

The Problem Paper

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ENG-132 03

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Purpose Statement: The paper shall solve the problems of the world for all that read it while also fulfilling the necessary elements to receive the highest marks on any grading scale known to mankind. Else, it may ensure its author a passing grade in this course.

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### The Problem Paper

All papers begin with a sentence, and this one should be no different. From the first few words that appear on a page a reader may quickly begin to ascertain a few key elements. Who are they listening to? What is the person trying to say? What are they trying to say about it? Improperly done, some readers may never continue past the first paragraph. As each reader's eyes go smoothly line from line in a linear fashion, others may perform loops around the information as it is coming in - or going out - all people may process the information uniquely.

To conclude, it's easy to see that all people need to be understanding of all people, as no two people are the same. Now, we have come to define the problem of this paper: Not all people think in the same way. Any good composition class will teach a common structure for a paper: Develop a working thesis, do research, make an introduction (starting with a sentence,) then dive into the body. If it's persuasive paper you're writing you should certainly include a detailed synopsis of the proposal you're pushing- hopefully compared against a few less promising ideas! Then, finish with your now ripened cherry conclusion- sell it (Marra).

Given that people affected with a Traumatic Brain Injury (henceforth referred to as TBI,) may have such a wide variety of cognitive issues such as problems communicating and learning skills, problems with hearing and vision, difficulty concentrating or remembering information and often display increases in emotional issues such as nervousness, anxiety and depression,

may have some degree of difficulty understanding and thinking clearly while dealing with changes in perception and may be also limited with weakness in the arms and legs and have problems with coordination and balance yet at the same time are fully qualified as part of a protected class under the Persons with Disabilities Civil Rights Act, Act 220 of 1976 of the Michigan State Legislature in matters of accommodation and employment, how are reasonable accommodations to be provided to a cognitively impaired individual in an educational setting of a community college, as attainment of higher degree of education is de facto requirement of their future gainful employment (and possible extension of their life!)

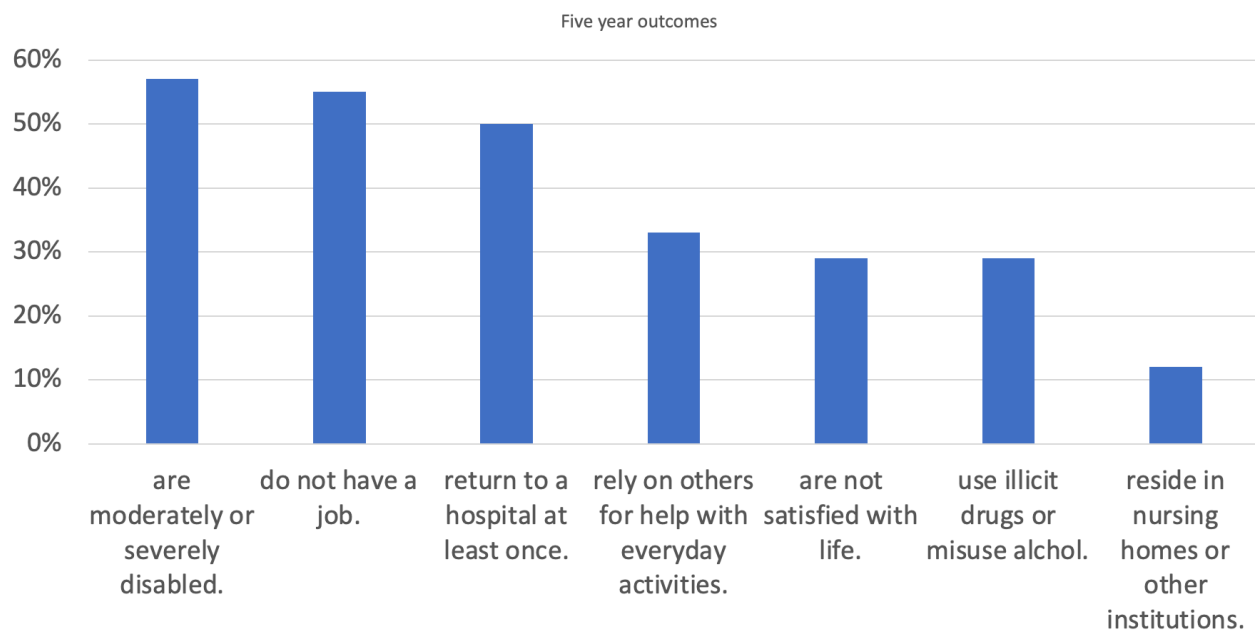
According to the Center for Disease Control 190 Americans died from TBI-related injuries each day in 2021, 214,000 people were hospitalized in 2020. Additionally, 15% of all U.S. high-school students self-reported one or more sports or recreation-related concussions within the previous year. Brain injuries in thankfully most cases, are completely hidden from our plain sight unlike a broken arm or an amputated leg however they can be just, if not more debilitating and are difficult to diagnose; most are classified as concussions or mild TBIs and can be caused by any hard impact to the head, such a football tackle or even just a fall from losing a step while walking or hiking. Nearly all reputable sources recommend seeking medical treatment after any fall and to follow up over time if any symptoms are noticed as untreated injuries can cause further impairment.

TBI-related impairments are “invisible” to the naked eye, like nearly any other neurological impairment or mental differentiation and as such, an individual diagnosis is required and sometimes extensive physical, mental and occupational therapies or special educations are recommended. With a wide variety of causes and effects, each TBI patient is a

unique case unto themselves, and very little research has been effectively coordinated with such a wide and disparate group. That being the case, medical and psychological professionals do their best to draw comparisons and pull treatments from other diagnoses. The FlintRehab website wrote (and was medically reviewed by Courtney Maher, OTR/L,) that there are many similarities between TBI patients and people diagnosed with Autism, as they were also quick to point out there was no causality link between the two, only an overlap in the symptoms and, as they suggest, a commonality of existing treatments for Autism Spectrum Disorder that may be beneficial for people with TBIs. Both conditions may have similar affects such as causing issues with social judgements, communication skills, and problems regulating behavior (FlintRehab). However, it should be clear that some TBIs can be traced, usually with Magnetic Resonance Imaging (MRI), to a specific region of the brain and though many studies have been done over the last hundreds of years to determine a mapping of the organic tissue inside a skull into the functions of our bodies, much less the unknown intricacies of human thought or expression.

Other neurodevelopmental disorders also share commonalities and possible treatments with TBIs, such as Attention Deficit Hyperactivity Disorder. ADHD affects many people and in the U.S. it is more common in black people (12%) than white people (10%) and overall 6 of 10 children will have at least one other mental, emotional or behavioral condition such as anxiety or depression and 77% do receive treatment. With ADHD or ASD according to Chadd.org (and this paper makes the logical leap to include TBIs,) brain development has been affected and most importantly in the “executive functioning”, which is responsible for decision making, impulse control, time management, focus, organizational and social skills. Without comparison to the entire DSM-5-TR, it can be safe to assume that many people due to the circumstances of

humanity, whether they have ever had a traumatic injury (or an under-reported injury in their youth,) or has yet been diagnosed with a behavioral disorder there is an entire assortment of educational techniques that are commonly called upon in classrooms from K to college across the nation to teach the everyday range of our populace that fills them. However, the same limitations that naturally effect any classroom may create disparate outcomes if reasonable helps are not provided, hence the protections afforded by Federal and State governments.



The Center for Disease Control has studied the long-term effects of TBIs and found significant negative effects. On average a person's lifespan is shortened by nine years and are 50 times more likely to die from seizures, 11 times more likely to die from drug poisoning, 9 times more likely to die of infections, and 6 times more likely to die of pneumonia. Chronic health problems are also common and for those still alive after five years 57% are moderately or severely disabled and a third rely on others for help with their activities of daily living (ADLs,) such as eating, bathing, shopping, cleaning, and community engagement. The CDC's studies

show below average five-year outcomes in men, unmarried, unemployed and less educated.

Long term best outcomes may be attained by improving as many factors as possible.

However, that is the case for many people. According to the National Library of Medicine the lifetime prevalence estimates for any DSM-IV disorders is 46%, with 28% of people experiencing anxiety disorders, 24.8% with impulse-control disorders, and 14.6% with substance abuse disorders. According to the first Google result, Cross River Therapy, Community Colleges enroll 41% of undergraduate students. With many other variables at play, community college eases the barrier to higher education for many groups of people. As all people have nearly 50% likely hood of being affected by some invisible mental, cognitive or behavior disorder (not to mention the after-effects of experiential traumas,) that all share similarities with TBIs, and it is possible that variable is skewed in the enrollment of such individuals at community compared to non-community colleges. It is safe to say that all students should be treated as unique individuals each with their own unique skills and abilities and acknowledging their talents while fostering their individual growth and success- in fact, as nearly 75% of the students could have the legal right to a full list of available accommodations, such as individual administered oral exams, assessing of knowledge using multiple choice rather than open ended questions, and avoiding putting students in high pressure situations.

TBIs are a lifelong condition best treated with all necessary accommodations by all people and professionals that have the luck to interact with them. Some steps that may be helpful is to listen careful and to not to be offended by odd social cues like excessive eye contact or interrupting questions – for some people focus is literally all or none. Take time to think twice- or read twice as the case might be- and try to understand that while you're

thinking in straight lines and well-formed reports, other people may be going in loops or ending where they started. How are people with TBIs to be treated in educational settings? The same way as all other people- as the unique and beautiful person they are- brain damage included.

## Works Cited

<https://www.cdc.gov/traumaticbraininjury/moderate-severe/potential-effects.html>

<https://www.disabilityrightssc.org/my-rights-as-a-person-with-a-traumatic-brain-injury-tbi>

<https://www.brainline.org/article/accommodations-guide-students-brain-injury>

<https://www.univstats.com/academic/students-to-faculty-ratio-in-michigan/>

<http://legislature.mi.gov/doc.aspx?mcl-Act-220-of-1976>

Marra, Mike. Persuasive Project Pre-writing Packet.

<https://jacksoncollege.instructure.com/courses/4561/modules>

<https://www.cdc.gov/traumaticbraininjury/index.html>

<https://www.flintrehab.com/tbi-and-autism/>

<https://chadd.org/about-adhd/adhd-and-autism-spectrum-disorder/>

[https://www.cdc.gov/traumaticbraininjury/pdf/moderate to severe tbi lifelong-a.pdf](https://www.cdc.gov/traumaticbraininjury/pdf/moderate_to_severe_tbi_lifelong-a.pdf)

<https://www.forbes.com/health/mind/adhd-statistics/>

<https://pubmed.ncbi.nlm.nih.gov/15939837/>

<https://www.crossrivertherapy.com/research/community-college-statistics>







hospitalized with a TBI.

refer to people 10 years of age and older who received inpatient rehabilitation services for a primary diagnosis of TBI.

## Long-term negative effects of TBI are significant.

Even after surviving a moderate or severe TBI and receiving inpatient rehabilitation services, a person's life expectancy is 9 years shorter. TBI increases the risk of dying from several causes. Compared to people without TBI, people with TBI are more likely to die from:

			
<b>Seizures</b> 50 x more likely	<b>Drug Poisoning</b> 11 x more likely	<b>Infections</b> 9 x more likely	<b>Pneumonia</b> 6 x more likely

**After inpatient rehabilitation for TBI, the following groups are more likely to die sooner:**

- Older adults
- Men
- Unemployed
- People who are not married
- People with fewer years of education
- People with more severe TBI
- People with fall-related TBI

In addition, people with moderate to severe TBI typically face a variety of chronic health problems. These issues add costs and burden to people with TBI, their families, and society. Among those still alive 5 years after injury:

- 57%** are moderately or severely disabled.
- 55%** do not have a job (but were employed at the time of their injury).
- 50%** return to a hospital at least once.
- 33%** rely on others for help with everyday activities.
- 29%** are not satisfied with life.
- 29%** use illicit drugs or misuse alcohol.
- 12%** reside in nursing homes or other institutions.

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