

# Credible History

## Traumatic Brain Injury (TBI) Guided Credible History Interview Process as an Option When a Medical Statement Can't be Obtained

### Here's the problem...

Brain injury is a leading cause of disability for children and adolescents in the United States (Faul, Xu, Wald, Coronado, & Dellinger, 2010). Yet, obtaining medical documentation of TBI for students poses a challenge to school district teams when doing special education evaluations. This is especially difficult when children have not received medical attention, have inconsistent medical profiles, or are from family situations in which medical care is either not an option or has not been documented. It has been found that 42% of persons who incurred a TBI as defined by the Centers for Disease Control did not seek medical attention (Corrigan & Bogner, 2007).

Requiring medical documentation of TBI for students to be eligible for special education services can be a significant barrier to effective identification and service delivery (Dettmer, Ettl, Glang, & McAvoy, 2014). The Oregon Department of Education and the TBI Stakeholder Group recognize that the inability to obtain medical documentation for students moving toward special education eligibility has led to misidentification and under-identification of children with TBI in the state of Oregon.

### **Example #1**

A 9<sup>th</sup> grade student was involved in a major car crash when he lived in Mexico. The school team reported that the student was making just enough progress academically that he was not eligible for special education in the area of Specific Learning Disability. His school team noted that his behaviors were escalating. Observing the student during a physical education class made it clear he was struggling to learn new rules and information. Because this student moved from Mexico, he had no medical documents and his current doctor would not provide a written statement of traumatic brain injury because he was not his doctor when the crash occurred. The student continues to struggle in school and does not qualify for any special education eligibility.

### **Example #2**

A 4-year-old boy was eligible for Developmental Delay when transitioning to kindergarten. His team was pursuing a TBI eligibility to support his transition to school age. At two years of age, the child fell backwards on a tile floor, which resulted in unconsciousness and a ruptured eardrum. The child went to the emergency room and was then transferred to OHSU. It was reported that his vision and communication were affected by this accident. After this accident, his mother reported that he began to engage in new behaviors, such as spinning around in circles, becoming tired and sweaty after play, rolling his eyes back, and complaining that his head hurt. After an episode of sweating and rolling his eyes back, his mother reported that he would sleep for about three hours. These episodes occurred one to two times each day. The medical statement returned from his doctor following repeated phone calls and letters indicated that a TBI is unknown at this point. This student still has no special education eligibility to support his needs in the areas of specially designed instruction, accommodations, modifications, or related services.

### A Proposed Solution...

#### **The Guided Credible History Interview Process**

For cases in which medical documentation cannot be obtained the Guided Credible History Interview Process will help school teams establish a credible history of TBI.

The Guided Credible History Interview Process is a carefully crafted interview used with a reliable and credible source to thoroughly explore a student's or family's report of a possible TBI. This information is then used in place of a written statement, medical statement, or health assessment statement to establish a student's special education eligibility in the area of TBI.

The Guided Credible History Interview Process is meant to be administered in an interview format. It is not intended to be given to a parent/caretaker for independent completion and return. Establishing a credible history of TBI requires a skilled interviewer who knows how to ask pointed questions multiple times and in a variety of ways to establish the details of the reported TBI. Establishing a TBI requires at least one reported incident along with ongoing symptoms/behaviors that persist beyond the incident.

### **Key considerations when engaging in the Guided Credible History Interview Process**

- During a Guided Credible History Interview, details of the incident should be clear and consistent. The description of the injury should not vary widely from report to report or reporter to reporter.
- If multiple injuries are reported, the specifics of each injury should be well-detailed and consistent.
- The interviewer should be familiar with the acute symptoms of TBI at the time of injury. These symptoms are not limited to physical symptoms but can also include cognitive symptoms, emotional symptoms, sleep/energy symptoms, and social skill deficit symptoms.
- The interviewer should also be familiar with the symptoms of TBI that emerge, develop, or change after a TBI, especially if the injury was originally misdiagnosed or undiagnosed. These symptoms are often related to ongoing, chronic physical conditions (headaches) or behaviors that look like learning problems, behavior problems, emotional problems, social skill deficits, and executive functioning deficits.
- The interviewer should drill down into a comparison between the child's functioning levels pre-injury versus post-injury. Are there changes in all areas or just some? Has there been skill regression since the injury? Has there been a change in the student's personality? Social skills? Executive functioning skills? Behavioral skills?

### **Comprehensive Assessment/Evaluation**

The Guided Credible History Interview Process alone is not enough to determine a TBI, but it can screen for a potential TBI. If the Guided Credible History Interview Process suggests a credible history of TBI, a comprehensive assessment/evaluation is suggested.

### **The Importance of This TBI Eligibility Process Change...**

#### **Why does the eligibility category matter, and what would change for the student?**

- Accurate programming to address their needs
- Quicker programming
- Different transition services after high school (vocational rehab, etc.)
- Emotional support for students and families
- Providing a reason for the student's struggles
- Access to TBI consultation services (regional programs)
- Appropriate instructional design based on evaluation
- Appropriate IEP goals based on evaluation

#### **What is the cost to students of doing nothing?**

- Negative impact on graduation rates
- Not getting access to the education they need
- Lack of appropriate support teams at school
- Difficulty gaining access to the appropriate special education placement, specially designed instruction, accommodations, and/or modifications
- Current assessment processes do not match the child's suspected disability
- Other eligibility categories miss executive function deficits common in TBI
- High-school students mislabeled as ED and put in an ED program suffer from a large social stigma
- Lose access to regional TBI programs under other eligibilities

#### **What is the financial cost of doing this?**

- Nothing. Students will simply move from one eligibility category to another, for example from Other Health Impaired to TBI

Faul M, Xu L, Wald MM, *et al.*. Traumatic brain injury in the United States: national estimates of prevalence and incidence, 2002–2006. *Injury Prevention* 2010;16:A268.

Corrigan, J. D., & Bogner, J. (2007). Initial reliability and validity of the Ohio State University TBI Identification Method. *The Journal of Head Trauma Rehabilitation*, 22(6), 318-329.

Dettmer, J., Ettl, D., Glang, A., & McAvoy, K. (2014). Building statewide infrastructure for effective educational services for students with TBI: Promising practices and recommendations. *The Journal of head trauma rehabilitation*, 29(3), 224-232.