

TBI Compared to ED, LD, ADHD & Autism

	Traumatic Brain Injury	Emotional Disturbance	Learning Disability	ADHD	Autism Spectrum
Cause	<ul style="list-style-type: none"> • Known: Injury due to external physical force. • Challenges may not be apparent immediately after injury; may present later in development. 	<ul style="list-style-type: none"> • Unknown. 	<ul style="list-style-type: none"> • Unknown. 	<ul style="list-style-type: none"> • Unknown. 	<ul style="list-style-type: none"> • Unknown.
Scope	<ul style="list-style-type: none"> • Oregon SPED census ('09): 284 	<ul style="list-style-type: none"> • Oregon SPED census ('09): 4,708 	<ul style="list-style-type: none"> • Oregon SPED census ('09): 27,662 	<ul style="list-style-type: none"> • Included under OHI on the Oregon SPED census. 	<ul style="list-style-type: none"> • Oregon SPED census ('09): 7,579
Formalized supports	<ul style="list-style-type: none"> • Eligible for 504 plans or Special Education services. • Underidentified in schools: Hospitalization rates and state reporting yield a conservative estimate of near 2,000 Oregon students. 	<ul style="list-style-type: none"> • Eligible for 504 plans or Special Education services. 	<ul style="list-style-type: none"> • Eligible for 504 plans or Special Education services. 	<ul style="list-style-type: none"> • Eligible for accommodations through 504 plans or SPED under OHI 	<ul style="list-style-type: none"> • Eligible for 504 plans and Special Education services.
Academic skill acquisition & level	<ul style="list-style-type: none"> • Skill acquisition may be slower than before injury. • After injury, some skills can be unaffected; other skills may improve during recovery. • Performance may be inconsistent and varied. • May have trouble with short-term memory, attention, and ability to remain on task. • Task initiation, organization and completion may be challenging. • Learning abstract information can be challenging. • May have exceptional abilities in some areas but deficits in others. 	<ul style="list-style-type: none"> • Slower skill acquisition; may need remediation. • Can include skill deficits and lower overall ability. 	<ul style="list-style-type: none"> • Slower skill acquisition, but what gets in stays in. • Skills can seem splintered, with difficulties isolated in one or two areas. 	<ul style="list-style-type: none"> • Slower skill acquisition. • Academic level may be affected by poor concentration and inattention. 	<ul style="list-style-type: none"> • Slower skill acquisition. • Academic level affected by challenges with social skills, communication, problem behaviors, sensory disorders and narrow specific interests. • Learning abstract information can be challenging. • May have exceptional abilities in some areas and deficits in others.
Cognitive processing & memory	<ul style="list-style-type: none"> • Processing is generally slower. • May or may not improve over time. • Short-term and working-memory are often highly compromised. • Affected areas can include: attention; memory; language comprehension; concept formation; integration; organization; generalizing information; problem solving; judgment; mental flexibility. 	<ul style="list-style-type: none"> • Processing is generally slower. • Sensory and attention problems. • Autobiographical memory is compromised and generalized memory supersedes detail. 	<ul style="list-style-type: none"> • Processing is impeded in a specific area. • Mild memory problems. Some students may use superior memory to hide deficits. 	<ul style="list-style-type: none"> • Processing may be slower. • Difficulty with impulsivity and inattention. • No associated memory difficulties: Poor concentration and inattention may look like memory issues. 	<ul style="list-style-type: none"> • Processing is generally slower; development is often delayed. • Theory of mind, planning, and attention are compromised.

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Self-regulation & awareness	<ul style="list-style-type: none"> • Self-regulation and self-awareness may be compromised or inconsistent. • May deny post-injury deficits; may reject compensatory strategies. • Social cues and interactions may be misperceived or distorted. 	<ul style="list-style-type: none"> • Self-regulation is highly compromised. • Self-awareness is compromised, especially when in crisis. 	<ul style="list-style-type: none"> • Self-regulation may be compromised. • Recognizes and is aware of learning deficits; may try to hide them. 	<ul style="list-style-type: none"> • Self-regulation is compromised. • Self-awareness is compromised. • May not recognize difficulties unless they are pointed out. 	<ul style="list-style-type: none"> • Self-regulation is highly compromised. • Self-awareness is highly compromised.
Behavior	<ul style="list-style-type: none"> • May display problem behaviors due to difficulty with executive functions. • May tend toward high-risk behaviors. 	<ul style="list-style-type: none"> • Has difficulty with classroom procedures, rules and boundaries. • Displays tendency for high-risk activities, social immaturity, persistent fears and obsessions. 	<ul style="list-style-type: none"> • May be non-compliant and hostile. 	<ul style="list-style-type: none"> • Low incidence of aggression, considered a secondary symptom with hyperactivity. 	<ul style="list-style-type: none"> • May display repetitive, perseverative or tic behaviors. • May display tantrums, self-injury, aggression and destructiveness.
Emotional characteristics	<ul style="list-style-type: none"> • May have difficulty dealing with and expressing feelings. • Emotions can be unpredictable and may not match situations. • Grief or anger over loss of previous abilities is common. • Depressed mood, fatigue and irritability are common. 	<ul style="list-style-type: none"> • Difficulty dealing with and expressing feelings. • Externalizing: aggressive, disruptive and acts out. • Internalizing: withdrawn, anxious, and depressed. 	<ul style="list-style-type: none"> • May have difficulty understanding social cues. 	<ul style="list-style-type: none"> • Difficulty dealing with and expressing feelings. • May exhibit more depressive symptoms than typical peers. 	<ul style="list-style-type: none"> • Difficulty recognizing the emotions of self and others. • Emotions can be unpredictable and may not match situations. • May need support to learn effective coping strategies.
Self-esteem	<ul style="list-style-type: none"> • Can diminish over time as failure sets in. 	<ul style="list-style-type: none"> • Can diminish over time as failure sets in. • Negative self-esteem can be reinforced through maladaptive behaviors. 	<ul style="list-style-type: none"> • Can diminish over time as failure sets in. 	<ul style="list-style-type: none"> • Can diminish over time as failure sets in. 	<ul style="list-style-type: none"> • Depression may develop from sense of social failure.
Attachment & social function	<ul style="list-style-type: none"> • Can show social withdrawal, which may lead to delinquency. • Basic social skills can be effected (e.g. ability to stand in line, or take turns in conversation) • May display poor adaptive behaviors or apparent egocentrism. • May have difficulty with nonverbal communication. 	<ul style="list-style-type: none"> • Attachment is highly compromised and can lead to life stress and future relationship difficulties. • Disturbance is relationally based. 	<ul style="list-style-type: none"> • Poor cognitive processing and poor expressive language can affect social relationships. • Students with a specific disability in one academic area may function well in social settings. 	<ul style="list-style-type: none"> • Relative social immaturity. • May lack basic social skills. • Poor attention and impulsivity cause difficulty with peers. 	<ul style="list-style-type: none"> • Atypical social development: significant delays in social skills and interaction. • Difficulty with verbal and/or nonverbal communication. • Difficulty with reciprocal behavior and sharing experiences.

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References

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