

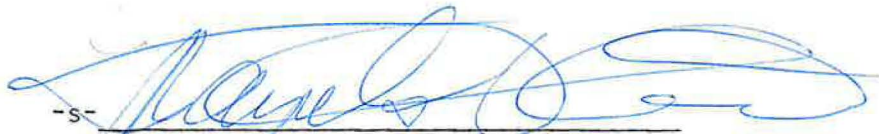
COGNITIVE RETRAINING OF TRAUMATICALLY HEAD INJURED ADULTS:
AN INVESTIGATION OF PROGRAMS AND SERVICES OFFERED THROUGH
SELECTED COMMUNITY COLLEGES AND MEDICAL REHABILITATION FACILITIES

by
Mayme G. Thornton
Director, Handicapped Student Services

A research project submitted to
The Management Sabbatical Leave Committee
and
The Board of Trustees
Mt San Antonio College

November 4, 1986

This report is submitted in fulfillment of requirements for
an Administrative Sabbatical Leave granted for a two-month period,
beginning May 1, 1986 and ending June 30, 1986.


-s-

Mayme G. Thornton

November 3, 1986

It happens suddenly. There is never time to prepare. The newscaster reports, ". . . accident on I-5. . . ." A brief column in the local newspaper gives sparse details of ". . . an assault . . . victim in serious condition . . . responding to treatment."

To the population at large, these reports are but fragmented fill-ins between important stories, seldom registering beyond the moment. But, for the great majority of victims, and their families, the inevitable diagnosis of TRAUMATIC HEAD INJURY will change forever their perceptions of the world and how they react to it. The world, in turn, will not be kind.

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INTRODUCTION

Statement of The Problem

Each year, approximately 300,000 children and adults suffer traumatic head injuries as a result of accidents or assaults. Two-thirds of these victims will be young men between the ages of sixteen and twenty-six. 80,000 of these victims will experience such significant intellectual and physical impairment that pretraumatic lifestyles and careers will no longer be possible. Many victims, however, will emerge from the rehabilitative process with very minor symptoms, and may re-enter their social, educational and occupational environments with little, if any, difficulty. Others will manifest considerable behavioral, intellectual, physical and emotional instability and require extensive counseling, specific control and highly structured educational programs. The largest percentage will fall somewhere in between these two extremes.

Many of these individuals can, with appropriate accommodation, successfully establish and achieve educational and career goals. They may, however, need to find institutions that can provide special services to facilitate their involvement in the academic environment. For those pursuing higher education, the community college has been and is the avenue of choice.

Statistics show the brain injured to be the fastest growing disabled population in California community colleges today. A recent study by the Chancellor's Office reported a total of 2,500 brain injured students in community colleges across the state. Unfortunately, few of

the ninety-nine colleges responding have programs or services structured for this population.

Only in the past two years has Handicapped Student Programs and Services* recognized and acknowledged the fact that brain injured students may differ significantly from other disabilities in the kinds and degrees of special services needed to matriculate in college. Consequently, few colleges have taken on the extra burden of providing specialized programs for this group. Those few colleges that have services or programs have mainly developed modified approaches which utilize the accommodative model provided for other disabilities. Coastline Community College is the exception, having developed a very specialized program on a separate campus for this population.

Focus and Research Questions

This project was designed to elicit information and methodology which would assist in the development of a special program or accommodative services for traumatically head injured students at Mt. San Antonio College. Although we have been providing services for this population for the past thirteen years, our professional staff felt that these students might be better served by a more structured, specialized model. It was from that perspective that the project was developed.

Utilizing limited resources within a very brief time-frame, the project sought answers to the following questions:

Question 1: What colleges in Los Angeles and Orange Counties provide cognitive retraining for THI adults.

*State program providing funding and guidance for disabled student programs in California community colleges.

Question 2: What instructional models are these institutions using to deliver cognitive retraining to students.

Question 3: What problems are commonly encountered by educators providing cognitive retraining for THI students.

Question 4: What fiscal considerations should be made when expansion of services or development of a special program are being considered.

Question 5: What cognitive re-training modalities are used by private, non-profit agencies, and how do they differ from from educational models.

Method of Investigation

Because of the time constraint imposed by the sabbatical, the research design and methodology were limited in scope. Personal visitations were restricted to those community colleges and private rehabilitation facilities in Los Angeles and Orange Counties that were professionally recognized as having programs for cognitive retraining, or had presented themselves professionally as having such.

Only in the past ten years has medical technology developed to the extent that great numbers of head injured individuals are surviving with sufficient cognitive functions to be considered eligible for special cognitive retraining. Understandably, higher education has been slow to recognize this population as potential students capable of benefiting from the college experience. Consequently, my search for community colleges with cognitive retraining programs in Los Angeles and Orange Counties produced only five with programs sufficiently developed to warrant investigation.*

Visitations were limited to two major hospital re-educational units and two agencies specializing in cognitive retraining for THI

*Community colleges were polled by telephone to determine if they had THI programs. The ones visited appeared to have well developed programs.

students. Three colleges with special services for THI students were queried by mail, but did not respond.

This project, though limited in scope, enriched my knowledge of traumatic head injuries and the traumatically head injured victim. From this broader perspective, we at Mt. San Antonio College can begin to enhance our services for head injured students and further investigate the possibility of developing a full, specialized program for this population.

DEFINITION OF TERMS

TRAUMATIC HEAD INJURY: Term used to describe injuries to the brain resulting from a non-penetrative blow to the head. Unlike a "cerebral accident" whereby damage will be localized and specific, traumatic head injuries will occur in multiple areas of the brain, depending upon the physics of the blow.

When an external force strikes the skull, the gelatinous tissue of the brain will accelerate and decelerate to a degree commensurate with the external force. This bouncing back and forth against the cranial wall increases the damage and results in the complex symptomatology of this condition.

COGNITIVE RETRAINING: The term cognition is derived from the Latin word "knowing," and refers to those processes by which people take in, store and utilize information. Perception, memory, concept formation, reasoning and problem solving are often included as areas in the cognitive domain. Cognitive retraining, therefore, refers to the re-educational process utilized to help the trauma victim regain the information-processing functions of the brain.

PART I

REVIEW OF EXISTING PROGRAMS AND SERVICES

There is a paucity of written material related to the re-education of traumatically brain injured adults in the college setting. Scholarly literature is voluminous in its treatment of medical and neuropsychological aspects of the THI victim, but little has been written on re-educating the adult in an integrated, higher education setting. My readings on this subject, therefore, were limited to information available.

Problems Related To Re-Education

One of the major problems educators face when trying to develop educational and support plans for THI students is the individualized diversity of behavior and needs. Many program planners include very little for this population because they view the problem as too complex. Professionals who work with THI individuals agree, however, that commonalities do exist, and it is around these known characteristics that programs may be planned.

Individuals with traumatic head injuries may have changes, to a degree, in three domains: cognitive, physical and behavioral. Common cognitive deficits may include short-term memory loss; long-term memory loss whereby most of the individual's previous knowledge is forgotten; reduced problem-solving ability; loss of ability to use language; slow mental processing; disorientation; distractability; and reduced ability to organize information or activities of living.

Physical impairment may involve neuromuscular coordination, vision, hearing, tactile sense, speech and all large motor activities.

Behaviorally, the individual may exhibit mild to severe depression, anger, uncontrolled emotionality, aggression, regression, and an inability to choose appropriate behavior.

Research indicates that in assessing cognitive and, in particular, behavioral changes in the THI individual, it is helpful to know the individual's pretraumatic abilities and behavior. Very often what is assumed to be significant cognitive and behavioral changes are but heightened pretraumatic deficits and traits.

Behavioral problems are the most difficult to deal with in the integrated college setting. It is an area very often overlooked, because it may not be readily observed in the initial interview. Staff involved with the screening process should be made aware of behavioral complications and encouraged to look closely and probe for evidence of problems.

Instructional Models

Review of published information related to re-education of the traumatically head injured reveal three instructional models.

The first model (Model 1) limits its enrollees to THI students only. This model is noted for its high success ratio. Looking at its structure, it is easy to understand why it is successful. Very often there is a working liaison with acute medical, rehabilitation facilities; the screening process is usually stringent and consistent; there is a broad-based staff that understands medical and educational issues; and there is usually family involvement. Most of the institutions utilizing this model are private, non-profit facilities. Coastline Community

College, however, is an eminent example of this model, and it is, of course, a public institution.

Placement of students in special education classes with learning disabled students is the second model (Model II). This is the model most commonly found in community colleges. The THI student is assessed, and an individual education plan (IEP) is developed. With this model, the THI student is given as much special attention and services as may be available at the institution. Very often, the college cannot provide the personnel and individualized program the THI student needs. Consequently, attrition may be very high.

The third model (Model III) may be found in community and four-year colleges. With this model, the THI student is mainstreamed into college classes with special support services (tutoring, note-taking, test arrangements, etc) provided by programs for disabled students. This method becomes problematic, if careful attention is not given to providing instructors with pertinent information on the student's behavior and needs. This model requires that counselors follow very closely the student's progress and discourage enrollment in classes that may prove too stressful and/or difficult. It is very helpful to provide faculty in-service, when using this model. Simple examples of problems that THI students might encounter and classroom strategies that instructors might use will go far in maintaining good relationships between the faculty and Handicapped Student Programs, and will be invaluable in helping the instructor help the student in the classroom.

Many colleges lack the staff and resources to adequately provide specialized services needed for this population. Primary staff should

include a speech pathologist, psychologist (preferably with neuropsychological training), learning disabilities specialist, physical education specialist (adaptive), instructional aids and tutors. Computers and appropriate software should, also, be available.

Handicapped Student Programs and Services, on the state level, has recognized the need for unique services for THI students. A task force was mandated in 1985-86 to investigate instructional and support needs for this population, and develop an instructional model that could be adapted in college programs across the state. Plans are also being made to provide additional funding to colleges serving this group. It is anticipated that this new program will be in place by the 1987-88 school year.

PART II

PROJECT ACTIVITIES*

Beyond basic library research, commented upon in Part I, my activities involved visitations with key personnel in five community college programs, three non-profit agencies, and two re-education units of large rehabilitation hospitals. Four conferences pertinent to the project were also attended.

Community Colleges

Coastline Community College: A great deal of my activity time was spent studying and observing this program. Coastline is the only college in the country that has developed a separate campus and program for traumatically head injured students. Their highly structured program has proved successful beyond all expectations, and I was motivated to ascertain the factors contributing to this success.

The program is located on the grounds of an elementary school in Costa Mesa. A large mobile-type structure houses administrative offices, and unused buildings belonging to the elementary school are used for classrooms.

The administrative staff consists of the Director, career specialist, research specialist, job developer, counselor and a consulting neuropsychologist. Two full-time and eight part-time instructors comprise the instructional staff. Interns in occupational therapy, social service, speech pathology and counseling are utilized. Tutors and instructional aides are on a volunteer or paid status.

*Please see listing in Appendix

In 1985-86, there were one hundred full-time students and thirty-five enrollees in the work experience program. Students must commit to full-time enrollment; hence, there are few, if any, students on part-time status.

Stringent eligibility criteria are observed, and students are not admitted whose history and physical/psychological prognoses reflect serious inhibitory problems. Potential students must enroll in a two-week evaluation process prior to admission or rejection. During this period, personal interviews with the student and family are conducted, and a comprehensive assessment is made. Medical and psychological records, as well as professional recommendations are weighted heavily in this process.

Students must have sustained the head injury on or after age thirteen; be physically and psychologically self-sufficient, medically stable, have own transportation, have sufficient receptive and communicative skills to participate in the program and be free of blatant psychosis and/or behavioral problems. There are a total of twelve eligibility criteria which allows the program to screen carefully for candidates capable of matriculating through the curriculum.

The curriculum is cognitive re-training and pre-vocational. It is a two-year, structured program with five sequential modules. Students move at their own pace and can repeat modules, although it is not recommended. Certificates or degrees are not awarded.

With the exception of a \$10 material fee, the cost of attendance is the same as it would be at any other California community college.

The primary method of instruction is laboratory and at the individual's own pace. All classes are on a credit-non-credit basis. It is a regular, ADA producing college program. There are no adult education components. The ratio of students to instructor is 6:1.

The five modules of the curriculum are:

Module I: Attention/Concentration and Psychomotor

Module II: Perceptual-Cognitive Processing

Module III: Perceptive-Cognitive Integration

Module IV: Logical Reasoning and Problem Solving

Module V: Transitional Community

All modules are pre and post-tested. Students are in classes on an average of six hours per day, distributed as follows:

Two hours, forty-five minutes in regular classroom

One hour in computer lab

One hour in "Interact" class

All students must participate in Orientation two evenings per week for three weeks at the beginning of the term. Families are encouraged to participate. All students must participate in a group process class called "Interact". Each student must, also, spend one hour per day in the computer lab. A speech class is available for students needing additional language skills.

An individualized learning class is available for post-concussion students during the afternoon. Otherwise, most classes are over by early afternoon.

A high level of energy and commitment was observed in the staff. Students were motivated, disciplined and goal directed. This program

would be impressive, even if the students were not traumatically head injured.

Cerritos College: Cerritos has an off-campus site at Rancho Los Amigos Rehabilitation Hospital in Downey. Students are brain injured, and may either be in-patients or outpatients of the hospital. The program is an open entry-exit program offered on a credit-non-credit basis.

Basically, cognitive re-training is taught through the modalities of reading, writing and mathematics. Two hourly employees are involved in the instructional component, and are employees of Cerritos College.

Resources of the Hospital are available at all times, and this appears to be a very strong point for the program. Consulting speech pathologists and neuropsychologists provide valuable input and direction on students in the program.

The program did not provide a computer component at the time of the interview; however, it is my understanding that there are plans to add this component in 1986-87. Twenty to thirty students matriculate per year.

Santa Monica College: My decision to visit Santa Monica College was influenced, primarily, by published results of a research project on re-education of adults with head trauma, funded by the California Community College Fund for Instructional Improvement. I had spoken by telephone with the Director, and understood that they had a small traumatically head injured population.

The model followed at Santa Monica may be a combination of Models II and III (described in Part I). Like most community colleges, the traumatically head injured student was not identified in the files as such. It was, therefore, difficult to ascertain the number of students served per year.

Some of the students were in special classes with learning disabled students and others were mainstreamed. Note-takers and tutors were provided, as needed.

One of the unique components of this program is the Independent Living Center. This is a house located on the edge of the campus. It was purchased for the specific purpose of providing a laboratory setting for independent living classes. THI students are enrolled in this class. The class is taught by a licensed Occupational Therapist who also teaches the adaptive P.E. class.

THI students are, also, enrolled in a Guidance class which utilizes the group format to focus on issues of self-esteem, personal living problems and any other issues that the leader deems appropriate. The Occupational Therapist also teaches this class.

The Independent Living, P.E. and Guidance classes are all offered on a credit-non-credit basis. Students may take each one four times for credit.

There are no special instructional provisions for THI students. Their needs are assessed, and the learning disabilities specialist develops an IEP plan, accordingly.

There is no screening process for acceptance or rejection, and students are counseled out only if behaviorally or cognitively they

cannot adjust. The greatest problem encountered by the staff working with this population is inappropriate behavior. The second problem is the dependency created by the personalized nature of the program.

Rancho Santiago Community College: Rancho Santiago has a very large learning disabilities population and, within this group, they have approximately thirty traumatically head injured students on a credit and non-credit basis.

No special attempt is made to identify separately the THI population from the learning disabled or physically disabled categories. Students are assessed and an IEP prepared, according to their needs. A speech pathologist is not on the staff. A learning disabilities specialist, counselor, instructors and instructional aides/tutors provide service to the THI population.

Glendale Community College: The services for traumatically head injured students consist of special classes and special accommodations in mainstreamed classes (Models II and III). There were eight identified THI students who were receiving some degree of special accommodations or were in special classes.

The Speech Pathologist was the staff member focusing special attention on this population. These students were in a special speech class that focused on language development, as well as help with cognitive deficits identified through her assessment. This was a three unit class taught on a credit-non-credit basis.

A Guidance class and adaptive P.E. class were also options for the THI population.

Private, Non-Profit Agencies and Hospital Units

HIGH HOPES - Costa Mesa
NEUROLOGICAL LEARNING CENTER - Pasadena
NEW PATHWAYS - Daniel Freeman Hospital, Inglewood
DAY TREATMENT CENTER - NEUROLOGICAL UNIT - Casa Colina Hospital,
Pomona

Because the private agencies and hospital centers tend to mirror each other in structure and content, a generalized overview of these programs follow. Specific differences are noted.

Without exception, these programs utilize Model I for structure and participants. That is, their programs are limited to enrollees who have traumatic head injuries. Some programs, like Casa Colina's Day Care Center have components for other disabilities, but has a neurological component restricted to the THI client.

All of these programs have substantial fees, ranging from \$87 per month for one class to \$450 per month for four classes. The majority of enrollees' fees are paid by Medicare and/or Medicaid. A limited number of students will have financial resources to take care of their own fees.

Classes are designed for cognitive re-training, physical fitness and pre-vocational work experience. Students may enroll in classes, according to their physical and psychological capabilities. Students are not required to complete any series of classes, but are encouraged to take classes according to their needs.

All students are carefully screened for medical, behavioral and cognitive acceptability. Great reliance is placed upon medical and psychological recommendations. Intake screening, however, is stringent to determine motivation, ability to maintain attendance,

financial capability and support system. All of these programs strongly encourage full family participation. Family support groups, orientations and seminars are usually on-going at these facilities.

Casa Colina and High Hopes have workshops incorporated into their programs. Students capable of performing simple tasks in a very structured environment are allowed to work and are paid below minimum wages. This component has a two-fold purpose. First the student has the opportunity to learn some basic vocational habits, and perhaps skills, and secondly, the workshop is a source of revenue for the facility.

Instructional personnel in these facilities consists of one to two special educational instructors and highly trained aides and tutors. The aides and tutors provide the individualization which is essential to any program providing instruction for THI students. Volunteer aides and tutors are essential to these programs and appear to be readily available.

These programs are open entry-exit, and students tend to enter and leave according to their special problems or needs of the moment.

All of the programs appear to be providing quality service for this population. Fees and transportation prevent many more THI victims from taking part in these programs. While Casa Colina and High Hopes provide transportation services for nearby communities, the other programs require that students be able to attend without assistance from the facility.

Conferences and Workshops

The four conferences and workshops which I attended helped to broaden my understanding of traumatic head injuries and how medical, rehabilitative and some educational institutions are trying to help the THI victim become an independent member of society again.

SUMMARY AND CONCLUSIONS

Summary

The Project provided reasonable, if not always conclusive, answers to the five questions posed in the Introduction. With the exception of one institution, there were far more similarities than differences in programs provided in the colleges and private facilities.

In answer to Question 1 and 2: Of the five colleges investigated, Glendale, Rancho Santiago, and Santa Monica deliver specific services to students, as opposed to a specialized program. These services are accommodative in nature and range from physical access to classroom assistance in the form of tutors and aides. These programs also tend to include THI students in special classes for learning disabled students. The learning disabilities specialist develops individual education plans (IEP's) to meet the special needs of these students.

While these colleges appear to have attrition rates substantially higher than Coastline College and Cerritos, THI students who manage to sustain attendance for one semester or more manifest significant cognitive and social improvement.

Cerritos College offers a different approach by providing instruction for students at a hospital site. These remedial-type classes have been and are successful in enabling selected students to prepare for further educational and/or vocational endeavors. This program is fiscally sound and utilizes hospital resources to great advantage for the benefit of the program and the students.

Coastline Community College is unique in offering comprehensive services and instruction only for the THI population at a separate campus site. Of all the colleges visited, it provides the structure which appears to enhance the THI student's chances for returning to the mainstream of life as an independent, productive citizen. This program is, also, an excellent model from which ideas and plans may be drawn for programs at other institutions. It is the premiere program not only in Southern California but the nation.

The answer to Question 3 centered around problems associated with behavior and specific cognitive deficits. Short-term memory loss was the primary cognitive deficit problematic for all of the colleges. Uncontrolled emotionality and/or inappropriate behavior ranked highly as issues most encountered in the behavioral range.

Question 4: There was unilateral agreement that programs for THI students can become overwhelmingly expensive, and should be viewed within the whole of services for all disabled students. It was suggested that a liaison with a rehabilitation hospital would be desirable. This relationship would enable the program to utilize consulting professionals who might view the liaison as an extension of services to the hospital's patients and not charge for services. The use of volunteers and interns was also a strong recommendation.

It was further agreed that to implement augmented services for this population, additional funding should be provided from the state, the college district and/or special grants.

Question 5: The modalities utilized in medical rehabilitative facilities (private agencies) differ from programs in colleges primarily in the areas of fees and structure. While colleges have minimum fees for enrollment and materials, private facilities have substantial costs for their programs. The instructional model in private facilities almost always utilize Model I (enrollment restricted to THI students). Instructional content and methodology do not differ significantly from that offered at Coastline College and, to some extent, other colleges investigated. Primary differences appear to lie in intensity of instruction and program controls imposed.

CONCLUSION

This sabbatical project provided an opportunity for me to investigate a very specialized problem which has great significance for programs and services for disabled students at Mt. San Antonio College. The knowledge gleaned from this experience will be shared and expanded to enhance services for traumatically head injured students at this institution. It is anticipated that, in time, plans may be developed and implemented for a more specialized program to serve this population.

I am grateful for the confidence that my immediate supervisor, chief administrative officers of the College, the Management Leave Committee and Board of Trustees had in me by permitting me to enrich my professional expertise through this regenerative process.

APPENDIX

- . SABBATICAL LEAVE PROJECT
- . SABBATICAL LEAVE AGREEMENT
- . MEMORANDUM CHANGING SABBATICAL LEAVE DATES
- . BOARD OF TRUSTEES APPROVAL OF LEAVE
- . SURVEY OF COLLEGES
- . VISITATION SITES
- . FIGURE: TYPES OF CLOSED HEAD INJURIES
- . BROCHURES
- . REFERENCES

MT. SAN ANTONIO COLLEGE
Salary and Leaves Committee

APPLICATION FOR SABBATICAL LEAVE

Name of Applicant MAYME G. THORNTON

Address 400 S. Hauser Blvd. - 6E Los Angeles, Calif. 90036

Employed at Mt. San Antonio College beginning July 1, 1969

Dates of last sabbatical leave:

From NA To NA

Department HANDICAPPED STUDENT SERVICES Division SPECIAL PROGRAMS

Length of sabbatical leave requested:

Purpose of sabbatical leave:

One semester _____
Fall _____ Spring _____

Study _____ Independent Study
and Research X

Two semesters _____

Travel _____ Combination
(specify) _____

Administrative X

NOTE: Sabbatical periods are limited to contractual dates of the academic year.

Effective dates for proposed sabbatical leave:

From April 1, 1986 To May 31, 1986

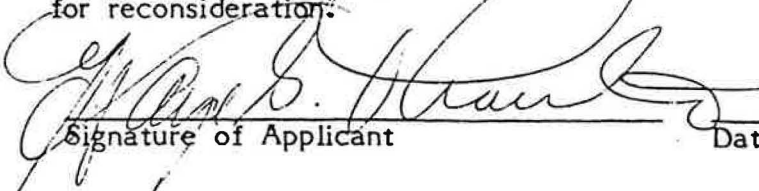
and (if taken over a two school year period)

From _____ To _____

Attach a comprehensive, written statement of the proposed sabbatical activity(ies) including a description of the nature of the activity(ies), a timeline of the activity(ies), an itinerary, if applicable, the proposed research design and method(s) of investigation, if applicable.

Attach a statement of the anticipated value and benefit of the proposed sabbatical activity(ies) to the applicant, his/her department or service area, and the College.

Any change or modification of the proposed sabbatical activity(ies) as evaluated and approved by the Salary and Leaves Committee must be submitted to the Committee for reconsideration.


Signature of Applicant _____ Date May 10, 1985

APPLICATION FOR SABBATICAL LEAVE
Page 2

Applicant's Name MAYME G. THORNTON

The acknowledgment signatures reflect awareness of the sabbatical plan for the purpose of personnel replacement. Comments requested allow for recommendations pertaining to the value of the sabbatical leave plan to the College. Applicants must obtain the signatures of acknowledgment prior to submitting application to the Salary and Leaves Committee.

ACKNOWLEDGMENT BY THE DEPARTMENT/DIVISION

Signature of Department Chairperson _____ Date _____

Comments:

Signature of Division Chairperson  Date 5/16/85

Comments:

ACKNOWLEDGEMENT BY THE OFFICE OF INSTRUCTION

Signature of Asst. Superintendent/Vice President,
Instructional & Student Services _____ Date _____

Comments:
|

FINAL ACTION BY THE SALARY AND LEAVES COMMITTEE:

_____ Recommend approval to the Board of Trustees

_____ Not recommend approval to the Board of Trustees

Signature - Chairperson, Salary and Leaves Committee Date _____

Signature - Authorized Agent for the Board Date _____

myw
10/17/84

SABBATICAL LEAVE APPLICATION
Mayme G. Thornton

PROPOSED PROJECT: Cognitive Retraining of Traumatically Head Injured Adults: An Investigation of Programs and Services Offered Through Selected Community Colleges and Medical Rehabilitation Facilities.

PROJECT DESIGN : Independent Research and Travel

Research/domestic : 100%
Research-Travel/international:

GOAL: Heightened knowledge and understanding of this complex disability, and the role that the community college might feasibly assume in transitioning these individuals back into the mainstream of life.

OBJECTIVES:

- .Identify primary problems involved in re-educating traumatically head injured adults
- .Identify instructional methods currently being utilized to cognitively retrain this population
- .Identify special support services currently provided or needed to aid the re-educational process of this population
- .Identify what, if any, re-educational services are being offered for traumatically head injured adults in selected international institutions
- .Assess the financial feasibility of instituting a program to re-educate the head injured adult on a community college campus

METHOD OF RESEARCH (See Appendix A for Research Questionnaire Format)

- .Research of the literature on post-hospital management of the traumatically head injured adult will provide a framework for on-site investigation.
- .Southern California community colleges which provide comprehensive or limited services to this targeted population will be visited and in-depth interviews conducted with appropriate personnel (See RESOURCES).

METHOD OF RESEARCH (CONTINUED):

- .Southern California medical rehabilitation hospitals offering cognitive retraining to head injured adults will be visited and in-depth interviews conducted with appropriate personnel (See RESOURCES).
- .Local agencies providing neuro-skills for head injured adults will be contacted to determine what, if any, approaches being used might transfer to a community college setting.
- .Attendance at statewide or national conferences, that address the head injured adult, wherever possible.

TIME-FRAME:

Because it is impossible to arrange definitive dates and times for visitations this far in advance, a very generalized monthly plan follows:

Pre-Sabbatical

I will prepare for this leave by extensive research related to my chosen area of research and travel. National and international research of the literature will be completed prior to the onset of my leave.

April 1 through May 15, 1986

On-site visitations and interviews. Local and state-wide community colleges, medical rehabilitation hospitals and agencies.

May 16 through May 31, 1986

Compilation and analysis of data. Outline and first draft of report on this segment of final report.

RESOURCES:

The following LOCAL educational institutions, rehabilitation hospitals and post-trauma agencies have been targeted for on-site research:

Visitation

SANTA MONICA COMMUNITY COLLEGE
1900 Pico Boulevard
Los Angeles, CA 90405

CERRITOS COLLEGE
11110 Pico Boulevard
Los Angeles, CA 90405

RESOURCES (CONTINUED):

RANCHO SANTIAGO COMMUNITY COLLEGE
Seventeenth at Bristol
Santa Ana, CA 92706

COSA COLINA HOSPITAL
DAY TREATMENT CENTER
2820 North Gary Avenue
Pomona, CA 92767

RANCHO LOS AMIGO HOSPITAL
7610 East Imperial Highway
Downey, CA 90240

DANIEL FREEMAN HOSPITAL - NEW PATHWAYS
330 North Praire Avenue
Inglewood, CA 90301

HIGH HOPES NEURO-RECOVERY GROUP
661 Hamilton Street - SUITE 300
Costa Mesa, CA 92627

NEUROLOGICAL LEARNING CENTER
1955 Fremont Avenue
South Pasadena, CA 91030

RATIONALE FOR PROJECT:

The traumatically head injured population has been selected for research because of the unique problems, and possibilities that this group poses for educational institutions.

The number of traumatically head injured individuals who survive past hospitalization is increasing yearly. It is estimated that, internationally, more than one million individuals have survived brain injury and are in their respective communities with few, if any, programs to enhance their continued rehabilitation. Most of these individuals are between the ages of sixteen and thirty. Most survive with some decrease in physical, intellectual and emotional functioning. However, these impairments do not preclude the ability or willingness to participate in all areas of life to the fullest extent possible. Unfortunately, without very concrete and personalized retraining, many will live out their lives in isolation and limited involvement with society.

Financial constraints cap the length of time medical rehabilitative institutions can provide cognitive retraining for the head injured adult. Institutional design usually precludes vocational training for this group.

During the past eight years, we have been challenged with providing educational opportunities for a limited number of

RATIONAL FOR PROJECT (CONTINUED):

head injured students at MSAC. We have successfully transitioned eleven students through our program during the past eight years. Approximately 30 others began, but for varied reasons were unable to continue. During the past three years, we have had an average of 15 students applying. Of this group, we accommodate approximately three with needed services. Each year, the number of applicants grow, but because of our limited resources and knowledge, many cannot be accommodated. This project is designed to provide, within our fiscal and professional capabilities, expanded services for these special students.

MERIT AND VALUE OF PROPOSED PROJECT TO INSTRUCTIONAL AND SERVICE AREAS OF THE COLLEGE:

It is anticipated that the knowledge and awareness gained through this brief and limited travel/research project will enable Mt. San Antonio College, through Handicapped Student Services to provide more effective instructional and support services to this very unique, disabled segment of our student population. Specifically, it is anticipated that this research will provide the guidelines for developing a structured, individualized program for head injured adults capable of profiting from the college experience.

It is further anticipated that by sharing the gained knowledge and awareness with administrative, teaching and support staff, a heightened awareness and understanding of this group's educational problems and possibilities will generate interest in and willingness to work toward a comprehensive educational/vocational concept.

ANTICIPATED RESULTS:

I anticipate that as a result of this sabbatical, my emotional and physical energies will be restored; my professional and personal creativity will be regenerated, and my awareness, knowledge and skills will be greatly enhanced. The spill-over will be a broadened and updated proficiency that will ultimately mean greater and more effective service to our students and college community.

PERSONAL PREPAREDNESS:

I will be adequately prepared for this sabbatical. Intrastate will be by private automobile, rail or air.

I will have sufficient funds to finance this leave, and I am confident that I will be able to independently execute the proposed activities.

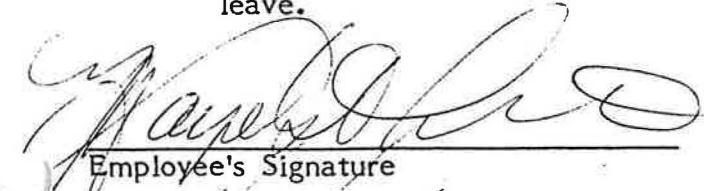
My health is excellent. My medical plan is with Kaiser Permanente.

MT. SAN ANTONIO COLLEGE
Sabbatical Leave of Absence

This is an agreement between the Mt. San Antonio Community College District (hereinafter referred to as District) and Mayme Thornton (hereinafter referred to as Employee).

The District and Employee agree as follows:

1. Employee occupies a position requiring certification qualifications.
2. Employee has rendered not less than seven (7) consecutive years of service to the District immediately preceding the granting of the sabbatical leave of absence.
3. Employee has made application for a Independent research (study, independent study and research, travel, a combination thereof) sabbatical leave of absence.
4. Such leave to take place from May 1, 19 86 to June 30, 19 86.
5. The provisions of Education Code Sections 87767 through 87775 govern the sabbatical leave of absence.
6. The District shall pay Employee \$9,048 for the period of the leave of absence to be paid in two (2) equal monthly payments in the same manner as regular ~~instructors~~ **managers** are paid.
7. Employee shall render at least two (2) years of service therein, ~~equal to twice the length of the sabbatical leave,~~ following Employee's return from leave.
8. The District waives all requirements of furnishing a bond.
9. Employee shall perform service of a professional nature as delineated in the document which is attached and incorporated by reference as though fully set forth.
10. Employee upon return from the leave shall submit, through the Salary and Leaves Committee, evidence in the form of a written report satisfactory to the Board that such service was performed as agreed.
11. Employee shall make no change in the approved sabbatical plan without advance approval of the Salary and Leaves Committee.
12. Employee agrees failure to return to duty or failure to submit a written report satisfactory to the Board shall require the employee to reimburse the Mt. San Antonio Community College District any and all monies paid while on sabbatical leave.


Employee's Signature

4/30/86
Date


Mt. San Antonio Community College District

by: 

5-2-86
Date

MT. SAN ANTONIO COLLEGE
Office of Instruction

TO: Mayme Thornton, Director, Disabled Students Program
FROM: Gilbert M. Dominguez, Chairperson, Management Steering Committee
DATE: March 24, 1986
SUBJECT: Change in Sabbatical Leave



Your request to change your sabbatical leave from April - May to May - June has been reviewed by the Management Steering Committee and Joe Zagorski and found to be acceptable for the reasons stated in your memo of 2/27/86. It has been forwarded to Mr. Collins, who will, in turn place it on the next Board of Trustees agenda for formal approval.

We look forward to seeing the results of your leave when you return.

fb

cc: J. Randall
J. Zagorski
E. Gregoire

Content
Items:

Board v. Minutes April 9, 1986

INSTRUCTIONAL AND STUDENT SERVICES:

- A. Consideration of ratification of the following Travel Request:
Zane Black - Aerobics Center - Dallas, TX - April 2-4, 1986 - at no additional cost to the District.
- B. Consideration of ratification of Field Trip and Transportation Request:
Ron Reel and five students - Omaha, NB - March 30-April 5, 1986 - National Forensics Finals - with travel by air and other necessary traveling expenses to be reimbursed from the Associated Students Budget.
- C. Consideration of approval of the following Travel Requests:
David Mead - National Association of Broadcasters - Dallas, TX - April 12-16, 1986 - at no additional cost to the District.
William Eastham - National Alliance of Broadcasters - Dallas, TX - April 11-15, 1986 - with travel by air and other necessary traveling expenses.
- *D. Consideration of approval of Agreement with Prime Ticket Network for domestic television rights to the Puma/Mt. San Antonio College Relays.
- *E. Consideration of approval of Agreements between the MSACC District and Statewide Gender Equity Committee.
- *F. Information item: Report of Faculty Load Distribution by FTE for Spring 1986.
- *G. Information item: Associated Students report by Sandra Carreon.
- H. Other items of business.

VI. PRESIDENT:

- A. Information item: Report from Charles Varnes, President, Faculty Senate.
- *B. Consideration of approval of Personnel Transactions, Reference No. 10, dated April 9, 1986.
- *C. Consideration of approval of Management Sabbatical Leave for Mayme Thornton, Director, Handicapped Student Services, May 1 through June 30, 1986.
- *D. Consideration of ratification of Agreement with Dr. Stephen Aron, Psychiatrist, effective March 1, 1986.



MT. SAN ANTONIO COLLEGE

handicapped student services

A DIVISION OF SPECIAL PROGRAMS

Dear Colleague:

I am presently on a short sabbatical (two months) investigating the feasibility of developing a comprehensive program for students with traumatic head injuries at MSAC. Toward this end, I have designed the brief questionnaire below, and would greatly appreciate your completing and returning it in the enclosed envelope at your earliest convenience.

I fully realize how busy your schedule is at this time of the year, and want you to know how grateful I am for your willingness to participate in this project. If I can be of any help to you in the future, please feel free to call me.

Thanks again, and have a wonderful summer!!!

Sincerely,

Mayme G. Thornton
Mayme G. Thornton
Director

1. What is the average number of traumatically head injured students do you serve per year? _____

2. Approximately what percentage of these students are

_____ in a special program

_____ mainstreamed

_____ in a combination program (special classes and mainstreamed)

_____ other (please describe) _____

3. Do you have minimum qualifications for acceptance into your program?

_____ yes

_____ no

4. Please identify factors which would disqualify students for your program.

Physical: _____

Behavioral _____

4. Please identify factors which would disqualify students for your program.

Physical: _____

Behavioral: _____

Academic: _____

Other: _____

5. Do you have one person assgued the responsibility for coordinating your Head Trauma program? _____ yes _____ no.

If yes, is this person

- _____ an administrator
- _____ faculty
- _____ counselor
- _____ occupational therapist
- _____ physical therapist
- _____ Other: _____

Is this person

- _____ part-time
- _____ full-time

6. How many staff members do you have in your program?

- _____ administrator
- _____ faculty
- _____ counselor
- _____ occupational therapist
- _____ physical therapist
- _____ paraprofessional
- _____ student workers (aids)
- _____ tutors
- _____ other: _____

7. What classes are offered specifically for brain injured students?

8. Do you provide individualized instrustion? _____yes _____no

If yes, what percentage of your students require this service? _____

For individualized instruction, do you use

_____tutors

_____teaching assistants

_____other: _____

9. Do you provide transportation for head trauma students? _____yes _____no

10. How is your program fundèd?

_____State Grant (AB 77)

_____VEA

_____District Funds (includes ADA)

_____Other: _____

11. In your opinion, what is the most important factor to consider when developing a program for traumatically head injured students?

12. Approximately what percentage of your total budget (for disabled students) is allocated for traumatically head injured students? _____

13. What is the average number of units taken by head trauma students? _____

14. Please cite a few of the special problems inherent in a program for traumatically injured adults: _____

Thank you so much for your candid analysis of your program.

VISITATIONS

COASTLINE COMMUNITY COLLEGE
HEAD TRAUMA CAMPUS
2990 Mesa Verde Drive, East
Costa Mesa, CA 92626

GLENDALE COMMUNITY COLLEGE
1500 North Verdugo Road
Glendale, CA 91208

SANTA MONICA COMMUNITY COLLEGE
1900 Pico Boulevard
Los Angeles, CA 90405

CERRITOS COLLEGE
11110 East Alondra Boulevard
Norwalk, CA 90650

RANCHO SANTIAGO COMMUNITY COLLEGE
Seventeenth at Bristol
Santa Ana, CA 92706

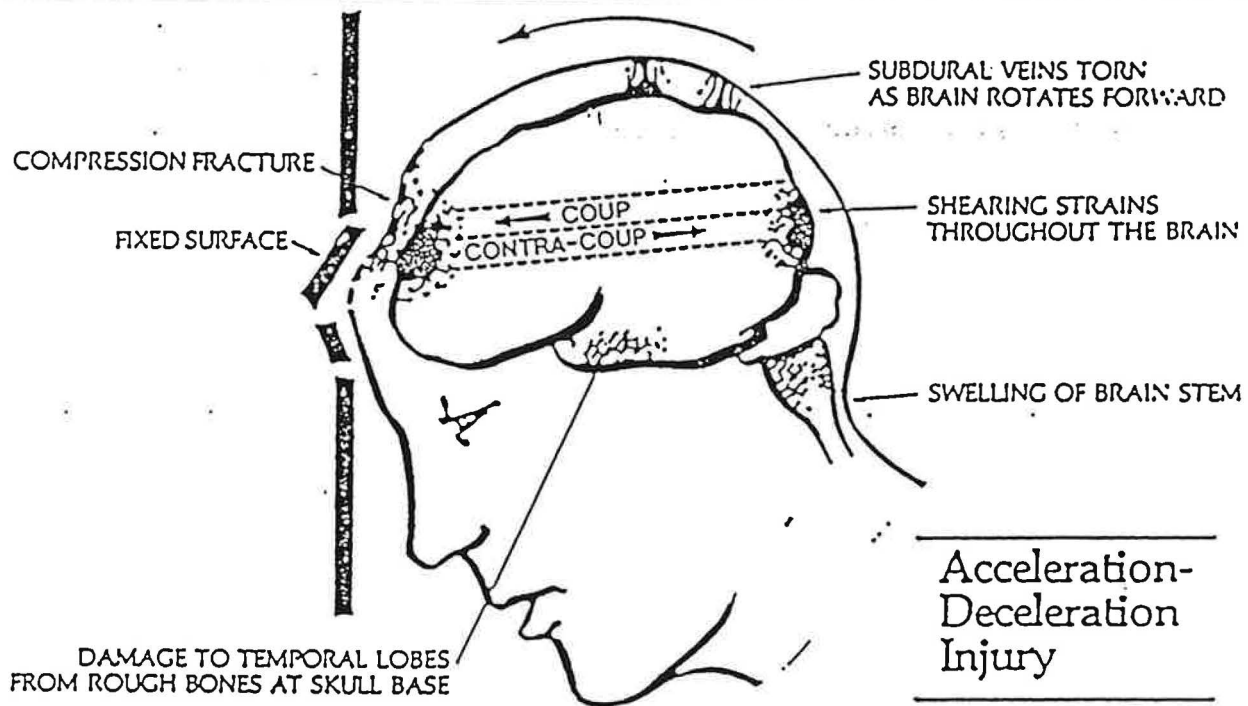
CASA COLINA HOSPITAL
DAY TREATMENT CENTER
2820 North Gary Avenue
Pomona, CA 91676

DANIEL FREEMAN HOSPITAL
NEW PATHWAYS
333 North Praire Avenue
Inglewood, CA 90301

HIGH HOPES NEURO-RECOVERY GROUP
661 Hamilton Street - Suite 300
Costa Mesa, CA 92627

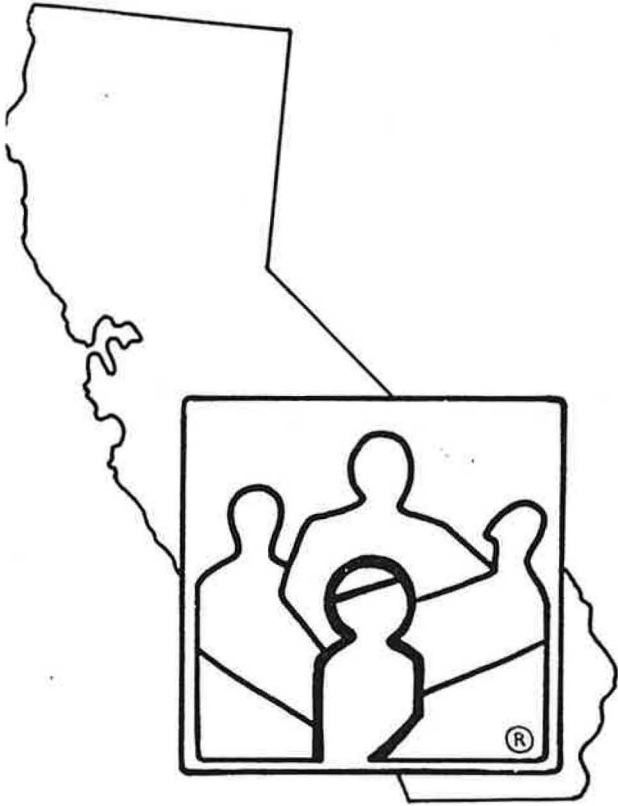
NEUROLOGICAL LEARNING CENTER
1955 Fremont Avenue
South Pasadena, CA 91030

TYPES OF DAMAGE IN CLOSED HEAD INJURY



Fifth Annual Symposium Of The Southern California Head Injury Foundation

CRITICAL ISSUES: AN UPDATE



JUNE 28, 1986

**RANCHO LOS AMIGOS MEDICAL CENTER
DOWNEY, CALIFORNIA
8:15 A.M. — 4:00 P.M.
AUDITORIUM**

ia Head Injury Foundation

FACULTY

Linda Andron, L.C.S.W., is a Staff Social Worker specializing in Family Therapy and Sexuality Counseling at the UCLA Neuropsychiatric Institute, Westwood, CA

Lynn Buie, R.N., M.S.-A.N.P.-C.I.R.S., is the Director of Medical Management at Health Technology Rehabilitation Services, Long Beach, CA

Douglas E. Harrington, Ph.D., is a licensed psychologist in private practice; and a consulting Neuropsychologist, Coastline Community College, Costa Mesa.

Thomas Kampwirth, Ph.D., is a professor in the Department of Educational Psychology and Coordinator of Counselor Education in the School Psychology Program, California State University, Long Beach, CA

Rob Peters, is a Government Benefit Specialist, Mental Health Advocacy Services, Los Angeles, CA

Tom Sepko, L.C.S.W., is Director of Social Work, St. Jude Hospital and Rehabilitation Center, Fullerton, CA

FEES

Pre-registration

Members: \$5.00/person

Non-Members: \$10.00/person

At-the-Door Registration

Members: \$10.00/person

Non-Members: \$15.00/person

** Special thanks to Coastline Community College, Memorial Medical Center of Long Beach, Rancho Los Amigos Medical Center, and St. Jude Hospital and Rehabilitation Center for their donations and volunteer time.*



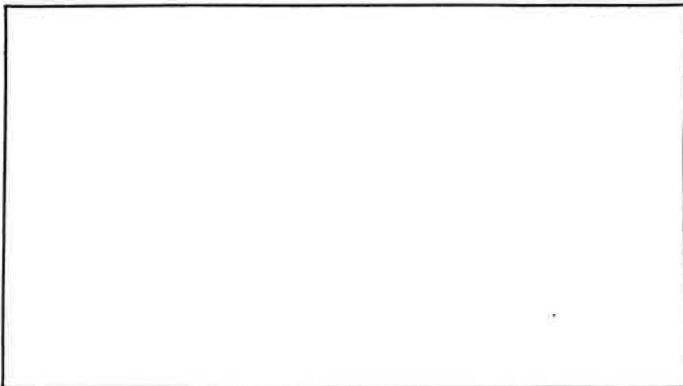
CASE MANAGEMENT OF CATASTROPHIC INJURY: THE CHALLENGE OF DECISION MAKING

March 20-21, 1986
Palm Springs, CA



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REFERENCES

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- Griffith, Ernest R. (1984). "Types of Disability" in Rehabilitation of the Head Injured Adult, ed. M. Rosenthal, E. Griffith, M. Bond, and J. Douglas, F.A. Davis Co., Philadelphia, (pp.23-32).
- Malkmus, D., Booth, B., and Doyle, M. (1980). "Models and Strategies in Cognitive Rehabilitation". Rehabilitation of the Head Injured Adult: Comprehensive Cognitive Management. Rancho Los Amigos Hospital, Downey, CA.
- Olson, Don A. and Henig, Eleanor (1983). A Manual of Behavior Management strategies for traumatically Brain-Injured Adults, Education and Training Center, Rehabilitation Institute of Chicago, Chicago, IL.
- Begley, S., Carey, J., and Sawhill, R. How the brain works. Newsweek, February 7, 1983.
- Quinn, J. Next step therapy helps rehabilitate brain injured. Moorpark College, Los Angeles times, April 17, 1983.