Can’t vs. Won’t:

How to determine when an individual with brain injury’s behavior is a skill deficit or willful behavior

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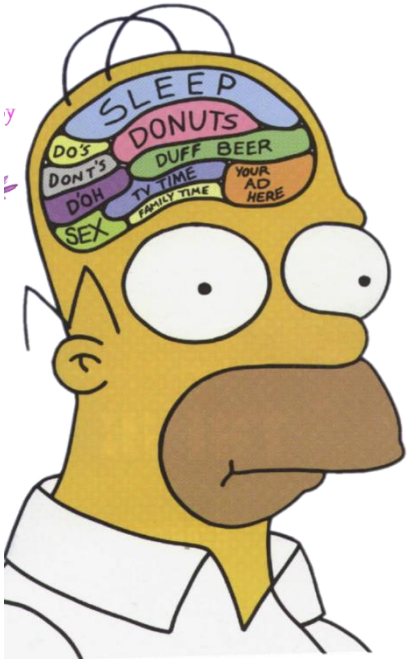
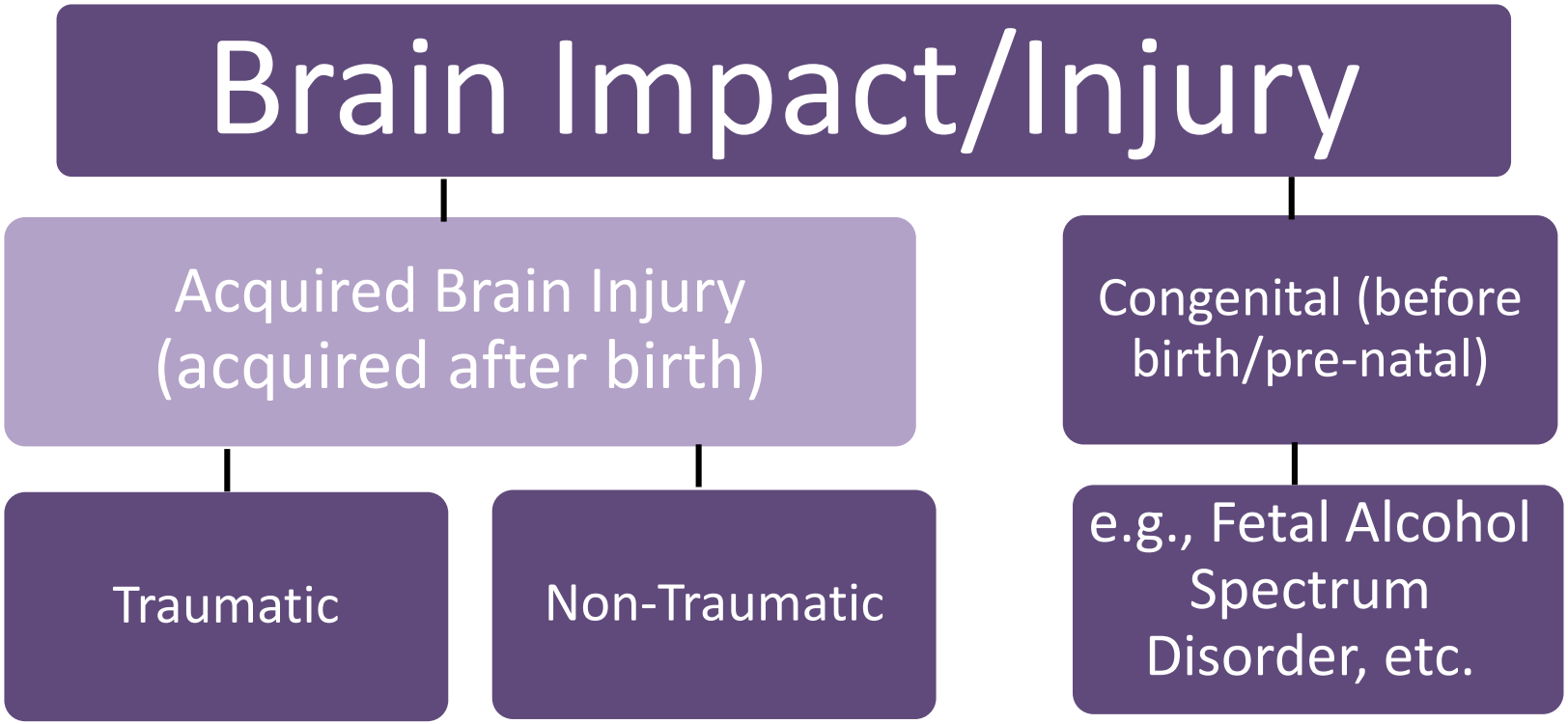
Thank you to **Heather Hotchkiss, Karen McAvoy and Janet Tyler** at the **Colorado Department of Education, Jonelle Sandel** at the **Division of Youth Services, and Judy Dettmer** at **Mindsource Brain Injury Network** for their collaboration and use of slides for this presentation.

Presentation Objectives

Participants will:

- Gain an understanding of brain injury in the context of neurodevelopment
- Gain an understanding of executive functions
- Learn skills to identify areas of dysfunction
- Learn how to identify function of behavior
- Learn of and how to apply interventions

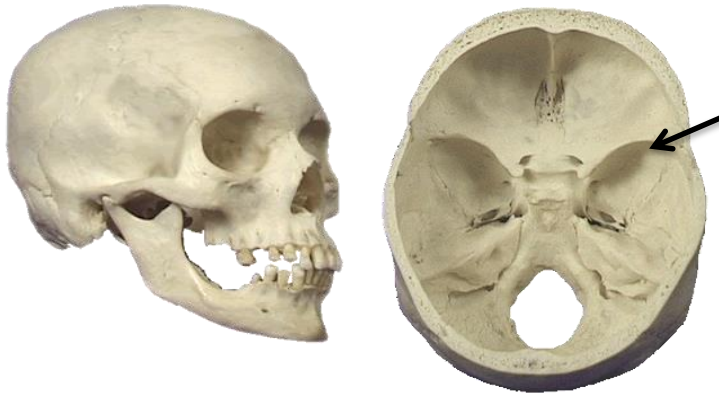


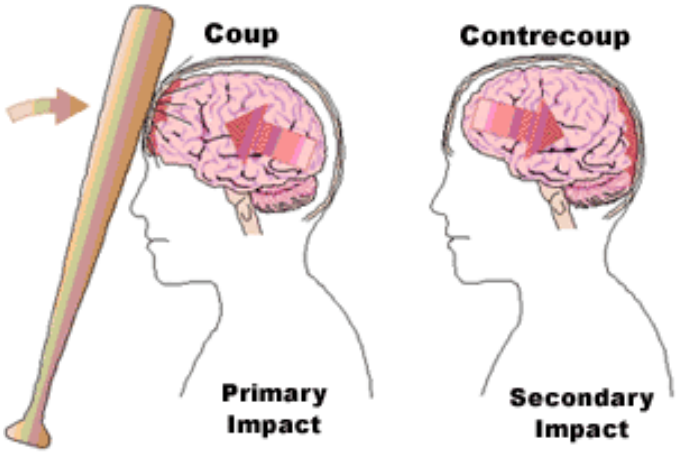

Brain Impact/Injury
Acquired Brain Injury (acquired after birth)
Congenital (before birth/pre-natal)
Traumatic
Non-Traumatic
e.g., Fetal Alcohol Spectrum Disorder, etc.

(CDE, 2016)

Mechanism of an Acquired Brain Injury

Traumatic Brain Injury



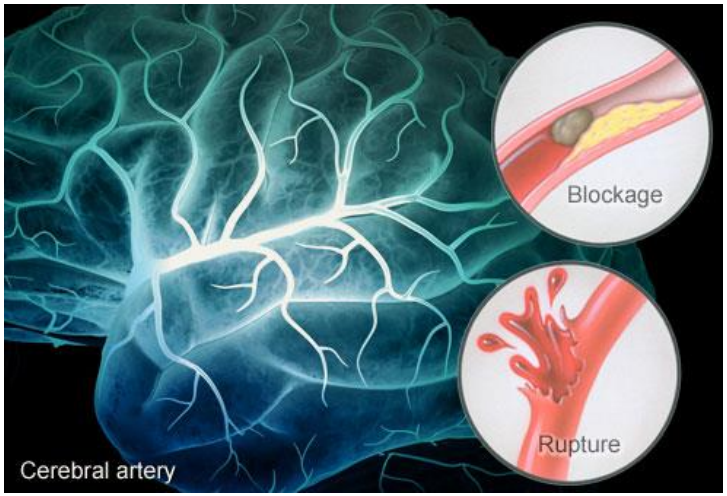


Non Traumatic Brain Injury

Anoxia:

A loss of oxygen to the brain caused by an airway obstruction due to choking, strangulation, near drowning or drug reactions.

Stroke:



Common Causes of *Non*-Traumatic Brain Injury

- Illness (e.g., high fever)
- Infections (e.g., meningitis, encephalitis)
- Anoxic injuries (lack of oxygen; e.g., airway obstruction, near drowning)
- Stroke or vascular accident (lack of blood flow)
- Brain tumors
- Poisoning (e.g., ingestion, inhalation)
- Metabolic disorders (e.g., insulin shock)

(Colorado Department of Education, Exceptional Student Services Unit, 2016)

(CDE, 2016)

Common Causes of Traumatic Brain Injury (TBI)

Infants: Physical abuse

Toddlers: Falls and abuse

Young Children: Passengers in vehicles

School-aged Children: Bicycle and pedestrian collisions with vehicles

Adolescents: Drivers and passengers in motor vehicle accidents

Note: Consider how the mechanism of injury will uniquely affect the grieving process.

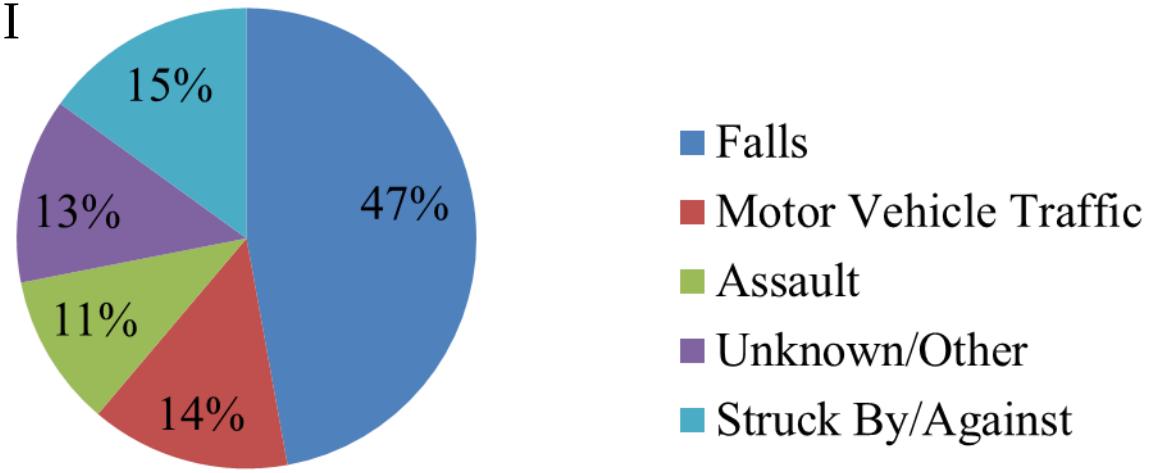
(Colorado Department of Education, Exceptional Student Services Unit, 2016)

(CDE, 2016)

TBI Statistics

- Children **0 to 4 years**, older adolescents aged **15 to 19** years, and adults **65 years+** are most at risk
- Males are almost **twice** as likely to sustain a TBI as females
- **Falls** are the leading cause of TBIs in the United States (globally, motor vehicle accidents are #1)
- Over **500,000** adults in Colorado have sustained a brain injury
- Colorado ranks **9th** in the nation of fatalities and **13th** in the nation of hospitalizations due to a TBI

In 2013, 2.8 million TBIs occurred in the U.S.



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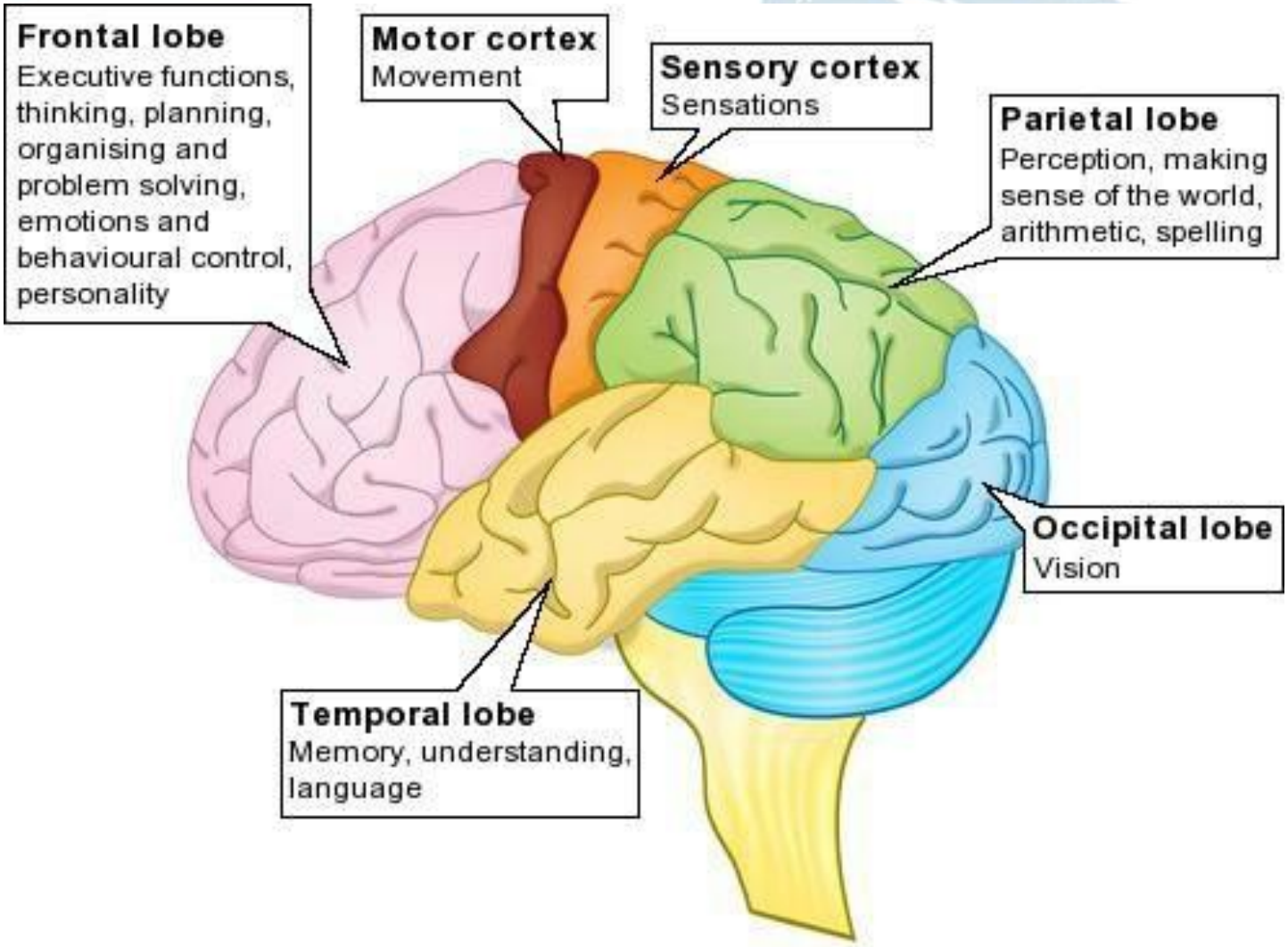
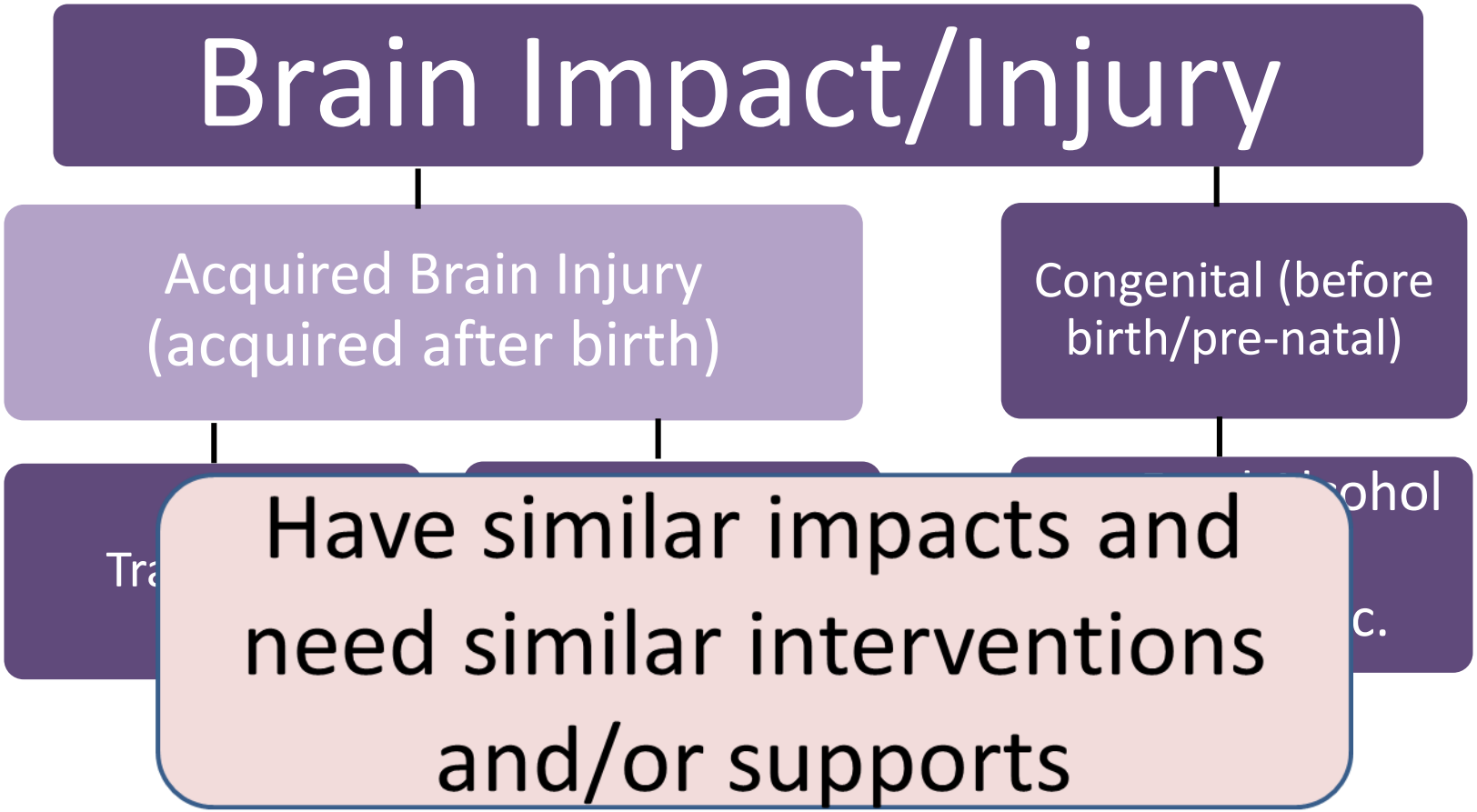
Children and Brain Injury Statistics

- TBI is a **leading cause of death and disability** among children ages 1 to 19 years in the United States *(Faul, Xu, Wald, & Coronado, 2010)*.
- Each year, approximately **40%** of TBIs in the United States occur in the pediatric population (ages 0–19 years)
- Research indicates that youth in foster care are at a greater risk for trauma exposure, with approximately **50% to 66% experiencing at least one lifetime trauma** such as abuse, neglect, exposure to domestic violence, or physical assault *(Finkelhor, Turner, Ormrod, & Hamby, 2009)*.
- Physical abuse is reported by **48.4% of foster care youth and 64% of foster care youth** who experience complex trauma, or those with exposure to chronic, interpersonal traumatic experiences at the hands of a caregiver *(Greeson et al., 2012)*.
- **Assault** is the leading cause of brain injuries in children ages 0-4.

(Dettmer, 2018)


Frontal lobe
Executive functions, thinking, planning, organising and problem solving, emotions and behavioural control, personality
Motor cortex
Movement
Sensory cortex
Sensations
Parietal lobe
Perception, making sense of the world, arithmetic, spelling
Occipital lobe
Vision
Temporal lobe
Memory, understanding, language


Brain Impact/Injury
Acquired Brain Injury (acquired after birth)
Congenital (before birth/pre-natal)
Have similar impacts and need similar interventions and/or supports

(CDE, 2016)

Severity of BI: Glasgow Coma Scale

Severity of Traumatic Brain Injury[8]			
	GCS	PTA	LOC
Mild	13-15	<1 day	0-30 mins
Moderate	9-12	>1 to < 7 days	>30 mins to < 24 hrs
Severe	< 9	> 7 days	> 24 hrs

(Medical Clinics of NYC, 2018)

Dise-Lewis, 2009

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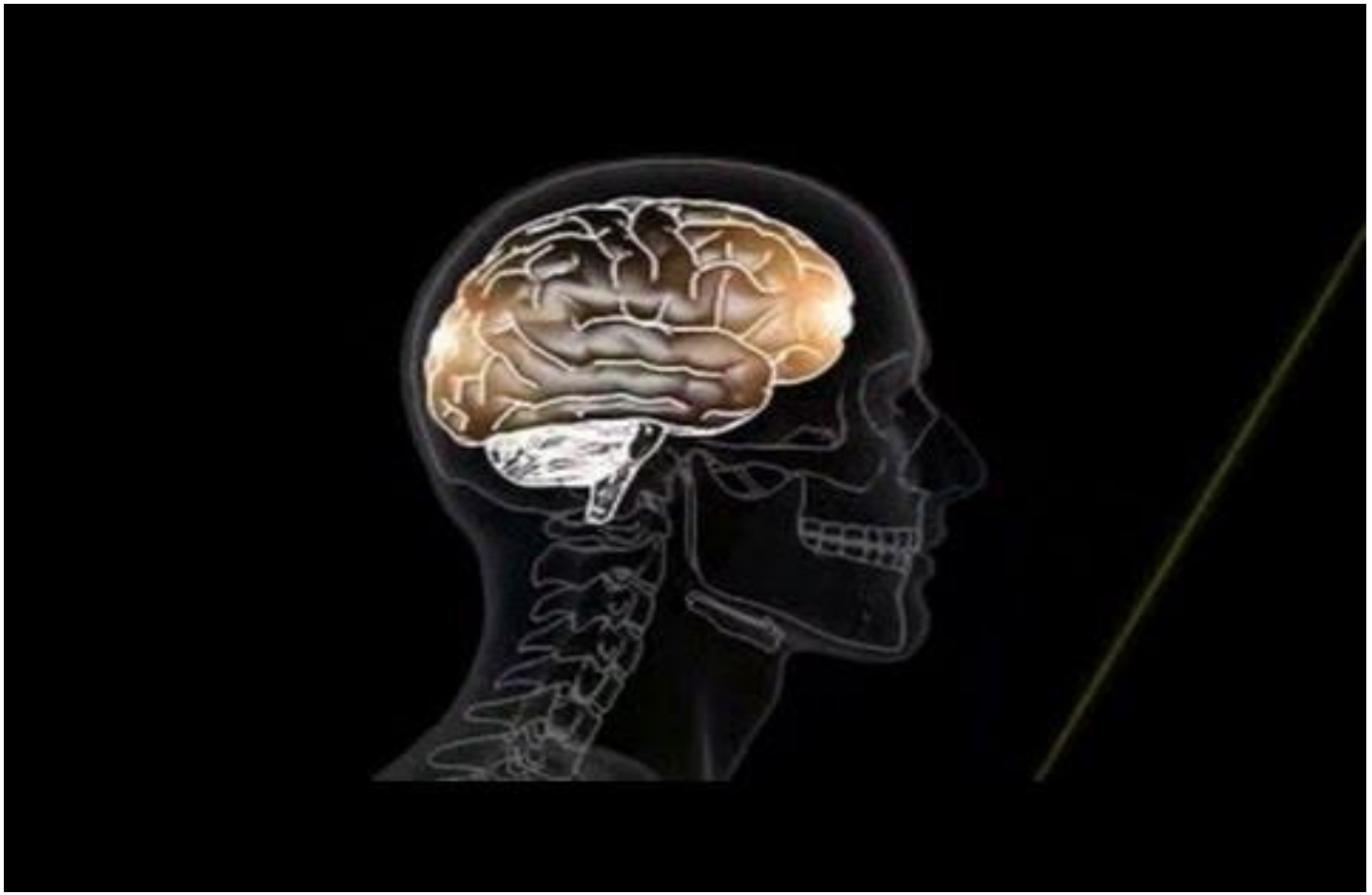
Mild Traumatic Brain Injury/ Concussion



Signs & Symptoms

Thinking/ Remembering	Difficulty thinking clearly	Feeling slowed down	Difficulty concentrating	Difficulty remember new information
Physical	Headache Fuzzy or blurry vision	Nausea or vomiting (early on) Dizziness	Sensitivity to noise or light Balance problems	Feeling tired, having no energy
Emotional/ Mood	Irritability	Sadness	More emotional	Nervousness or anxiety
Sleep	Sleeping more than usual	Sleeping less than usual	Trouble falling asleep	Difficulty maintaining deep sleep

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Accommodations for mTBI in Schools

- Common accommodation following a concussion include:
  - Partial or full day excusal immediately after the injury. Not long-term.
  - Rest periods during the day
  - Extension of deadlines
  - Postponing test or staggering of tests
  - Excusal from assignments
  - Accommodations for light and noise sensitivity
  - Excusal or restrictions from physical activity including aspects of physical education, recess, and sports
  - Audio books
  - Note taker or teacher notes provided
  - Quieter testing environments

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Moderate to Severe Brain Injury

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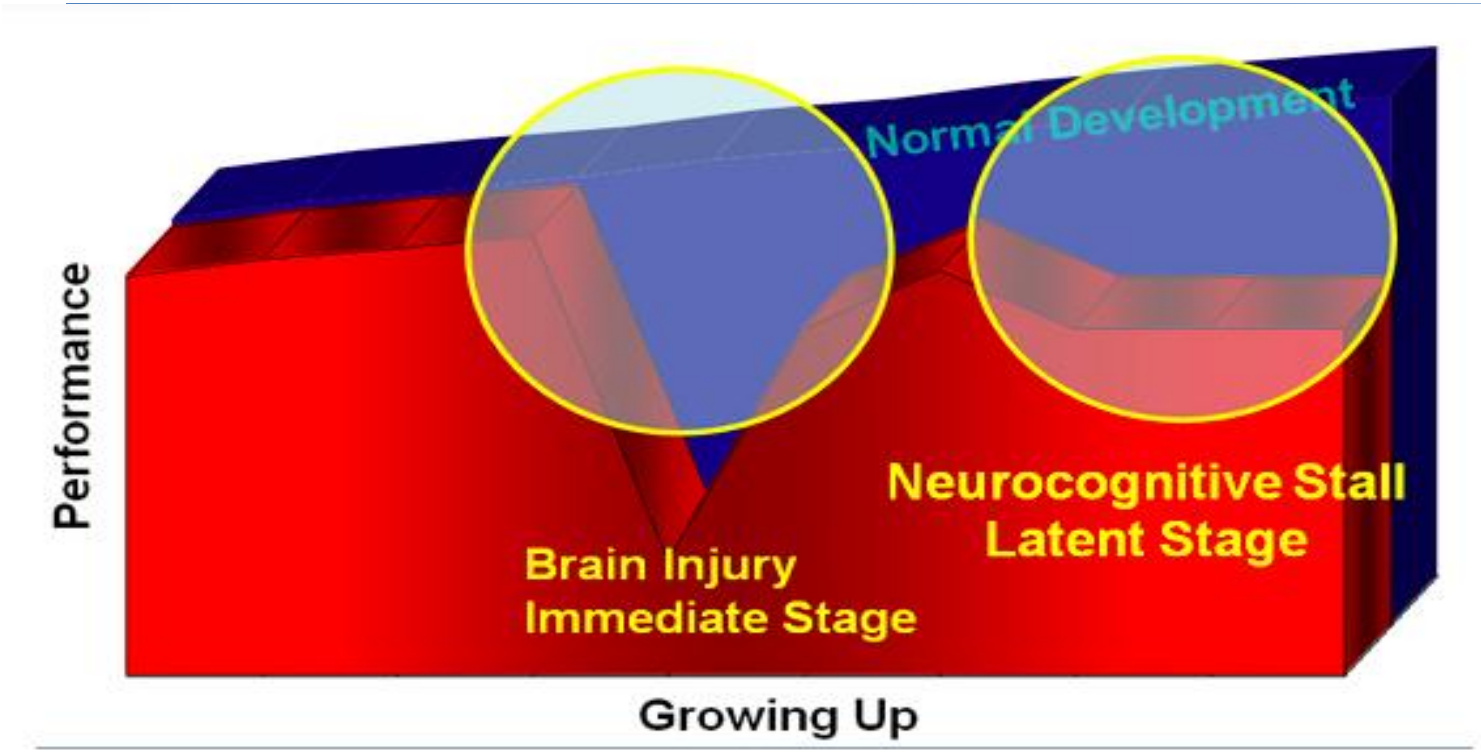
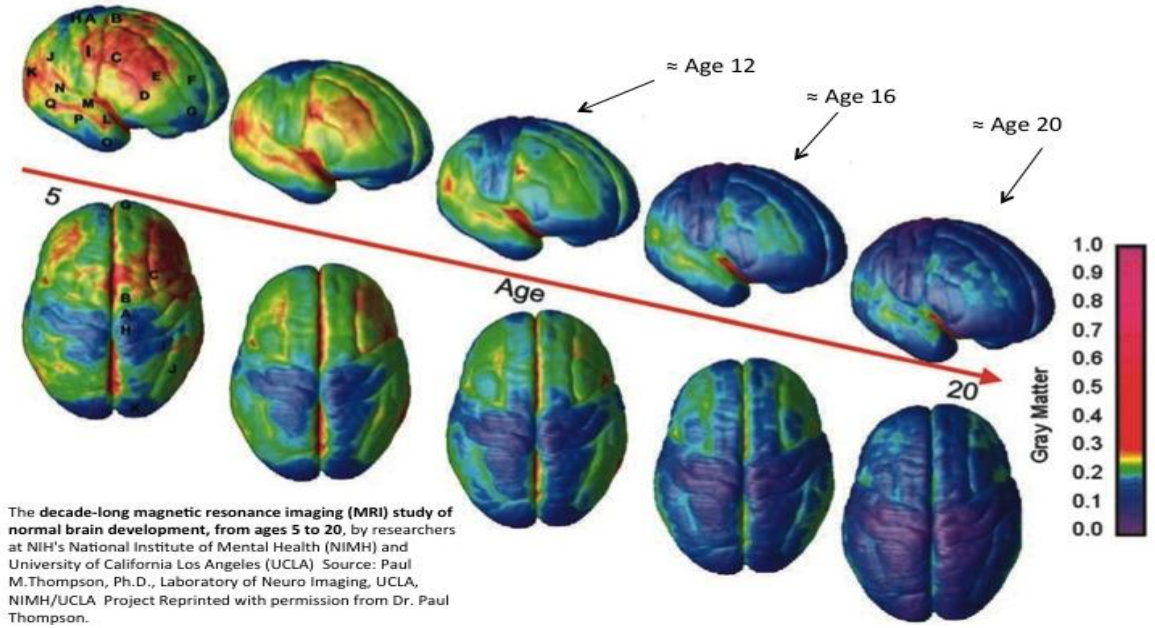
Pediatric TBI: Two Stages of Recovery



(Chapman, 2007)

Consideration of Developmental Stage at the time of the Injury

- Abilities that are developing at the time of the injury are vulnerable
- Skills developed at one stage support (or disrupt) appearance of skills in the future



The **decade-long magnetic resonance imaging (MRI) study of normal brain development, from ages 5 to 20**, by researchers at NIH's National Institute of Mental Health (NIMH) and University of California Los Angeles (UCLA) Source: Paul M.Thompson, Ph.D., Laboratory of Neuro Imaging, UCLA, NIMH/UCLA Project Reprinted with permission from Dr. Paul Thompson.

Predicting Prognosis for Deficits and Services

A = Severity and type of BI

B = Age of time of injury

C = Pre-existing factors

D = Available resources

X = prediction of deficits and long-term needs

A+B+C+D=X

(Savage, 2016)

Outcomes after brain injury in youth

- Can negatively affect a child's ability to learn and perform in school
- Need for post-injury support at school ranging from informal academic support specific to their symptoms to longer-term formalized support
- Under-identified for health and educational services and under-served by existing supports
- Poor post-high school career outcomes
- A TBI during childhood is associated with offending behavior and incarceration in adolescents.

(CDC, 2018)

Mental Health Fallout

Almost half of adults with TBI who have no pre-injury history of mental health problems develop mental health problems after the TBI

(Gould, Ponsford, Johnston, & Schonberger, 2011. Psychological Medicine, 41, 2099-2109.)

1/3 of TBI survivors experience emotional problems between 6 months and a year post injury

Patients who reported:

- Hopelessness 35%
- Suicidal ideation 23%
- Suicide attempts 18%

85% of survivor families report that emotional or behavioral problems have an impact on their function

Suicidal ideation can be 7x higher in people with TBI than in those without

- *Attempts* of suicide post-TBI can be at rates close to 17%
- Increased suicide risk persists up to 15 years post-injury

Fazel, et al. 2014. JAMA Psychiatry, 71(3), 326-33.; Mackelprang et al., 2014. Am J Public Health, 104(7), e100; Simpson & Tate, 2007. Brain Inj., 21(13-14), 1335-51.

Brain Injury & Substance Use Abuse

Why would TBI be association with substance abuse disorders?

1. Intoxication causes TBI

2. Early life TBI predispose to substance abuse

3. Structural damage from TBI changes behavioral control

TBI and Offending Behaviors

- Recent meta-analytic review found the prevalence of TBI in the offender population to be **60.25%** *(Shiroma, Ferguson, & Pickelsimer, 2010)* vs. 8.5% general population report a history of TBI *(Wald, Helgeson, & Langlois, 2008*)

- One meta-analysis found that approximately **30%** of juvenile offenders have sustained a previous brain injury *(Vaughn, Salas-Wright, Delisi, & Perron, 2014)*

- TBI is associated with **higher impulsivity, aggressive behavior and negative emotion** ratings *(Farrer, Frost, & Hedges, 2013)*

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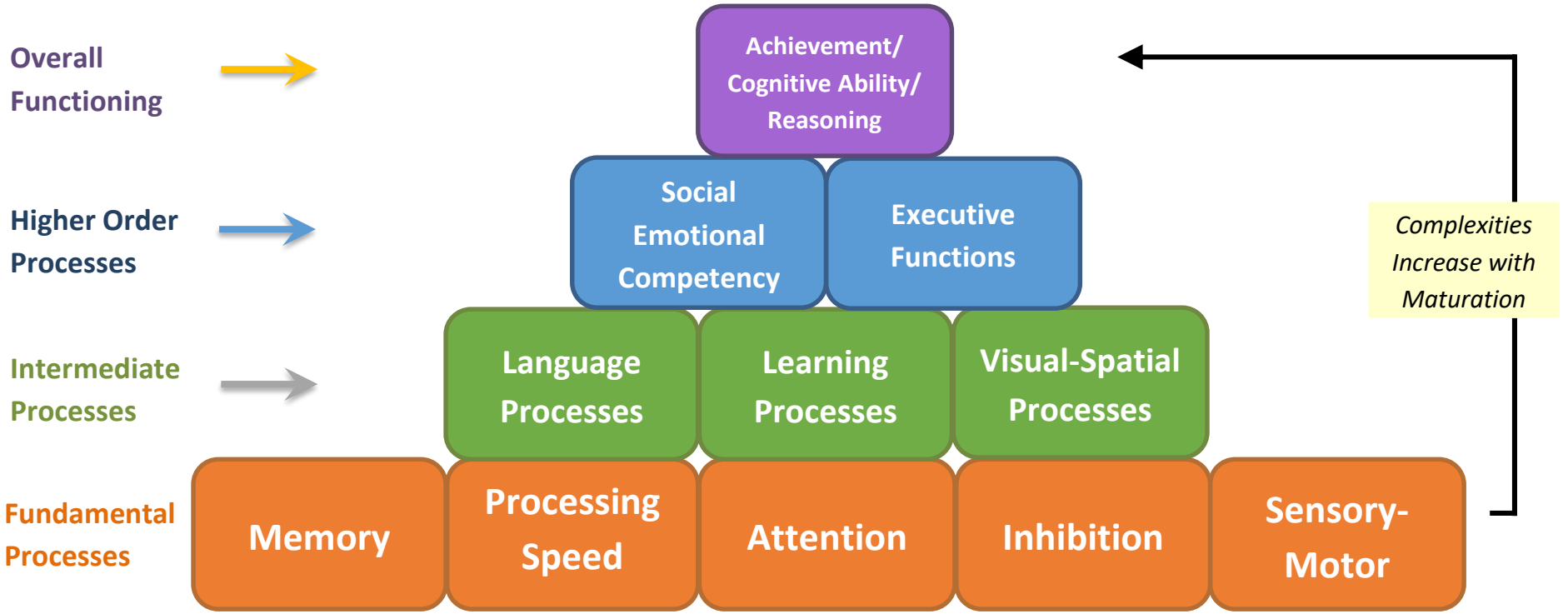
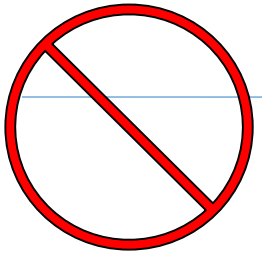
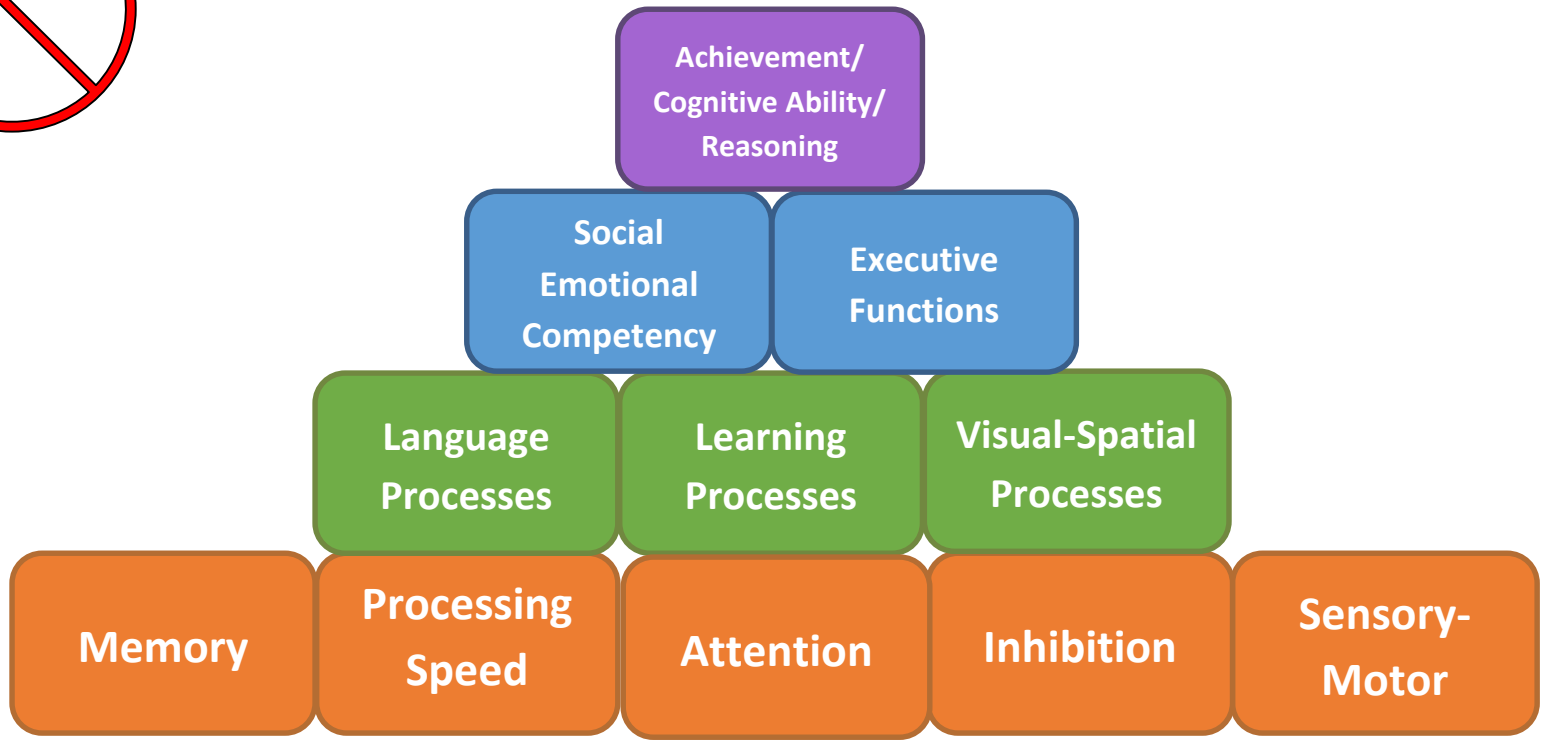
Hierarchy of Neurocognitive Development



CO Brain Injury Steering Committee: Adapted from Miller, 2007; Reitan and Wolfson, 2004; Hale and Fiorello, 2004





CO Brain Injury Steering Committee: Adapted from Miller, 2007; Reitan and Wolfson, 2004; Hale and Fiorello, 2004

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CO Brain Injury Steering Committee: Adapted from Miller, 2007; Reitan and Wolfson, 2004; Hale and Fiorello, 2004

Brain Injury 102

Strategies & Accommodations

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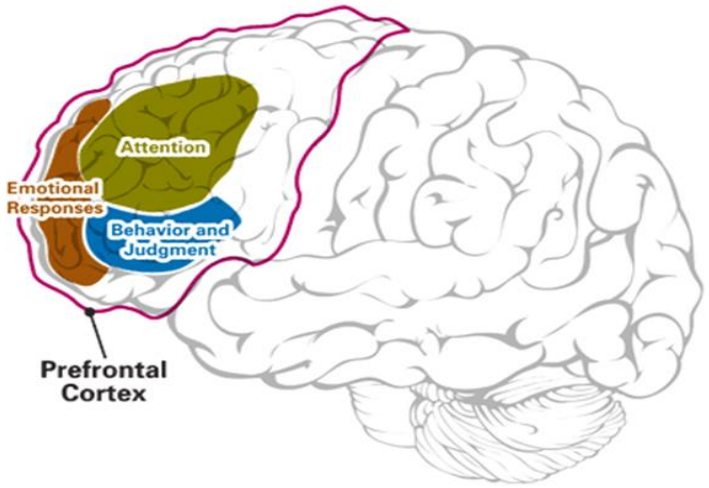
Executive Function

- Executive functions is a generic term that refers to a variety of different capacities that enable purposeful, goal-directed behavior, including:
  - behavioral regulation,
  - working memory,
  - planning and organizational skills, and
  - self-monitoring (Struss & Benson, 1986).

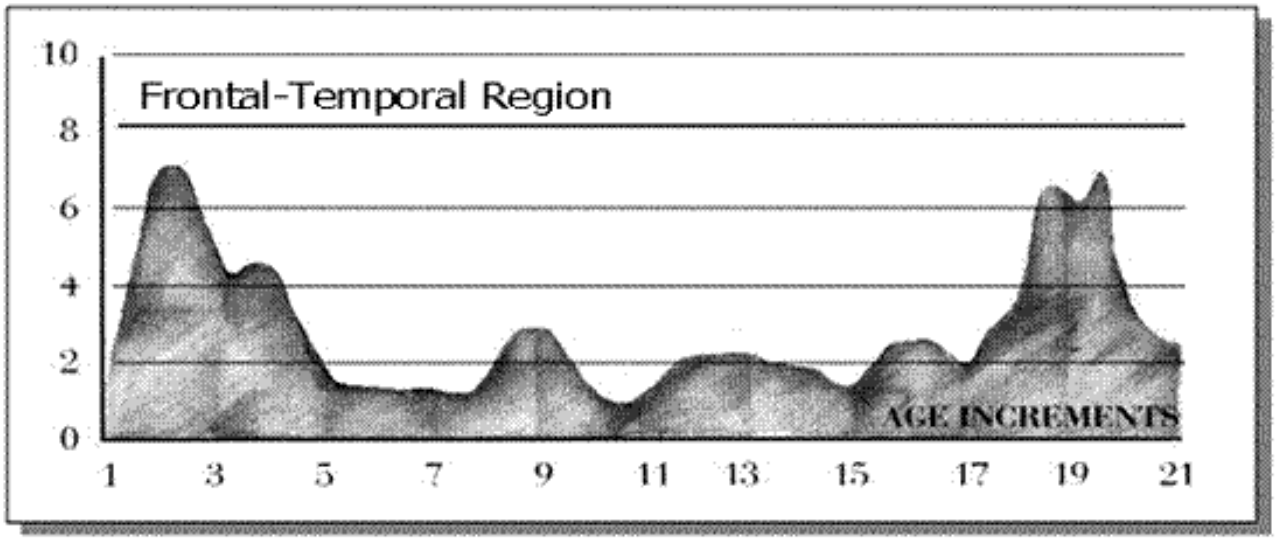
- "Intentional, goal-directed, problem-solving action" (Gioia et al., 2004)

- Air traffic control system



Maturation of Executive Functioning

CHART 2:



(Savage, 1999)

Why Are Executive Functions Important?

- School Readiness: EF predicts readiness more than IQ or entry-level reading or math skills. *(Blair, 2002, 2003, Blair and Razza, 2007, Normandeau and Guay, 1998)*
- School Success: Working Memory and inhibitory control each independently predict math and reading competence throughout the school years. *(Adele Diamond, 2012)*
- Job Success: Poor EF Skills lead to poor productivity and difficulty obtaining and maintaining a job.

Executive Functioning is critical for cognitive, social and psychological development.

Slides adapted from presentation by Ann Janney-Schultz,
VA Head Start ECE T/TA System
Creating Connections to Shining Stars, July, 2013

Sandel, 2017

Executive Functions: Reasoning

What is it? The use of deliberate and controlled mental operations to solve novel and on the spot problems (social problem solving)

What does it look like?

- Makes poor choices (behavior and social)
- Argumentative
- Does not learn from mistakes
- Acts without thinking of consequences

What can you do?

- Talk through different choices and help them select the one that brings that most positive solution.
- Teach how to develop a step-by-step guide for problem solving by identifying the problem, considering relevant information, listing and evaluating possible solutions, creating a plan of action, and evaluating the plan of action.
- Avoid open-ended questions
- Speak concretely
- Be clear on expectations and consequences of risk taking behaviors

Executive Functions: Initiation

What is it? The ability to independently start an action or activity.

What does it "look" like?

- Difficulty doing tasks independently and getting started
- Follower
- Appears lazy, unmotivated or spacey

What can you do?

- Provide assistance with getting started on tasks - have them tell you the first thing they are going to do.
- Organize work time (timer)
- Teach self-advocacy skills: "Can you help me get started?"
- Check-in frequently
- Use underlining and highlighting for significant parts of directions. Checklists & calendars can help organize

Executive Functions: Mental Flexibility

What is it? The ability to easily shift from one idea, train of thought, activity or way of looking at things.

What does it look like?

- Trouble coming up with solutions
- Difficulty taking feedback
- Argumentative
- Trouble making friends

What can you do?

- Develop and practice routines & plan ahead for changes in routines
- Prepare for transitions
- Help develop alternative plans
- Assist in prioritizing goals, breaking them down into smaller tangible tasks
- Provide respectful feedback to potential or obvious problem areas
- Teach perspective taking

Goal Setting and Follow Through

- Plan A
- Plan B
- Plan C

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Draw A Line

Switch Tasking is a Thief

Write all the numbers from 1 to 21 in order

Executive Functions: Planning

What is it? The ability to set a goal, identify a sequence of actions to reach the goal and carry out that sequence of steps.

What does it look like?

- Rigid thinking
- Frequently late and/or unprepared
- Difficulty with time management
- Difficulty organizing thoughts

What can you do?

- Provide step-by-step visual or written directions and instructions
- Keep appointments at the same time and day
- Build routines into the process of learning new content
- Help the break-down projects into manageable pieces
- Use reminders, alarms, timers, deadlines
- Teach time management

"I SPENT *FIVE* HOURS WORKING ON MY REPORT! ONE HOUR TO GO TO THE MALL FOR AN INK CARTRIDGE, TWO HOURS ON HOLD WITH TECH SUPPORT, 45 MINUTES LOOKING FOR A SHEET OF WHITE PAPER, 30 MINUTES SEARCHING FOR THE PERFECT FONT..."

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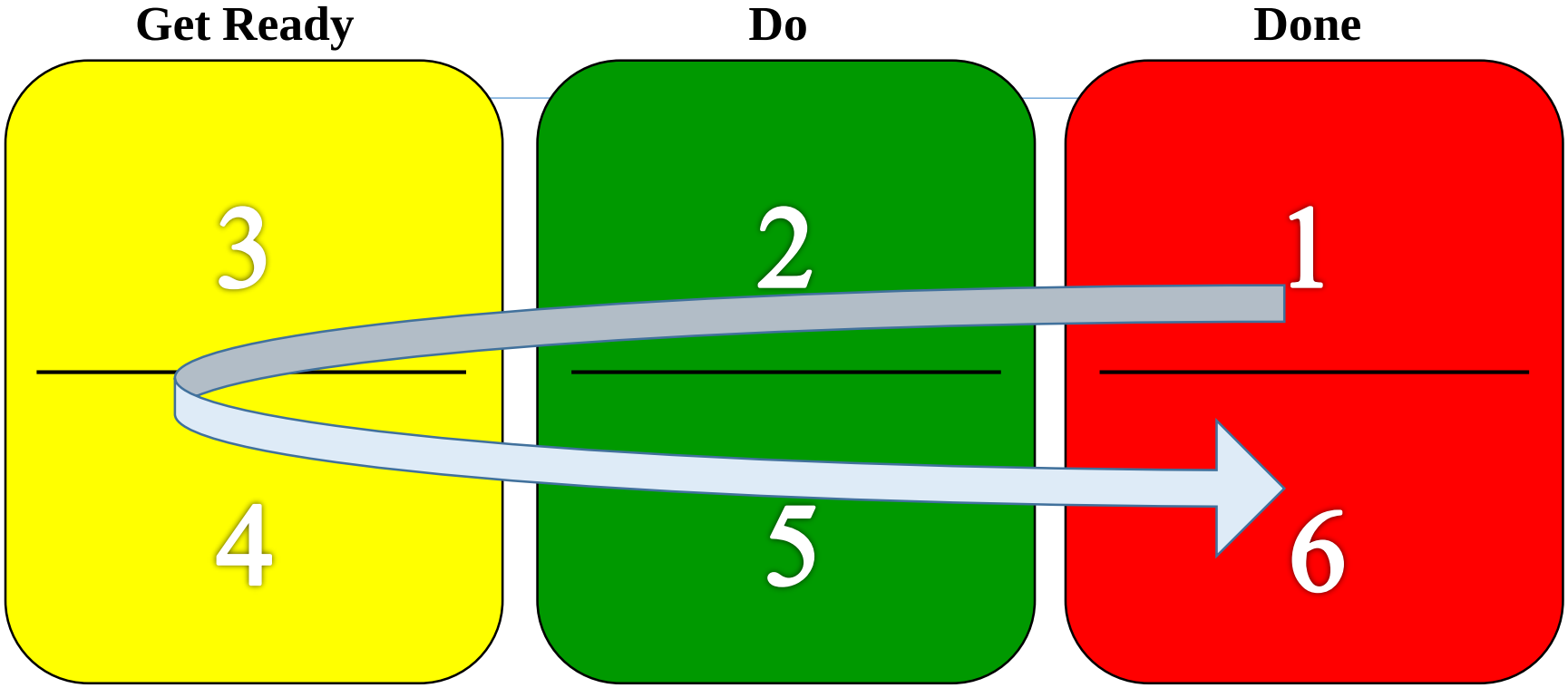
Get Ready, Do, Done (Sarah Ward, 2014)



Steps 1-3: Task Planning

1. Done – what will it/I look like?
2. Do – what do I need to do?
3. Get Ready – what materials will I need?

Steps 4-6: Task Execution

4. Get Ready – gather materials
5. Do – create time markers/check points
6. Done – stop and review

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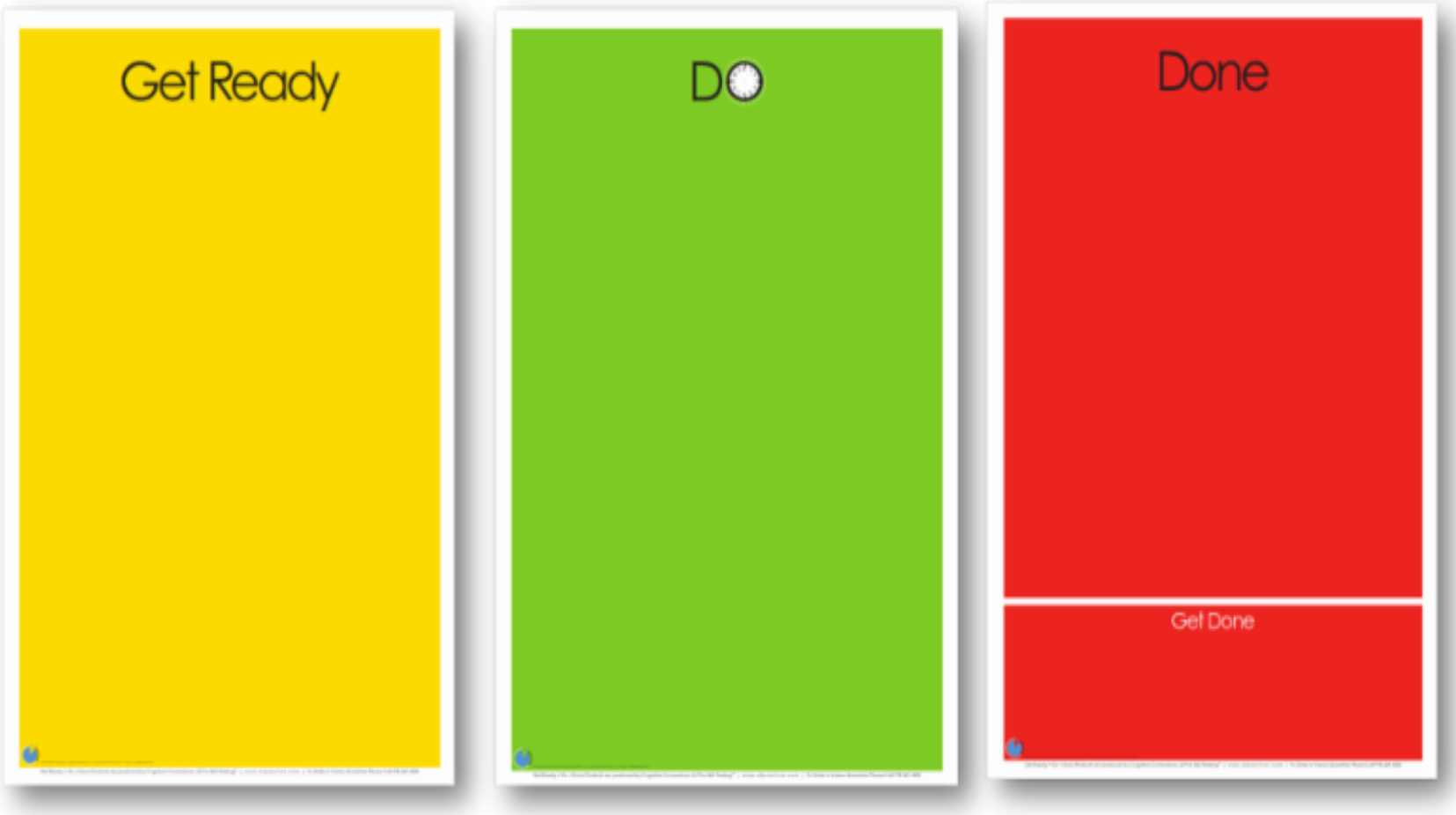
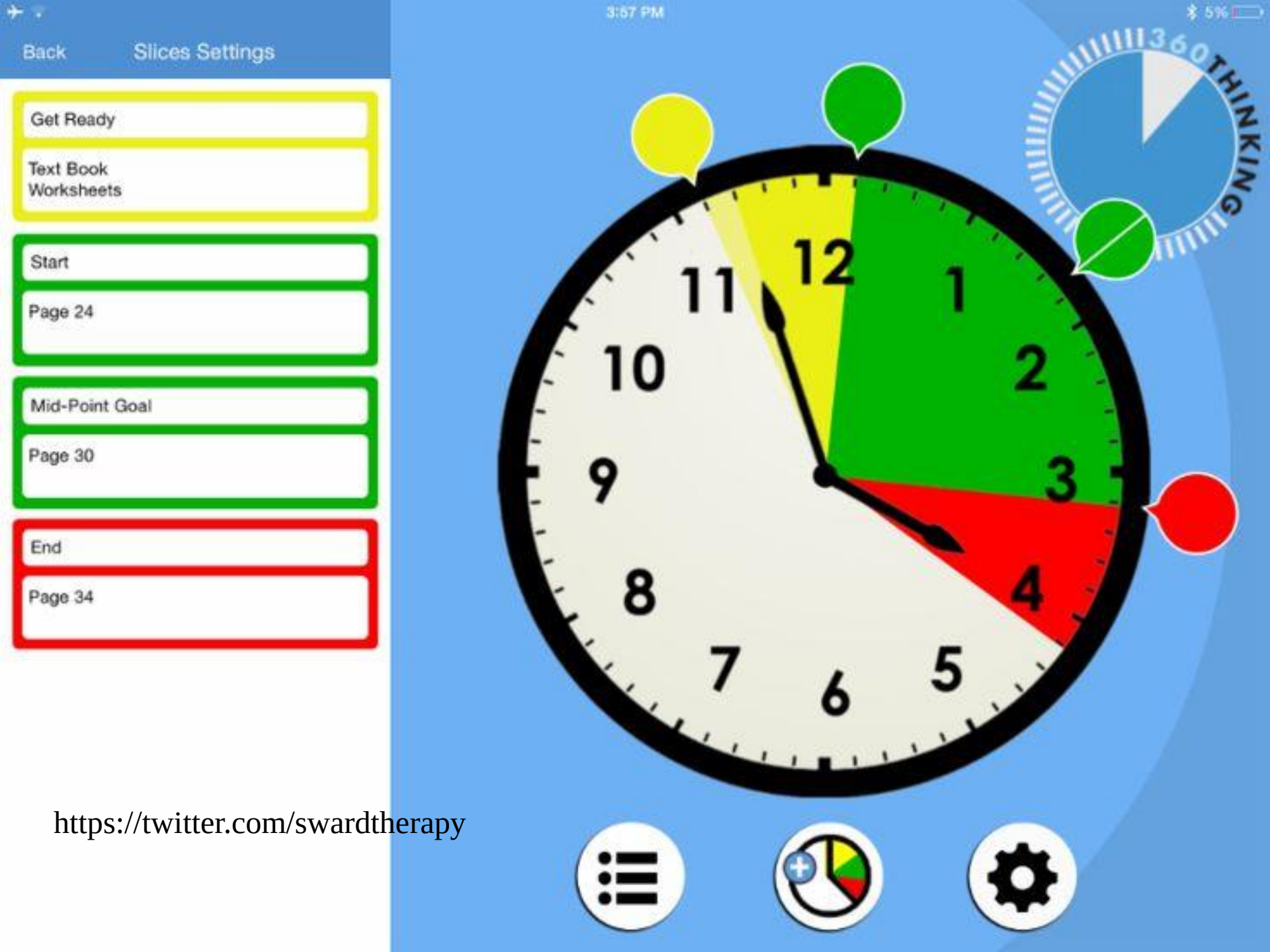
Get Ready, Do, Done, Get Done (Sarah Ward, 2018)





https://twitter.com/swardtherapy

Executive Functions: Organization

What is it? The ability to create and maintain orderliness in thoughts, activities, materials and the physical environment.

What does it look like?

- Copies others
- Resistant
- Loses things, forgetful
- Has difficulty communicating thoughts/answering open-ended questions

What can you do?

- Establish a daily routine as much as possible. The ability to predict what is going to be happening will help them to organize their behavior better.
- Clearly communicate changes in schedule ahead of time to help reduce worry and allow for follow through.
- Use picture schedules, planners, checklists, or electronic organizers to help them organize their day and prepare themselves for transitions.
- Reduce clutter in the physical environment

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Organization: Visual Supports

Social and Emotional Competency
Emotional Regulation

What is it? The awareness of social issues and one's emotional status. Behavioral self-regulation, control and self- monitoring are also part of this domain

What does it "look" like?

- Meltdown
- Difficulty managing anger
- Under/over reacts
- Can't "move on"

What can you do?

- Redirect to another topics/activity when possible and/or provide space that allows a person to calm down.
- Model how you calm down when you are upset.
- Minimize verbalizations and logical explanations when the individual is escalated.
- Address behaviors individually, not in front of a group
- Make consequences clear and concrete

Wizard vs. Lizard Brain

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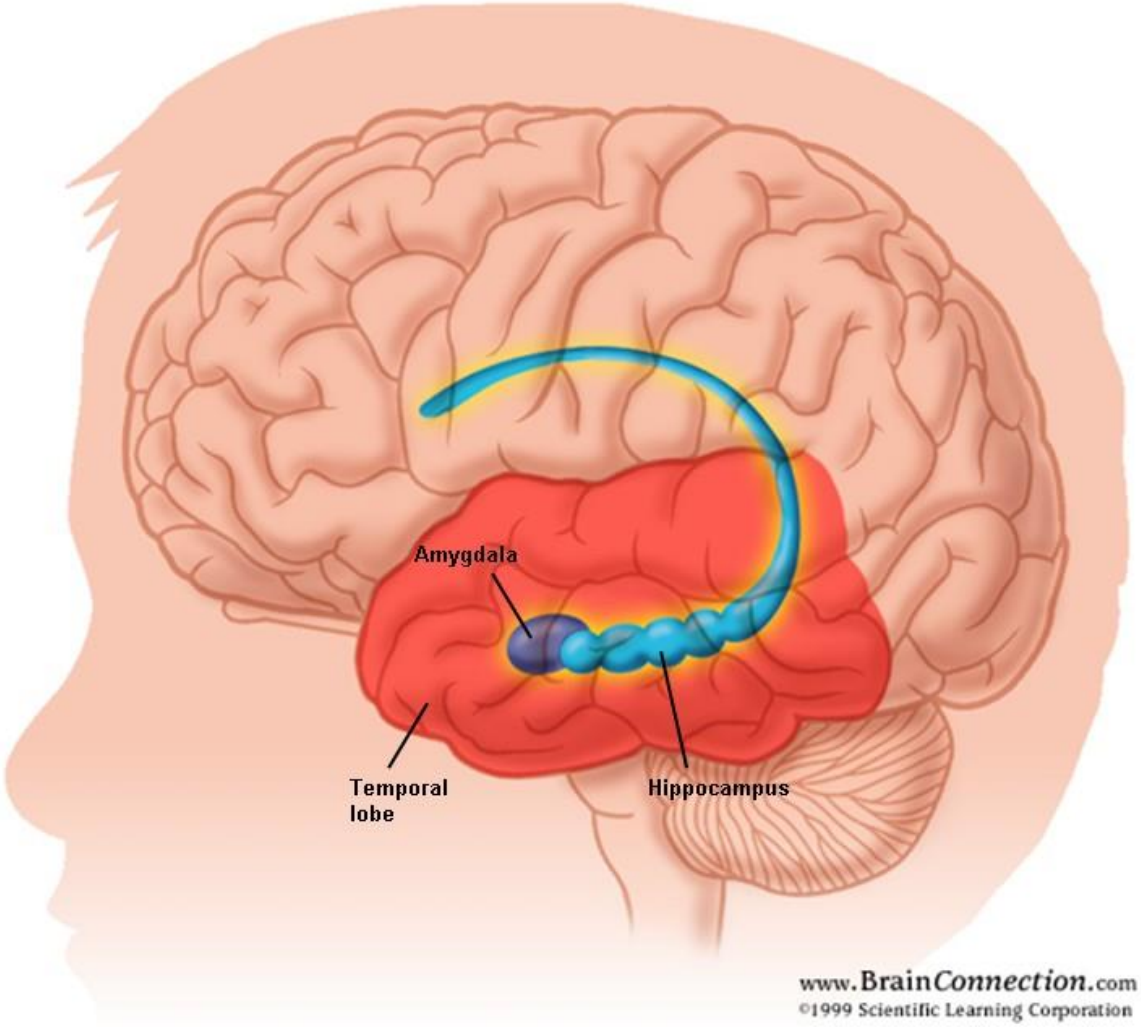

Resource

20 Tips to Help De-escalate Interactions with Anxious or Defiant Students by Katrina Schwartz

https://www.kqed.org/mindshift/43049/20-tips-to-help-de-escalate-interactions-with-anxious-or-defiant-students

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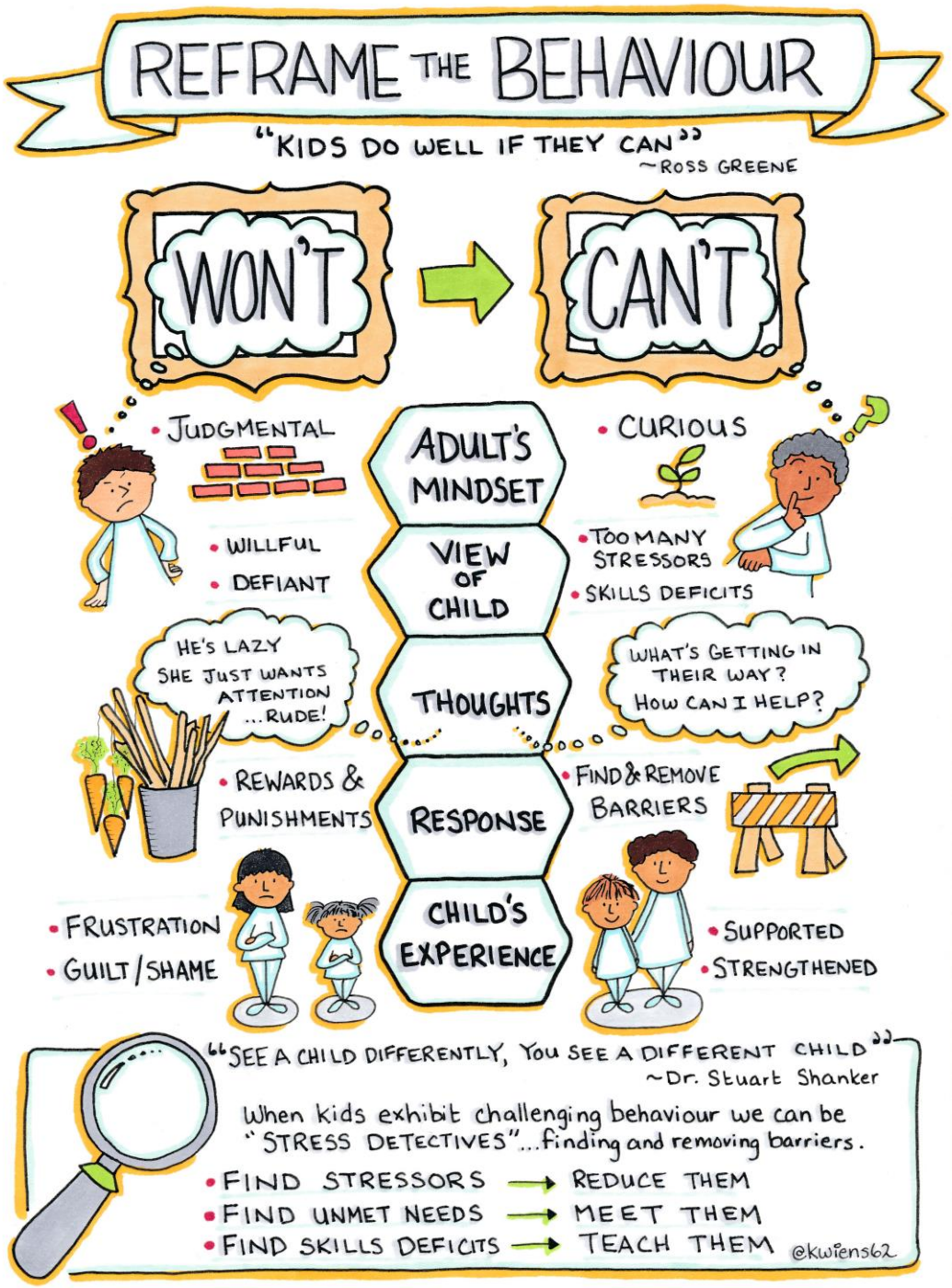
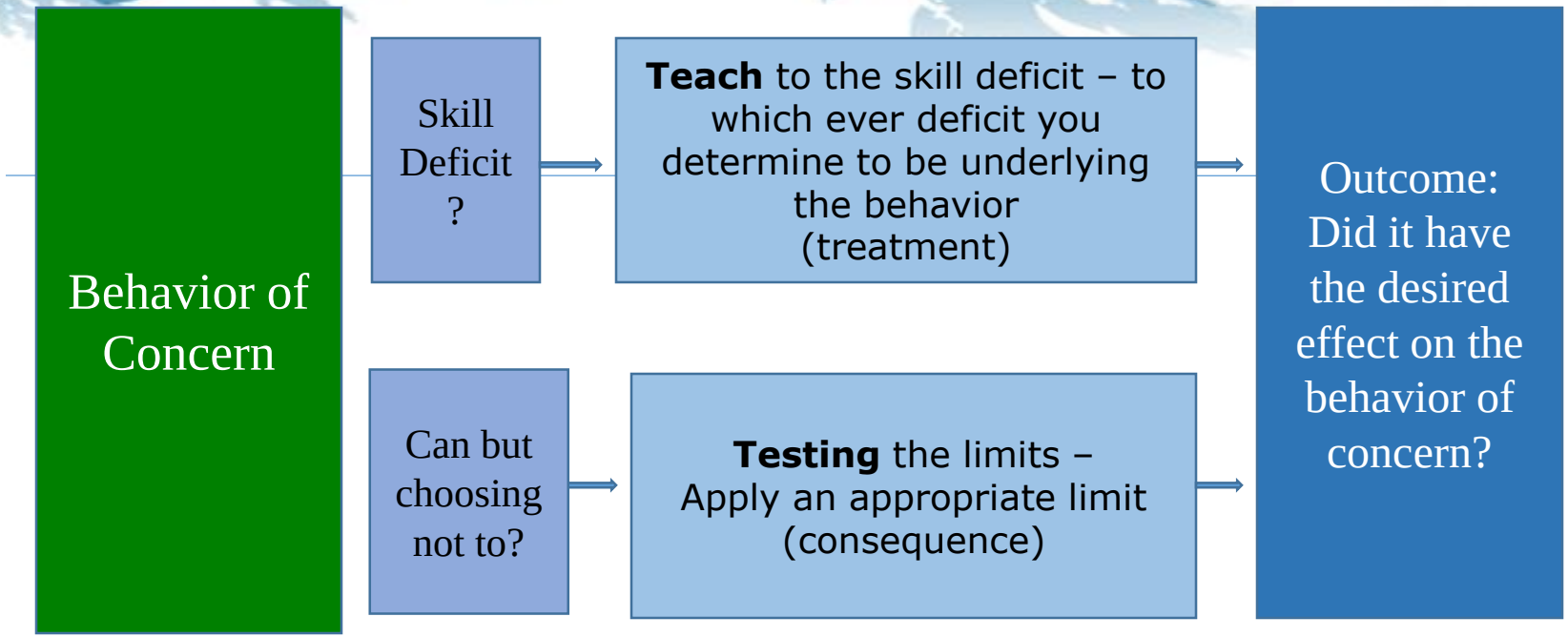
Behavior is a form of communication.

What is the person trying to communicate to us?

What is the function of the behavior?



https://self-reg.ca/self-reg/graphics/cant-vs-wont-graphic-march-2017/

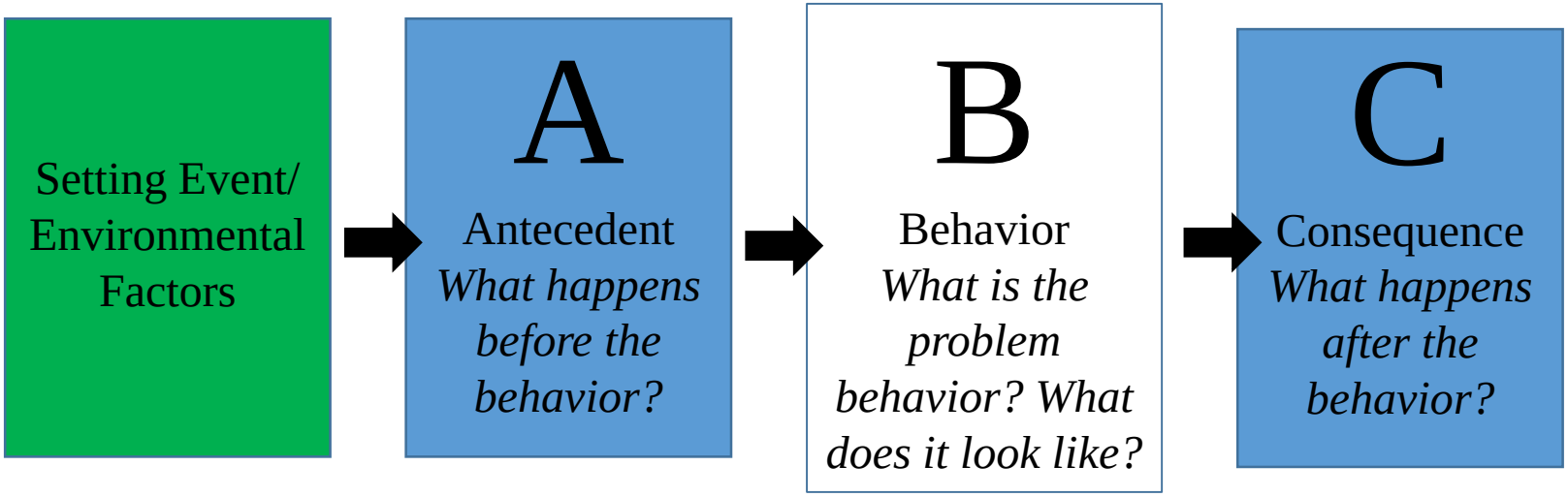


Caveat: If you do not get the desired change in behavior, continue to go back to the question of a skill acquisition problem or a skill generalization problem.

Skill versus Will

(CDE, 2016)

Functional Behavior Assessment (FBA)



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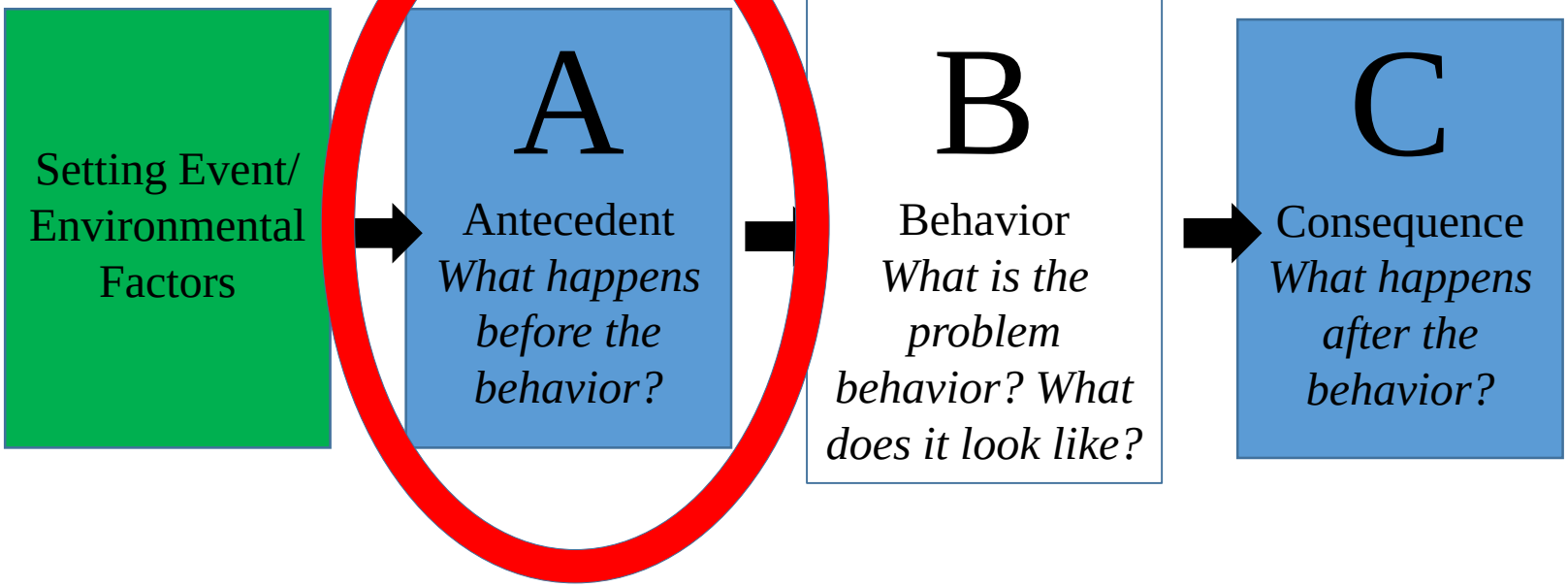
Functional Behavior Assessment (FBA)



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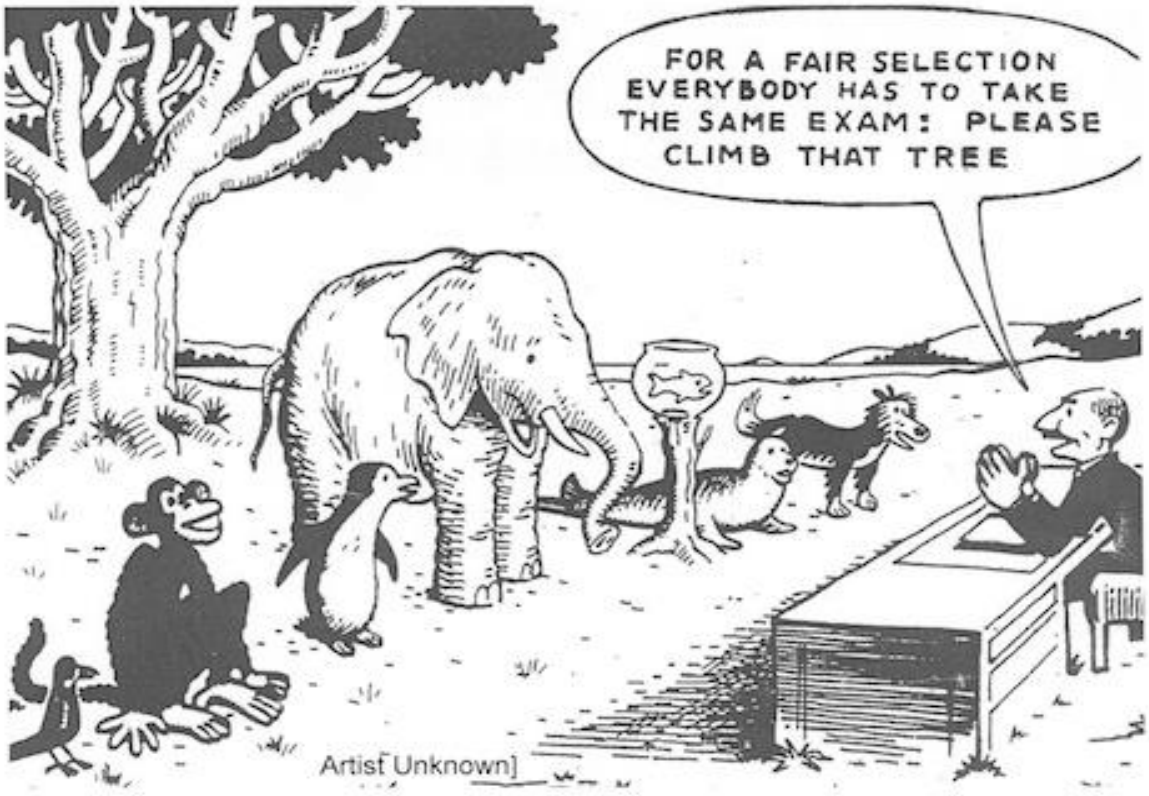
Achievement



http://efpractice.com/images/resources/ef_developmental_checklist_updated.pdf

Executive Functioning Skills Check-List

- 3-4 Year Olds
  - ★Complete simple errands; "Get your shoes from the bedroom".
  - ★Clean and put items away with minimal assistance.
  - ★Perform simple chores and self-care tasks with reminders and physical assistance if needed; clear dishes from table, brush teeth, get dressed.
  - ★Inhibit unsafe or inappropriate behaviors; don't touch a hot stove; don't run into the street; don't grab a toy from another child; don't hit, bite, push, etc.

- 5-7 Year Olds
  - ★Complete 2-3 step errands; "Put the napkin in the trash and then bring me a cup."
  - ★Tidy bedroom or playroom independently.
  - ★Initiate and perform simple chores and self-help tasks, but may need reminders; making their bed, make a bowl of cereal.
  - ★Bring papers to and from school.
  - ★Complete homework assignments (20-minutes maximum).
  - ★Decide how to spend their money.
  - ★Inhibit behaviors; follow safety rules, use appropriate language (e.g. not swearing or using bath-room language when not appropriate), raise hand before speaking in class, and keep hands to self.

- Ages 8-11
  - ★Run errands, including those involving a time delay, such as remembering to bring something home from school without reminders.
  - ★Perform chores that take 10-30 minutes; setting the table, dusting.
  - ★Bring books, papers, assignments to and from school.
  - ★Keep track of belongings when away from home.
  - ★Complete the majority of homework assignments without assistance (1 hour maximum).

*Adapted From: Dawson, P. and Guar, R. Executive Skills in Children and Adolescents. New York: The Guilford, 2004

http://efpractice.com/images/resources/ef_developmental_checklist_updated.pdf

Executive Functioning Skills Check-List

- Ages 8-11 (continued)
  - ★ Plan simple school projects such as book reports; select book, read book, write report.
  - ★ Remember changes in daily schedule including different after school activities.
  - ★ Save money for desired objects and plan how to earn money.
  - ★ Inhibit/self-regulate behaviors; maintain composure when teacher is out of the classroom; inhibit temper tantrums and bad manners.
- Ages 12-14
  - ★ Help out with chores around the home, including both daily responsibilities and occasional tasks that may take 60-90 minutes to complete; emptying dishwasher, raking leaves, shoveling snow etc.
  - ★ Able to safely baby-sit younger siblings
  - ★ Appropriately use a system for organizing school work
  - ★ Independently follow complex school schedule involving multiple transitions with teachers and classrooms.
  - ★ Plan and carry out long-term projects, including tasks to be accomplished and a reasonable timeline to follow;
  - ★ Plan time effectively, including after school activities, homework, family responsibilities
  - ★ Inhibit rule breaking in the absence of visible authority.
- High School
  - ★ Manage schoolwork effectively on a day-to-day basis, including completing and handing in assignments on time, studying for tests, and creating and following timelines for long-term projects.
  - ★ Establish and refine a long-term goal and make plans for meeting that goal; collegiate or other vocational goals.
  - ★ Independently organize leisure time activities, including obtaining employment or pursuing recreational activities during the summer.
  - ★ Avoid reckless or risky behaviors (e.g. use of illegal substances, sexual acting out, shoplifting, or vandalism).

*If your child demonstrates difficulty in 2 or more of the above areas for their age, it is recommended that you contact an executive functioning specialist to further identify executive functioning needs and create strategies to address those needs.

Created by:
North Shore Pediatric Therapy
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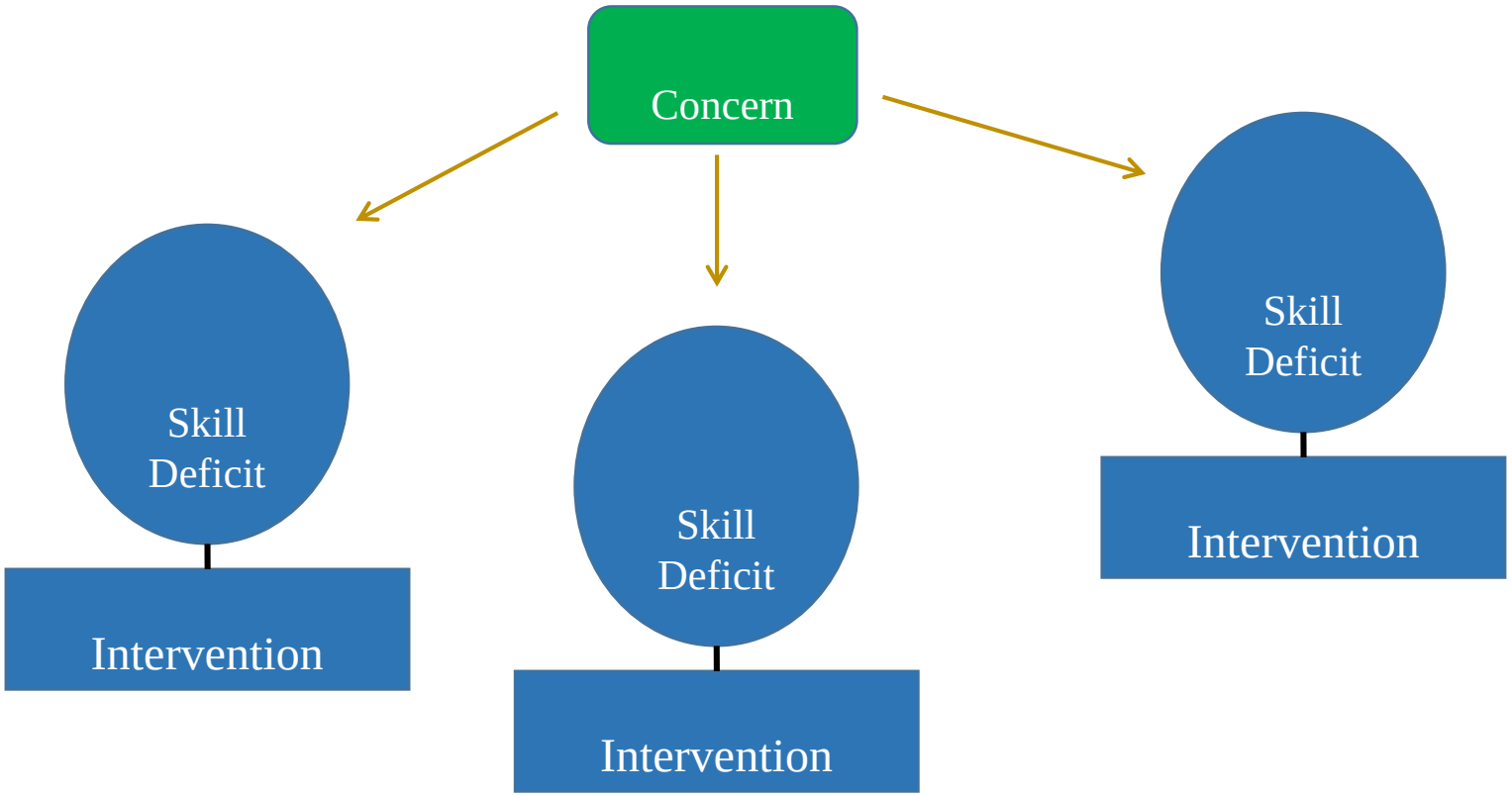
Intervention Action Plan



Adapted from McAvoy, 2011

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Concern: Does not complete work in-class or at home

Skill Deficit? Mental Flexibility

Intervention? Breaking down tasks into smaller tangible tasks

Skill Deficit? Initiation

Intervention? Provide assistance with getting started on tasks - have them tell you the first thing they are going to do.

Barriers in Identification and Support

1. Lack of brain injury knowledge:

- People think of TBI as an acute condition, although the effects of TBI can be chronic and disabling
- Problems can manifest years after the injury, as the complexity of skills required to meet future developmental milestones increases
- Insufficient parent education on brain injury and its effects which results in under-reporting or limited medical follow up
- Absence of survivor knowledge of his/her injury and it's effects

2. Lack of communication within and between agencies

3. Children are in stressful and dysfunctional home settings

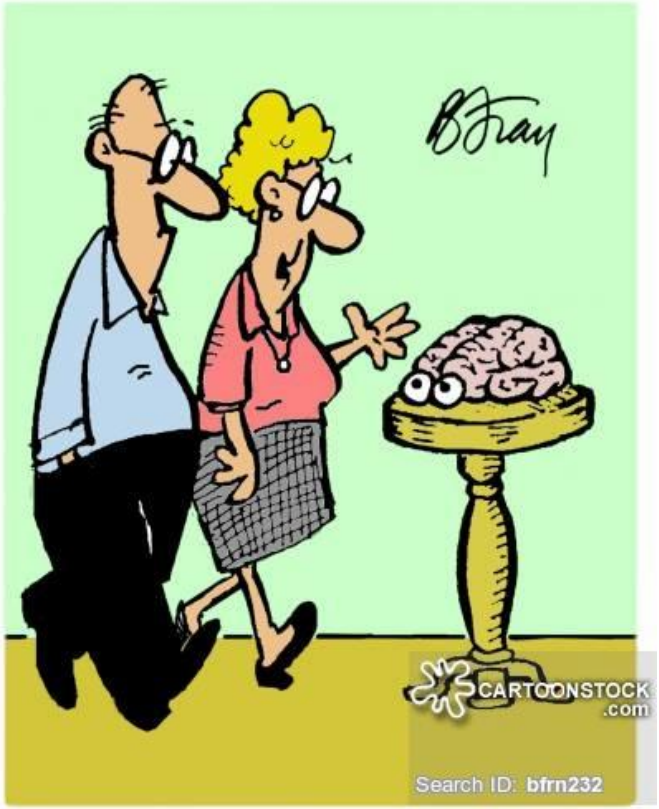
Barriers cont.

4. Not considering individual challenges when creating intervention/support plans

- Children/Adolescents are responsible for determining their needs for support and services
- Lack of advocacy for the brain injury within the system
- Within a juvenile detention setting, the focus is on the criminal behavior rather than the underlying neurocognitive deficits
- Families, children and professionals are so overwhelmed with the problems, not capable of seeing the brain injury.

Strengthening Families

"Parent/caregiver burden and family dysfunction are a strong determinant of a child's psychosocial recovery, with children from well-functioning families demonstrating better psychosocial functioning"
(CDC, 2018)



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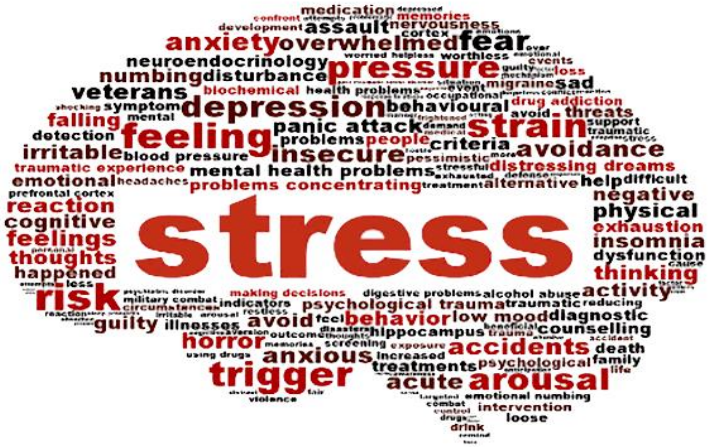
Strengthening Families: Family-level Factors that Influence Outcomes

- Caregiver distress or depression
- Deteriorating family functioning
- Parental responsiveness, negativity, and discipline practices
- Economic and social disadvantage
- Limited resources
- Maladaptive coping strategies
- Unmet healthcare needs



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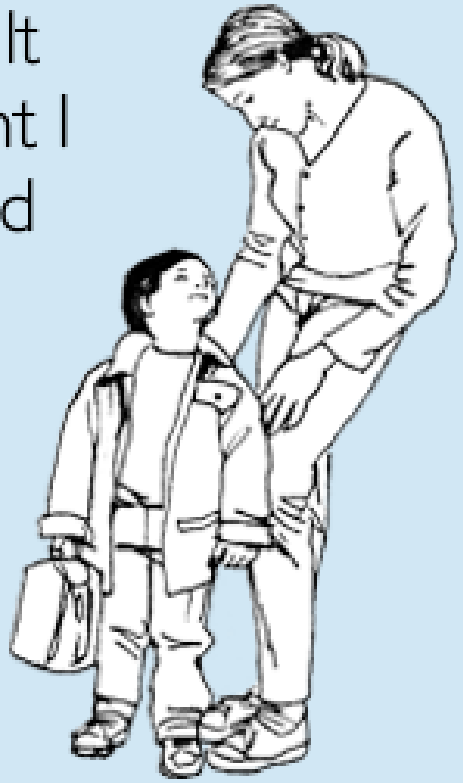
You're making it difficult for me to be the parent I always imagined I would be.



someecards user card

Strategies for Working with Families Impacted by BI

- Address the family stressors
- Coordination of care across settings and providers that is centered on the comprehensive needs of children **AND** their families
- Utilize family-focused therapy programs
- Personally connect them to resources
- Provide education on brain injury basics and behavior management techniques
- Connect families to healthcare support (including Medicaid treatment services)
- Support transition from pediatric to adulthood providers

(CDC, 2018)

Considerations when working with families

Are parents justice involved?

- 65% justice involved population have sustained a BI
- Over 80% of justice-involved woman report a history of brain injury
- 1/3 of incarcerated woman are pregnant

Mental health conditions?

History of substance use?

Trauma history? Abuse?

Trouble sustaining housing? Homeless?

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Could there be a history of brain injury?

If so, what can I do differently?

Resources for Youth and Adults Impacted by Brain Injury

Funds from surcharges on convictions of speeding tickets, DUI, DWAI, & the children's helmet law

CO Department of Human Services

MINDSOURCE BRAIN INJURY NETWORK

Formerly known as Colorado Brain Injury Program

Community Grants

Services

Research Grants

Brain Injury Alliance COLORADO

- Resource navigation for youth & adults with brain injury
- Specialized support & consultation about school-related issues for children/youth with brain injury
- Brain injury specific classes and workshops
- Trainings to community providers about brain injury and resources

Brain Injury Alliance of Colorado

The go-to resource for help and services for survivors of an injury to the brain, their families, and providers.

BIAC is a statewide **nonprofit** dedicated to helping all persons with a brain injury thrive in their community

- Core service is **resource navigation** for all ages – this is free, with no income or insurance eligibility criteria
- Brain injury specific **conferences & workshops**
- Online **educational materials** for survivors, family, & professionals
- Statewide brain injury **professional networking** groups
- Adaptive **recreation programs, music & art therapy classes**
- Emergency **utility assistance** through Energy Outreach Colorado
- Online **resource directory** specific to brain injury providers
- Statewide **support groups**
- Member of **United States Brain Injury Alliance**

Resource Navigation

Resource Navigation is our foundational support program for survivors, family members, and caregivers. It is intended to be quick and easy to access.

All ages can access this **free** support.

Examples of support:

- Finding medical providers
- Understanding brain injury
- Filling out paperwork
- Connecting to community-based resources
- Problem-solving

How to connect:

- Online Referral Form: https://biacolorado.org/referral/
- Email: info@biacolorado.org
- Phone: 303.355.9969, toll-free 1.800.955.2443

Self-management/Skill-building

- Designed for survivors of a TBI who want to invest time in improving their skills in specific areas that can be challenging after a brain injury.
- BIAC Advisors work one-on-one with each participant to assess their strengths & weaknesses, identify natural supports in their life, & develop strategies for building specific skills with the goal of greater self-sufficiency.
- **Six-month program**, average of **4 hours per month**
- Participants will have regular homework outside of meetings with their Advisor which will be reviewed each time they meet.

Areas of focus for Self-management:

- Communication
- Scheduling/Planning
- Prioritization/Organization

How to apply:

If you are a survivor interested in participating in the Self-management Program, please contact BIAC to request an application: info@biacolorado.org or 303.355.9969, toll-free 1.800.955.2443

Education Consultation

BIAC has a Youth Education Liaison specialist on staff who provides free, statewide consultation and support services to children and youth, aged 0-21, with a documented brain injury.

Examples of support:

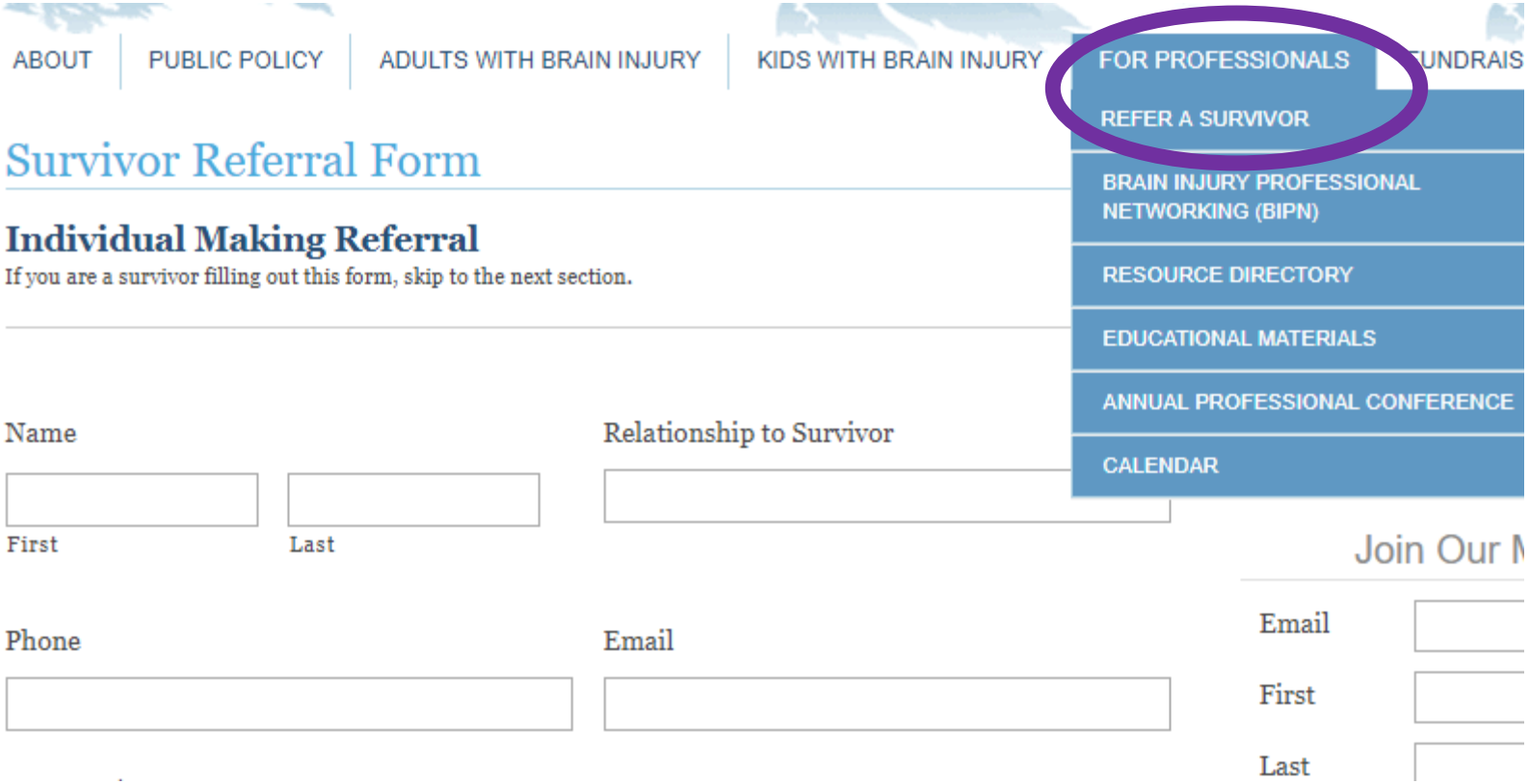
- Providing parent/guardian education of services and programming options available in schools
- Assisting in the partnership between parents and schools
- Educating parents and school teams on how a student has been impacted by their brain injury
- Collaborating with schools on intervention planning
- Attending transition, IEP, MTSS, and other planning meetings
- Partnering with hospitals to help with transition to school
- Any other student specific educational needs/concerns/questions

How to apply:

If you are a parent or professional working with a child or youth with brain injury, please contact BIAC to request an application for education consultation: info@biacolorado.org or 303.355.9969, toll-free 1.800.955.2443

Brain Injury Alliance COLORADO

https://biacolorado.org/referral/



Classes & Workshops

These activities are **free**, however **space is limited and registration is required**. Clients in services with BIAC have priority access.

Workshops

Financial Health
Brain Injury Basics
Mindfulness

Classes

Art
Music Therapy
Adaptive Yoga
Cooking/Nutrition
Balance (fall prevention)

Recreation & Social Programs

Participants will experience the best of Colorado with caring, professional & highly experienced staff. The activities include hiking, climbing, a ropes course, cycling, and rafting. Winter activities include skiing, snowboarding, tubing, and ice fishing. Survivors of all levels of recovery are welcome to attend.

Partial scholarship funding awarded based on needs and availability of funds.

Multi Day Opportunities:

Winter Sports – March/April
Summer Camps – June through August
Canoe Trip – September
Creative Activities – September

Day Programs:

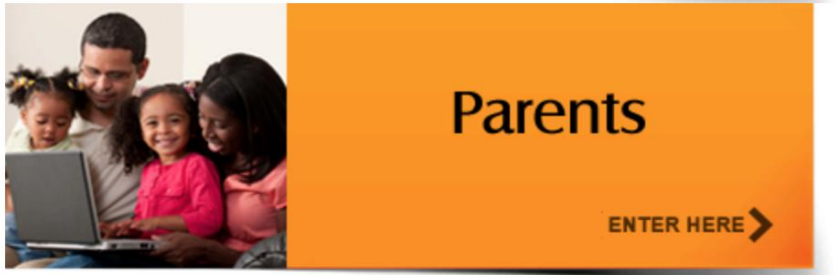
Obstacle Course – April
Rock Climbing – May
Paddle Sports – July
Zip Line – October

Social Activities:

Movies
Sporting events
Cultural activities

Contact: Linda Heesch
linda@biacolorado.org
303-562-0401

COKIDSWITHBRAININJURY.COM



WELCOME TO THE COLORADO KIDS BRAIN INJURY RESOURCE NETWORK

The website was designed through funding from the Colorado Kids Brain Injury Resource Network. This website should serve as a tool for educators, school administrators, school psychologists, related services professionals, and families. Feel free to join in the discussion and learn more about how to support our kids in Colorado with brain injuries.

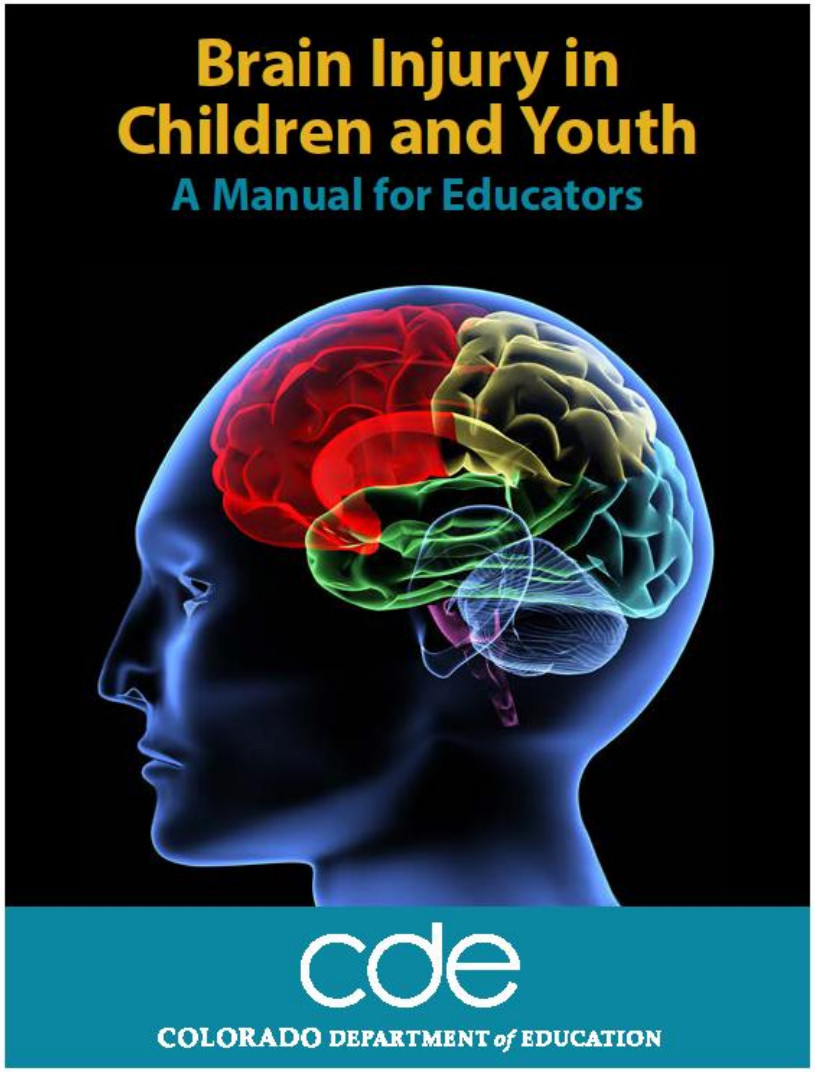
ANNOUNCEMENTS & UPDATES

Check out the revised Building Blocks of Brain Development – click here

Brain Injury in Children and Youth: A Manual for Educators. Click here to view manual.

Colorado Department of Education's Concussion Management Guidelines. Click here to view

Brain Injury Alliance of Colorado Case Management. Click here to view.



http://www.cde.state.co.us/cdesped/SD-TBI.asp

BrainSTEPS CO
Strategies Teaching Educators, Parents, & Students
A BRAIN INJURY SCHOOL RE-ENTRY CONSULTING PROGRAM

- Colorado Department of Education Initiative
- Inter-district brain injury consultation teams available to schools and families throughout Colorado.
- Teams are trained in the educational needs of students following a brain injury
- Assist student with ALL Acquired Brain Injuries
- BrainSTEPS teams can:
  - Consult with and train school personnel
  - Support development of an educational plan and make recommendations
  - Assist in transition from grade to grade and school to school
  - Serve as consistent point of contact for students
  - Monitor until graduation
- Not a requirement of all districts in Colorado

Questions?

Cari Ledger, EdS, NCSP

Youth Education Liaison

Brain Injury Alliance of Colorado

cari@biacolorado.org

(303) 562-3196