvey, J. Farquharson, K., Schneider-Cline, W., Bush, E., Yeager Pelatti, C. (2020). Describing the composition of individualized education plans for students with traumatic brain injury. *Language, Speech, and Hearing Services in the Schools*, 51, 839-851.