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Special Edition: Traumatic Brain Injury

What is the difference between an acquired brain injury (ABI) and a traumatic brain injury (TBI)?

BY DAVID A. KANE, ESQ.

An acquired brain injury (ABI) is an injury to the brain that is not hereditary, congenital, degenerative, or induced by birth trauma. It is generally accepted as a brain injury occurring after birth.

According to research provided by the *Brain Injury Association of America*, the injury results in “a change to the brain’s neuronal activity, which affects the physical integrity, metabolic activity, or functional ability of nerve cells in the brain.”

From a technical standpoint, an acquired brain injury (ABI) is the term commonly associated with all brain injuries, which are further divided between a traumatic and non-traumatic occurrence.

Traumatic Brain Injury (TBI)
A traumatic brain injury (TBI) is defined as an alteration in brain function, or other evidence of brain pathology, caused by an external force. Traumatic impact injuries can be defined as closed (or non-penetrating) or open (penetrating).

Examples of a TBI include injuries sustained from:

- Falls
- Motor vehicle accidents
- Sports injuries
- Assault or infliction of bodily injury

Non-Traumatic Brain Injury
Non-traumatic brain injury is often referred to as an acquired brain injury (ABI), which is not exactly true to definition but commonly accepted. A non-traumatic brain injury causes damage to the brain by internal factors, such as a lack of oxygen, exposure to toxins, pressure from a tumor, etc. Examples of NTBI include:

- Stroke
- Near-drowning
- Aneurysm
- Tumor
- Infectious disease that affects the brain (i.e., meningitis)
- Lack of oxygen supply to the brain (i.e., heart attack)

(Source: Brain Injury Association of America)



Our Regional Resource Center (RRC) has 150 person seated capacity with table configurations for up to 76 people and can be divided into two rooms for breakouts or smaller workshops.

TBI and Section 504

BY DAVID A. KANE, ESQ.

The definition of an individual with a disability for purposes of Section 504 protection is broader than the IDEA and covers more individuals. [34 CFR Part 104.3](#).

With a lower threshold for eligibility, schools should anticipate more student's being referred for consideration for Section 504 eligibility in general, including students exhibiting an ABI and TBI. Schools should be prepared to act on referrals for Section 504 consideration. Conducting an IDEA evaluation is one way to meet the Section 504 requirements for evaluation, provided separate consideration for Section 504 eligibility is made for students not meeting the stricter eligibility requirements under the IDEA.

TBI and the IDEA

BY DAVID A. KANE, ESQ.

Definition of TBI Under the IDEA

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 a child's educational performance. [34 CFR 300.8 \(c\)\(12\)](#).

TBI applies to 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; and speech. [34 CFR 300.8 \(c\)\(12\)](#).

TBI does not apply to brain injuries that are congenital or degenerative, or to brain injuries induced by birth trauma. [34 CFR 300.8 \(c\)\(12\)](#).

(Note: This section from the IDEA definition of TBI is consistent with the Brain Injury Association of America's researched definition of Acquired Brain Injury ABI).

Eligibility Under the IDEA

TBI is one of the 13 potential disability categories identified in the IDEA. Accordingly, a student with a TBI that requires special education and related services because of her/his disability (specialized instruction provided by a special educator) would be eligible for services as a child with a disability for purposes of IDEA. See [34 CFR 300.8 \(c\)](#).

Considerations when a student with a TBI returns to school

BY DAVID A. KANE, ESQ.

Schools and parents should work together when planning for a student with a TBI to return to a school setting.

Some initial considerations:

1. Communication: Parents will control the flow of medical information and often that information will be critical for school planning. Allowing schools to access critical medical information may be essential.

2. Special Education and Section 504: Many times, a student suffering a TBI may not have been receiving special education prior to the injury. Referral for special education or Section 504 eligibility may need to be initiated.

3. Team with TBI Training: Depending on the nature of a traumatic brain injury, a student in need of specialized instruction or 504 accommodations may require a team of professionals with advanced understanding of TBI and how it affects learning, emotional and behavioral responses as well as daily living situations. In R.I., Sargent Center operates a TBI program with highly specialized professionals who are available to consult with schools or provide programming.

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Our **School Programs** offer fully-certified Day School placements for children 3 to 22 years with severe learning, physical, behavioral, and medical disabilities related to neurological impairment such as autism, seizure disorders, and behavioral issues.



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4. Social, emotional and behavioral considerations should be explored. A student may return to school exhibiting different characteristics than before the injury. Often, a student with a TBI will require not only academic adjustments but also services addressing emotional and behavioral changes. A student without services prior to an injury may require services post TBI. Education teams including the parent should be prepared for changes upon the student's return to school.

5. Peer education. Within restrictions set for preserving confidentiality, schools may want to address general understanding of TBI and how it may affect a student. A school with a returning student post TBI incident may consider preparing the student body and school community for the student's return. Greater understanding of the side effects caused by a TBI or known changes due to the TBI may prepare the school community and ease the reentry for the TBI student.

7. Physical/Mental Impairments: An acquired brain injury like a TBI may cause physical or mental impairments (Section 504) or more serious functional disabling conditions requiring specialized instruction. Schools should be prepared to address these as they plan for the student's return to Initial needs assessment.

8. Special Accommodations: Schools may need to provide special accommodations for a student recovering from a TBI. Circumstances may support adjusting physical limitations requiring a change in the location of classes, adjusting a school schedule, or consideration of online learning. Including the school nurse in planning for any medical complications will be necessary.

9. Alternative Placement: School (teams) may need to look at alternative placement for a transition period between initial injury and full return to school, especially if there was a period of hospitalization. A student may not be able to make a full initial return to school. FAPE and LRE may include a brief period of alternative placement with the goal of a full return. A partial return plan may be appropriate.

10. Safety: Discuss student safety. Determine if a student requires special support to stay safe in school while recovering from a TBI.

11. Special Counseling: The school may want to set a student up with an online program to work through TBI-related issues. There are special on line programs designed to address TBI for students of all ages. Similar programs exist for peers and families to assist with understanding and coping with TBI.

(sample: TOPS is an online family problem-solving treatment for pediatric traumatic brain injury (TBI) [CCHMC \(cincinnatichildrens.org\)](http://CCHMC(cincinnatichildrens.org)))

TBI Resources



[Classroom Interventions for Students with Traumatic Brain Injuries | BrainLine](#)

[Accommodations and Teaching Strategies for Traumatic Brain Injury: Information You Need to Know - BrightHub Education](#)

[Traumatic Brain Injury - Developmental and Behavioral Pediatrics - Golisano Children's Hospital - University of Rochester Medical Center](#)

[Teaching strategies for students with brain injuries.pdf \(biausa.org\)](#)

[Traumatic Brain Injury \(TBI\) Resources | NICHD - Eunice Kennedy Shriver National Institute of Child Health and Human Development \(nih.gov\)](#)

[Video Library: TBI resources for students \(bing.com\)](#)

Notes:

- These resources appear as a courtesy.
- Sargent Center does not have a protocol to endorse resources not produced by Sargent Center.
- Sargent Center is not responsible for the content of these resources.
- Readers are cautioned to use their judgment when considering the application of these resources.





We trace our roots back to 1917, when 25 pioneering women opened the Providence School of Lipreading. It incorporated as the Providence League for the Hard of Hearing and later became the first rehabilitation technology program offering assistive listening devices.



Brain Injury Neuro-Rehabilitation Program

The Brain Injury Neuro-Rehabilitation Program (including Traumatic Brain Injury) treats the physical, cognitive and emotional deficits caused by strokes, aneurysms and accidents (ABI and TBI).

Through clinical rehabilitation, life skills and job training, the TBI Program helps students regain their physical and functional independence.

The Sargent Center Brain Injury Neuro-Rehabilitation Program is well respected throughout the New England region with supporting referrals from hospitals and medical professionals in Rhode Island, Connecticut, and Massachusetts with occasional international referrals. The program provides physical therapy, occupational therapy, speech therapy, cognitive therapy, daily living and job training skills and academics in a structured school program with the goal of returning students to their pre-injury environment.

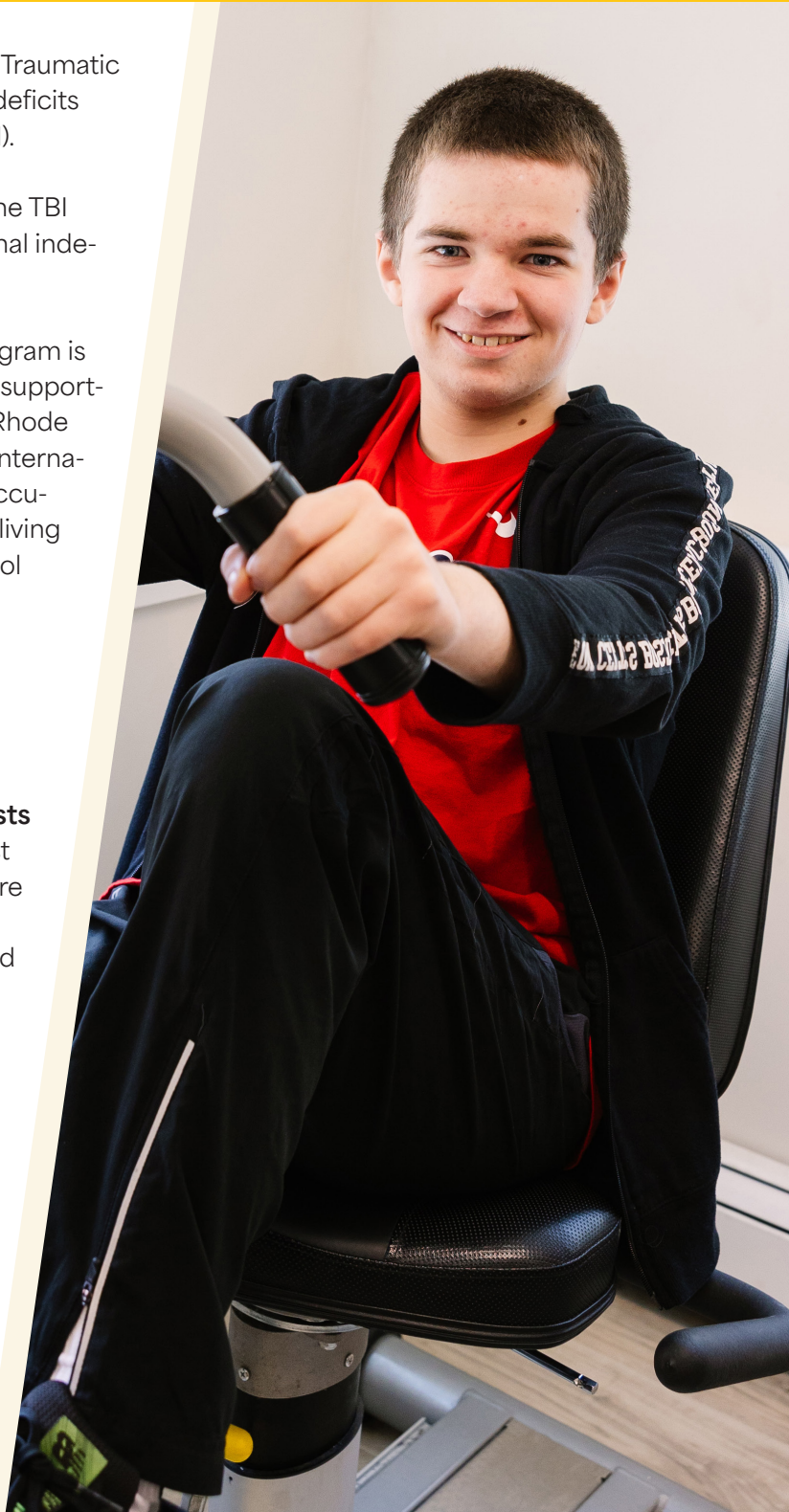
The program also provides comprehensive [Evaluation Services](#) as well as traditional [Outpatient Services](#).

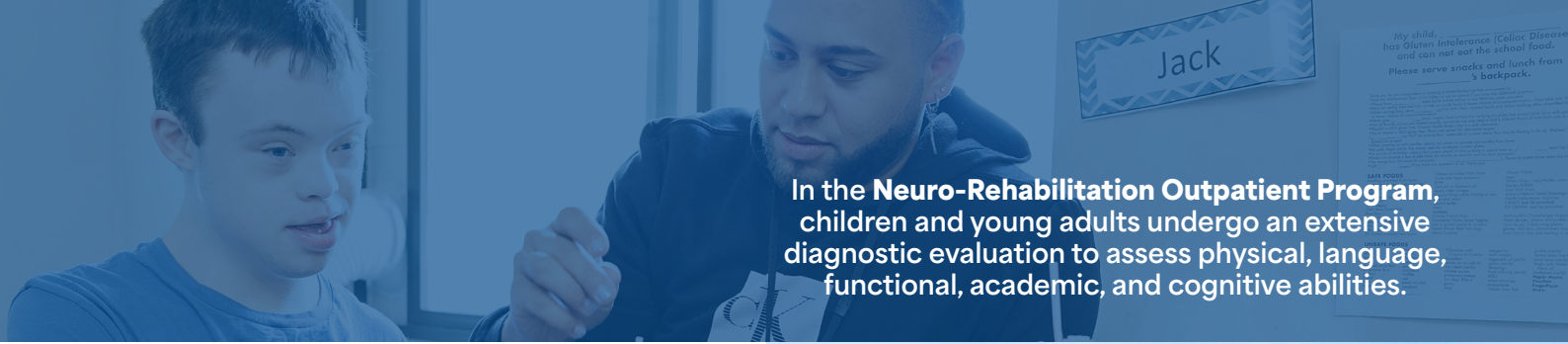
Sargent Center TBI Services & Instruction by Specialists

Sargent Center has embarked on a quest to have the best available staff to work with students experiencing aftercare and recovery following a TBI. Sargent Center staff assigned to the TBI program undergo advanced training and coursework in TBI.

Sargent Center TBI Program is recognized throughout New England as a leader in TBI programming for students at the elementary and secondary level. Sargent Center proudly works with school districts and families to accept students referred by leading children's hospitals in Rhode Island, Massachusetts, and Connecticut

For more information on Sargent Center's TBI Program, contact Dr. Leslie Brow: lbrow@sargentcenter.org





In the **Neuro-Rehabilitation Outpatient Program**, children and young adults undergo an extensive diagnostic evaluation to assess physical, language, functional, academic, and cognitive abilities.



Recent Success Stories

Bermuda Adolescent attends Sargent Center TBI program following discharge from Hospital

In 2021, Sargent Center accepted a referral from Spaulding Hospital in MA for a student who had suffered a brain injury. After completing an evaluation, D (*name protected*) a high school student with aspirations to graduate and attend a post secondary institution of learning, was accepted into the Sargent Brain Injury program with one extraordinary obstacle: D was from Bermuda. Sargent Center administration worked with D's family to secure long term housing while D continued his successful rehabilitation at Sargent. After months of treatment and active engagement in Sargent's professional soccer instruction program with the New England Revolution Professional Soccer Organization, D transitioned back to his home school in Bermuda with ongoing distance support provided by his team of professionals at Sargent Center. D's ambition to graduate and attend a post secondary institution were not lost due to his injury.



Former Sargent Center student who overcame a TBI to return to her High School

Massachusetts athlete overcomes traumatic brain injury, returns to competition. [Learn more »](#)



EDUCATOR ★ IN THE SPOTLIGHT ★



The Providence Bruins Introduce 2023-2024 Educator in the Spotlight Series Sponsored by the Sargent Center

The Providence Bruins and Sargent Center are proud to bring the Educator in the Spotlight Series to the new AMP (former Dunkin Donuts Center and formerly the Civic Center)

The spotlight series will honor an RI Educator each month at a Providence Bruins Professional Hockey Game.

If you have an educator to nominate, contact: josephined@sargentcenter.org





About Sargent Center

For more than 100 years, the Sargent Center has been a leader in the education and rehabilitation of children and young adults challenged by disabilities by restoring cognitive and physical function resulting in exceptional outcomes. The Sargent Center concentrates its operations in the areas of:

Day School Programs for students with disabilities (pre-school, elementary, secondary and transitional living, community vocational training with high school diploma, as well as a post-secondary prep program).

Regional Resource Center (RRC) for Professional Training, Public Policy Institute, Family Education, and Advocacy.

Brain Injury Neuro-Rehabilitation Program for children, adolescents and young adults (brain injury, concussion, stroke, injury).

Take a Virtual Tour of Sargent Center (Video)

Our Mission

Rehabilitating children and young adults with disabilities for maximum community access to education, daily living, and employment.

Our Vision

Achieving the extraordinary in rehabilitating human potential.



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