

Return to Learn

A Guide for School Success Following a Traumatic Brain Injury



Pediatric Brain Injury Program



Hennepin County
Medical Center

The Pediatric Brain Injury Program at HCMC

In 1989, the Pediatric Brain Injury Program was created at Hennepin County Medical Center to provide a coordinated approach to the treatment and care of children and adolescents with brain injuries. Today, this team is as active as ever treating children who are admitted to our Level I Pediatric Trauma Center, or who are being seen as an outpatient in one of our clinics. The Pediatric Brain Injury Program is part of a full range of state-of-the-art medical and rehabilitative services offered by Hennepin County Medical Center's Traumatic Brain Injury (TBI) Center.

Patients in our Pediatric Brain Injury Program are treated by staff trained specifically to work with children and adolescents with brain injuries. Team members evaluate patients to identify problems with cognitive, behavioral, or physical functioning and provide treatment to help each child reach his or her maximum potential, all while providing family education and support along the way.



What is a Traumatic Brain Injury?

A TBI occurs when impact to the head or body causes the brain to be injured inside the skull. Many TBIs are mild, involving a disruption in normal functioning and a brief period of altered consciousness (disorientation, confusion, inability to follow simple commands) or a brief loss of consciousness. A mild TBI is also known as a **Concussion**.

Possible Symptoms Following a TBI

A more severe injury (moderate or severe TBI) may involve a prolonged loss of consciousness or coma, bleeding in the brain, and nerve cell damage. Recovery from a severe TBI can be lengthy and patients may not return to their previous level of functioning.

Each individual's recovery from a TBI is unique and requires individual attention and care. The range of symptoms depends on the type and severity of the injury, and how the individual is responding to the injury.

The Table below lists some symptoms that can occur:

Physical	Cognitive	Emotional/Behavioral
Headache	Problems with attention	Irritability
Fatigue	Difficulty concentrating	Frustration
Dizziness	Problems with memory	Depression
Sensitivity to light	Slowed processing speed	Anxiety
Sensitivity to sound	Difficulty with learning	Mood swings
Visual changes	Trouble with organization	Lack of motivation
Sleep changes	Easily distracted	Impulsivity
Changes in hearing	Difficulty with transitions	Impaired judgment
	Problems with language	

Return to Learn

Things for Families to Consider

An important part of recovery is a successful return to school. Your child's school day may be affected by physical symptoms as well as cognitive and behavioral changes.

Consider the following when planning for the return to school:

- Returning to school in a timely manner following a brain injury is recommended; rarely is an extended leave from school best for the child's recovery or overall well being
- Symptoms and appointments can result in school absences
- School performance can vary from day to day or from morning to afternoon and may appear erratic
- Academic performance may differ from before the injury
- Some students are challenged by certain subjects more than others, as well as by cumulative learning
- The plan regarding return to school and learning should be individualized for each student and his or her specific situation
- Ongoing communication among parents, school, care providers, and the student is needed
- Parents may need to assist in the organization of materials, assignments, and projects
- Supplemental tutoring outside of school may be helpful for some students
- Be aware of medications and medication changes and how these impact the child at school
- Return to sports and physical activity only with physician's approval

Ready, Set, Learn...

1) Initial Stage: Rest

- No school or academic work expected
- Length of time determined by medical provider(s)

2) First Steps

- Medical information is shared with the school
- Parent should contact the appropriate school staff (i.e. nurse, counselor, school TBI specialist)
- A plan for return is developed and appropriate school staff are notified

3) Transition Back to School

- Consider attending part time as needed. A consistent schedule is important (same classes each day rather than trying to attend some classes one day and the other classes the next)
- Recommend focusing on core courses
- Reduce workload: both missed work and current assignments
- Rest in nurse's office (or a quiet area) as needed
- No physical education or sports until cleared by physician
- Closely monitor student's progress

Mild or No Symptoms



Gradually increase time at school
Gradually increase workload
Return to physical activities only with the approval of a medical provider
Continue to monitor closely



Symptoms Continue or Worsen

Continue modified schedule and workload
Consider implementing a 504 Plan or formalized interventions/accommodations
Consult with medical and school teams regarding need for additional support
Continue to monitor closely

Possible Changes and Strategies

Just as each individual and brain injury is unique, the characteristics of students with brain injury vary as well. The tables on the following pages list some of the changes that can be present following a TBI. It should be noted that *these behaviors represent changes and should be considered relative to a student's level of functioning prior to the injury.*

When these symptoms or cognitive changes are present following an injury, a student may need instructional and/or environmental accommodations. The following strategies have been found to be helpful with a student's re-entry into school. These strategies should be altered as the student recovers.

Return[ing] to school and learning should be individualized for each student and his or her specific situation



Physical

Possible Changes

- Headaches that interfere with academic, social, or other activities like sleep
- Increased fatigue
- Difficulty reading, taking notes, and challenges with other visual tasks
- Sensitivity to light
- Sensitivity to noise
- Fine or gross motor difficulties
- Decreased athletic performance

Strategies

Headache

- Consult with a physician about headache management and use of pain medication

Fatigue

- Shorten school days initially
- Rest breaks scheduled or as needed

Visual Difficulties

- May need to wear tinted glasses, a visor, or hat to reduce glare
- Preferential seating (e.g., close to teacher/board, away from windows if sensitive to light, away from door if visually distracted)
- Anti-glare covers for electronic devices and paper
- Limit screen time
- May need accommodations for reading, note taking and visual tasks
- Larger font reading material

Physical and Coordination Difficulties

- Leave class early or late to avoid crowded hallways
- May need assistance carrying materials (e.g., books, lunch tray)
- May require alternative transportation to and from school
- May require assistance with handwriting, typing and drawing
- No return to physical activity until cleared by a medical provider

Cognitive

Possible Changes

- Increased difficulty with attention and distractibility
- Increased problems with memory (e.g., forgetting materials at home or at school, retrieving learned information)
- Requiring more time to process information and complete tasks
- Difficulty learning new concepts, organizing tasks, or comprehending assignments
- Difficulty expressing thoughts & ideas

Strategies

Attention

- Shorten assignments or break tasks down into smaller parts
- Minimize distractions in the environment
- Modify quizzes and tests (e.g., take tests in a quiet room, allow additional time, shorten the exam)
- Sit student near the point of instruction
- Educational staff monitor attention and redirect as needed

Memory/Organization

- Minimize assignments, forgive missing assignments or non-essential work
- Provide additional help with cumulative subjects (e.g., foreign languages, math)
- Provide an extra set or electronic versions of books for use at home
- Assign a peer or staff person to help with task organization (e.g., note taking, remembering homework)
- Limit changes in daily routine as able
- Encourage use of external aids as appropriate (e.g., assignment book, calendar, daily schedule, written cues on board or desk)
- Utilize technology (e.g., electronic devices, organization apps, online school portal)
- Provide instructional repetition to support learning
- Review student's assignments at home daily

Cognitive (Continued)

Strategies (continued)

Receptive/Expressive Language

- Allow written and verbal formats for assignments and tests
- Limit length of verbal directions and verify understanding
- Consider using specific vs. open-ended questions

Reading

- Utilize audio books and text-to-speech programs
- Give tests orally
- Provide access to lecture notes
- Offer short-term remedial reading instruction
- Shorten reading assignments

Math

- Provide extra help for concepts that have not been mastered
- Use grid paper to organize columns for calculations
- May need extra help recalling memorized math facts
- May benefit from additional instruction for generalization of math skills

Upon return to school, a staff person should be assigned to monitor readjustment, and arrangements should be made for frequent check-ins.



Emotional/Behavioral

Possible Changes

- Increase in pre-existing mental or behavioral health concerns
- Short term emotional distress due to limitations on activities
- Changes in mood (i.e., emotional instability, depression, anxiety)
- Changes in personality (i.e., impulsivity, aggressiveness, disrespectful comments, inappropriate behavior, decreased frustration tolerance)
- Increased irritability with stimulation
- Emotional/behavioral outbursts
- More socially withdrawn
- Changes in peer friendships and social isolation

Strategies

Emotional/Behavioral

- Encourage participation in normal daily activities
- Be flexible in choices while maintaining expectations
- Review behavioral needs and effectiveness of accommodations as needed
- Involve school counselor, social worker, or psychologist to facilitate insight into emotional changes, assist in developing coping skills, problem-solving and conflict resolution strategies
- Encourage good sleep practices

Social Support

- Provide opportunities for peer interactions (e.g., recess, study hall, lunch)
- Encourage continued social activities outside of school as able
- Consider a buddy or peer tutor for specific academic or social activities
- Offer opportunities for a student's continued involvement with his or her sports team, even if they are unable to play
- With student's permission, help educate others about brain injury
- Provide extra supervision in unstructured activities

School Supports

Upon return to school, a staff person should be assigned to monitor readjustment (e.g., attendance, assignment completion), and arrangements should be made for frequent check-ins. Schools have several options for students who are struggling. Factors that will help determine the right plan include the following: severity of the injury and how it impacts the student's functioning, length of time symptoms are present, and the student's pre-injury level of functioning.

- **General Accommodations:** Most students require short term accommodations in the general education setting before symptoms resolve. Examples include a shortened school day, reduced homework, rest breaks, and testing in a quiet environment.
- **504 Plan:** Section 504 of the Rehabilitation Act of 1973 is a Civil Rights statute that protects persons of all ages with disabilities from discrimination, and covers public and private agencies which receive federal financial assistance, such as public schools. A 504 Plan may be created if considered appropriate, and can include adjustments to the environment, materials and instructional methods. For many students returning with a mild TBI, a 504 Plan is sufficient to meet their needs.

School Supports (Cont.)

- **Special Education Services:** If a student's need for extra educational support is chronic or is expected to be long term, he or she may require special education services. A student with a severe TBI, for example, may benefit from special education teachers, related services, the school nurse, and involvement of a school TBI specialist. A parent/guardian or education staff can request a special education evaluation. Determination of eligibility must be completed before an Individual Education Plan (IEP) is developed or services are provided.



Most students only require short term accommodations... before symptoms resolve

**About the
Traumatic
Brain Injury
Center**

The Traumatic Brain Injury Center at Hennepin County Medical Center offers comprehensive, multidisciplinary patient care, education and research to serve people who have sustained a traumatic brain injury (TBI). We provide a full range of state-of-the-art medical and rehabilitative services. Our expertise spans the entire continuum of care for adult and pediatric TBI patients, from prevention to emergency care, neurosurgery, critical care, rehabilitation and the Traumatic Brain Injury Outpatient Program.

Each year the staff within the Traumatic Brain Injury Center cares for over 2,000 patients. We are here to provide you with nationally recognized medical expertise, advanced technology and committed, compassionate care from all members of our team. Hennepin County Medical Center is the #1 hospital in the state of Minnesota for admitting TBI patients and has been so for many years.

Resources

Hennepin County Medical Center

Pediatric Brain Injury Program | Inpatient and Outpatient Services

701 Park Avenue, Green Building, Level 7

Minneapolis, MN 55415

612-873-2259

hcmc.org/pediatricbraininjury

Hennepin County Medical Center

Traumatic Brain Injury Outpatient Program

701 Park Avenue, Parkside Professional Center, Level 6

Minneapolis, MN 55415

612-873-9494

hcmc.org/braininjuryoutpatientprogram

Statewide Specialist for Traumatic Brain Injury

MN Low Incidence Projects | Metro ECSU

2 Pine Tree Drive, Suite 101

Arden Hills, MN 55112

612-638-1532

mnlowincidenceprojects.org/tbi.html

MN Brain Injury Alliance

2277 Highway 36 West, Suite 200

Roseville, MN 55113

612-873-2742

braininjurymn.org

Mental Health Resources

Crisis Connection: 24 hour statewide crisis hotline

612-379-6363 Twin Cities Metro

866-379-6363 Toll Free

PACER Center

8161 Normandale Boulevard

Bloomington, MN 55437

952-838-9000

pacer.org

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Each individual's recovery from a TBI is unique and requires individual attention and care



Please consider making a donation to support Hennepin’s Pediatric Brain Injury Program.

The Hennepin Health Foundation’s Pediatric Brain Injury Fund provides educational, informational, and comforting materials to support children with brain injuries and their families such as recreational activities and supporting equipment.

To contribute to the Pediatric Brain Injury Fund

Visit: hcmc.org/hhf

Call: 612-873-9129

Mail: Hennepin Health Foundation

701 Park Avenue

Minneapolis, MN 55415

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**Hennepin County
Medical Center**



**Level I Adult Trauma Center
Level I Pediatric Trauma Center**

Hennepin County Medical Center provides services without regard to race, color, creed, religion, age, sex, disability, marital status, sexual orientation, public assistance or national origin.