

# [Traumatic brain injury: practices and services for support assignment](https://assignbuster.com/traumatic-brain-injury-practices-and-services-for-support-assignment/)

Traumatic Brain Injury: Practices and Services for Support BY tan5015v Traumatic Brain Injury: Practices and Services for Support Traumatic brain injury (TBI) has often been referred to as the silent epidemic. Many of the signs and symptoms of the injury often go unnoticed and often take months or years to appear. TBI as define by IDEA and Broward County is described as: A traumatic brain injury means an acquired injury to the brain caused by an external physical force resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects educational performance.

The term applies to mild, moderate, or severe open or closed head injuries resulting in impairments in one or more areas, such as cognition; language; memory; attention; reasoning; abstract thinking; Judgment; problem solving; sensory, perceptual and motor abilities; psychosocial behavior; physical functions; information processing; or speech. The term includes anoxia due to trauma. The term does not include brain injuries that are congenital, degenerative, or induced by birth trauma. (“ Exceptional Student Education policies and Procedures”, 2012, p. 6) About 1. 7 million people receive a TBI annually in the United States. Of these 52, 000 people dies as a result of their injury, 275, 000 are hospitalized and nearly 1. 3 million people are released after hospitalization. Males are more likely to receive a TBI than females and children between the ages of 0-4 and ages 15-19 are more likely to sustain a TBI, Just about half of all TBI’s reported annually are in the age range of 0-14. TBI’s cost the healthcare system and society approximately 60 billion dollars in the year 2000. Center for Disease Control, 2013) According to The Center for Head Injury Services people who sustain a TBI may live a normal and long life, but ay require 5 to 10 years of intensive services and rehabilitation and may have lifelong rehabilitation needs. (2013) TBI is often referred as the silent epidemic because the symptoms vary greatly the person. Because of the wide range of physical manifestations of TBI, the injury could also easily be misdiagnosed for some other disease or disorder. Depending on the severity of the TBI the student may exhibit physical disabilities, problems in thinking and social, behavioral or emotional issues.

These may be exhibited as problems in: thinking and reasoning understanding words remembering things paying attention olving problems thinking abstractly talking behaving walking and other physical activities seeing and/or hearing, and learning (NICHCY, 2012) As one can see there is a wide range of symptoms associated with TBI. Along with this fact, the student may not exhibit any or all of these symptoms making diagnosis and treatment difficult. After a student has been diagnosed with TBI and the symptoms understood there are practices and services available in the school, home and community for the student.

These include: In the Classroom Early intervention Create an IEP School counselor for emotional/behavioral issues Seat the student near the teacher Minimize distractions Use peer note takers and/or tape recorders Make an organizer for the student to keep track of tasks and encourage its use Plan frequent breaks and don’t rush the student Allow extra time for assignments Use fact cards and cue sheets to aid in recalling information Test the student in multiple choice format Utilize the student’s learning modality Frequently repeat information Reduce homework load Use adaptive devices (mobility, vision/hearing disabilities) (Brown, M. Hibbard, M. , Gordon, Wayne A. , Martin, T. , Raskin, B. , 2001) In the Home, Parents Should Maintain communication line with the teacher and school Be supportive and caring Help with school work and organization What to do Immediately After Someone Incurs a TBI to the student Avoid arguing with others Avoid asking too many questions Keep a Journal for progress Provide comfort Family support professionals (Toral, E, 2005) Community Resources and Programs Online support groups (Facebook and other networking sites) Transportation for Children and Adults with Disabilities (wrww. dot. state. fl. s/ctd) Florida Division of Vocational Rehabilitation (www. rehabworks. rg) Mothers Against Brain Injury (www. mabii. org) (My family actually received a hospital welfare kit from them when my brother was hospitalized with a TBI) Florida Alliance for Assistive Services & Technology (www. faast. org) Broward Children’s Center (www. bcckids. org) Brain Injury Association of Florida (www. biaf. org) (Toral, F. , 2005) Resources Brown, M. , Hibbard, M. , Gordon, Wayne A. , Martin, T. , Raskin, B. (2001). Students With Traumatic Brain Injury: Identification, Assessment and Classroom Accommodations. Retrievedfromhttp://icahn. mssm. du/static\_files/MSSM/Files/Research/Centers/ 2013). Bram Injury statistics. Retrieved from http://www. headin]uryctr-stl. org/statistics. html (2012). Exceptional Student Education policies and Procedures. Retrieved from http:// www. specialeducationadvisor. com/wp-content/uploads/2010/06/broward-county- policy-and-procedures-website. pdf (2006). Get the Stats on Traumatic Brain Injury in the United States. Retrieved from http://www. cdc. gov/traumaticbrainin]ury/pdf/ BlueBook\_factsheet-a. pdf Toral F. (2005) Brain Injury: Where do We Go from Here? A Family Guide to Hope and Resources. Retrieved from http://toralfamilyfoundation. org