

## **Teachers Information on Acquired Brain Injury - Fact Sheet**

With the increasing number of brain injuries being reported each year, identification of students with acquired brain injury is becoming an important issue.

Acquired brain injury (Acquired Brain Injury) is often called the invisible disability as there may be no observable evidence of the injury. As a result, students with Acquired Brain Injury may simply be seen as moody and sulky kids, the problem student syndrome, or beliefs such as 'that's just the way they are'. But with a little understanding and modified teaching strategies, problems resulting from acquired brain injury can be reduced dramatically.

Students with a mild brain injury are often more challenging than those with more severe disabilities. Students who experience these problems are often not identified as needing additional teaching time and instruction. Accurate diagnosis of acquired brain injury will improve the outlook for a student's educational progress. Appropriate assessment can also facilitate greater understanding in teachers, which in turn provides the opportunity for more flexible and effective teaching methods to be applied.

The difficulty recognising problems associated with acquired brain injury is that they are not always visible. The task of diagnosis is made more difficult when we consider that the person with an acquired brain injury may not attribute his/her difficulties to the injury.

### **IMPAIRED CONCENTRATION**

An injured brain may never be restored to pre-injury capabilities but performance can generally be improved. Difficulties are often experienced in the areas of attention and concentration. It will be necessary to encourage students with an acquired brain injury to gradually build up their tolerance for concentration daily but this is not as simple as it sounds. Keep periods of concentration short by allowing regular breaks. Start with ten minutes and build up gradually with a few extra minutes daily.

### **LACK OF INSIGHT**

Many students with an acquired brain injury have a lack of insight regarding their level of ability. They may be unable to recognise that their performance and capabilities are functioning at a reduced level. If this is the case, point out in simple terms the areas that require improvement, continually reinforcing this information so that it is not lost. Focusing on improvement rather than impairment will encourage the student to be more active in trying to correct the deficit.

### **LACK OF PLANNING AND ORGANISATIONAL SKILLS**

Planning and organisational skills can be impaired to the extent that the student knows what he or she wants to do, but has difficulty getting started. This means that the person will need a very clear plan of how to go about carrying out a task. The first step will be to stop and think - he or she will need time and support to work out a plan by identifying the task, keeping it simple and addressing one task at a time:

- Write down all the steps required to complete the task
- Sort out the list of steps in the order they are to be achieved
- Treat steps as a self-contained goals and tackle them one at a time
- As each step is completed, reinforce it as an achievement of success

- Create a distinct break between each step
- Review each preceding step before moving onto the next.

### **SHORT-TERM MEMORY PROBLEMS**

Most brain injuries will result in impairment of short-term memory and the ability to retain or process new information. Students will lose books and equipment, forget appointments and arrangements, ask the same questions again and again, or forget which classroom they are supposed to be in. Fortunately, there are ways to assist memory and it can be an exciting challenge to work out new avenues to compensate for problems. However, it is important that the students are aided but not rescued from their own failing memory.

Common memory aids include:

- A diary to note all class times, appointments and instructions
- A notebook to list common times and protocols
- A map of the school showing classrooms, toilets, offices, bus stop etc.
- Clearly marked exercise books and equipment
- Thong necklace for keys
- Wristwatch with an alarm.

Students with poor memory will need to become familiar with using memory aids and will need constant reinforcement. Other helpful aids are clocks, calendars, blackboards, whiteboards, signs, notices, photos, post-it notes, or anything that provides a compensation to memory deficits.

### **CONFUSION**

Normally, people use their planning and organising skills to work their way through confusion. However, because acquired brain injury often results in some loss of these skills, it may be difficult for a student with an acquired brain injury to deal with confusion. Confusion usually comes about through:

- Unrealistic self-expectations e.g. the student may have a memory of achievement that is inconsistent with their impaired ability
- The student's inability to recognise that a disability exists
- Others having too high an expectation of the student
- The student attempting to achieve too much at once
- Interruptions, noise, clutter or visual distractions around the student
- Too many instructions being given to the student at the one time.

Teachers may find that a student may get stuck with a problem and then appear to be not listening. Alternatively, the student may argue or demonstrate difficult behaviour. To avoid this, teachers need to be aware of their student's history, make sure that things are kept simple and take it slowly. If a student is becoming confused or frustrated it may be necessary to take time out.

### **DIFFICULTY ACCEPTING CHANGE**

Human beings don't always find it easy to cope with change. Adjusting to change becomes more difficult when the student has problems with planning, organising, problem solving or learning new

material. In order to protect themselves, students with an acquired brain injury are prone to resist change or attempt to avoid it. Strategies to assist acceptance to change include:

- Discussing anticipated changes with students before the event to prepare the students for what lies ahead and encourage them to 'own' the decision to change
- Not forcing the change upon the students too quickly
- Writing things down and going over them until the person is familiar with them
- Offering advice, help and reassurance prior to and during the process of change
- If students appear unable to cope, offering them understanding about their situation.

### **STRESS, FRUSTRATION AND ANGER**

A common trigger to personal stress is the feeling of helplessness or being trapped in a situation over which we have no control. Disciplined or authoritarian environments can add to students' beliefs that they are deprived of alternatives. Being able to offer students a number of options to choose from will support a feeling of empowerment.

When stress is unable to be avoided, relaxation and meditation can act as good insurance policies. Time out may also provide the opportunity to restore balance and perspective as long as it is not seen as punishment. In extreme cases, a student may become openly aggressive. The most appropriate response is to have an agreed response by all members of staff. It should be negotiated with all possible stakeholders to enhance the chances of success.

### **IMPULSIVE BEHAVIOUR**

Students with an acquired brain injury often do things on impulse. Behaviours displayed are often a genuine case of innocently doing what seemed to be a good idea at the time. In most cases the undesirable behaviour can be replaced with an agreed alternative, negotiated directly with the student. It is also helpful to agree on a signal that the teacher can give as a sign for the student to stop and think about what they are doing. It could be a word (e.g. herring), a song (e.g. Waltzing Matilda), or a sign (e.g. arm up in the air). In time it will become an automatic process. Wherever possible, strategies for the intervention should be developed with all stakeholders (including student and parents).

### **ALLOWANCES**

All educational institutions now have policies that make allowances for people with disabilities in terms of time given for tests and assignments. These institutions are frequently unaware of the multiple impacts on a student's abilities such as short term memory difficulties, mental fatigue, lack of concentration, susceptibility to stress and lowered organisational ability. Teachers should refer students to the Disabilities Officer to make suitable arrangements for tests and assignments.