

# Children and Young People with ABI

A CASE MANAGER'S GUIDE

arbias

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***Children and Young People with ABI: A Case Manager's Guide*** is part of a series of information products about acquired brain injury (ABI) produced by a joint committee of brain injury organisations, with significant support and assistance from the Department of Human Services, Victoria.

We acknowledge gratefully the work of Dr. Mark Ylvisaker, Dr. Tim Feeney, Dr. Robert DePompei and Dr. Jean Blosser. Their work provides the foundation for many ideas in this book.

We would also like to thank Helen Harrington, Franca Butera-Prinzi and Nella Charles from the Bouverie Centre, whose words of wisdom are heavily reflected in our discussions regarding family support.

And finally, we would also like to acknowledge the work of many families, case managers and others who have helped us complete this project by sharing resources and providing advice and feedback.

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## Children and young people with ABI: A case manager's guide

This booklet is a hands-on guide to assist case managers in their work with children and young people with acquired brain injury (ABI) and their families. It is written for those of you who are new to the field of brain injury, or who have knowledge of brain injury, but limited experience working with children or young people.

The impact of ABI is wide-ranging. It can affect a person's social life and their development. The multitude of physical effects might include muscle spasticity, paralysis or weakness, blurred vision or decreased coordination. ABI also affects a person's cognitive abilities, such as memory, thinking skills, concentration, organisation and planning abilities.

As a case manager, your role involves working with the young person and their family to:

- › Understand the impact of the ABI on the child and their family
- › Help identify and achieve their goals
- › Research and coordinate service and support options
- › Educate everyone involved about the changes and challenges that ABI brings

To work effectively in this role, it is important that you have a good understanding of the unique nature of children with ABI and the role of case management.

ABI is often called “the hidden disability” because its effects may not be visible, or they may be mistaken for something else, or seen by some people as deliberate behaviours. A well-informed case manager can identify potential challenges before they arise, and help people to recognise and work through these issues.

Good forward planning with the child and their family goes a long way to reducing stress and to providing successful outcomes, particularly in times of transition. If you would like more technical information on the nature of ABI, see the list of resources provided in **Appendix 1**.

Throughout this book the term “child” may be used to include adolescents with brain injury.

“ABI is not the same as intellectual disability (ID)...  
ABI is determined not by IQ... but the extent of  
physical injury to the brain.”

## Why working with children with ABI is different

Working with children who have ABI is different to working with adults who have ABI, and different again to working with children who have an intellectual disability (ID). In particular, children with an ABI require long-term, flexible support.

### Differences between ABI & ID

ABI is *not* the same as an intellectual disability. Important distinctions between intellectual disability and acquired brain injury include:

- › A person with an ID is assessed as having an IQ of 70 or under
- › ABI is not determined by IQ level, but by the location and extent of physical injury to the brain

A person with ABI may or may not have an ID, depending on the severity and nature of their injury. While intellect may not be affected by the brain injury, the ability to problem-solve, make goals, initiate plans and attend to a task, may be.

So how does the case management of children with ABI differ to working with children with any other type of disability?

- › Children with ABI have knowledge of life before they sustained a brain injury and are aware of the consequent losses associated with it
- › ABI can be a ‘hidden disability’ – a child may have no visible, physical disability, but have significant cognitive impairment
- › The process of recovery is ongoing and is not predictable
- › Along with the adjustment to the changes in the child, everyone around the child, such as family and friends, are adjusting their lives too

By understanding these differences, which may seem small or subtle at times, you can improve your client’s quality of life dramatically.

### Differences working with children and adults

When working with children with ABI, your approach should be influenced by an understanding that the adjustment and recovery for children is different in many ways to the adjustment and recovery for adults. Here are some of the reasons why:



**Disrupted development:** The younger a person is when they incur an ABI, the less developmental milestones and pre-ABI learning they have to support them in their recovery after the brain injury.

**Limited life experience:** A child may face tougher battles in personal development because their ABI limits their ability to explore certain life experiences, such as confidence-building through independent endeavours, or forming intimate relationships because of changed communication skills, or loss of social-networking time during rehabilitation. They are not able to draw upon previous learning and life experiences in the same way that an adult can.

**Fewer supports:** Adults who incur brain injury have had time to form a solid and varied support network that might include friends, a spouse and children. Maintaining fledgling friendships and forming new ones can be difficult for young people after ABI.

**Times of transition:** Younger people have many times of transition and rites of passage ahead of them that may require support and planning. These might include: a new classroom teacher or year level, moving to a new home, starting work, a first love, losing a friend, or gaining independence from parents.

## A long-term, flexible approach to support

There are many reasons why children and young people with ABI may require case management for the long term. The time and intensity of work required varies from child to child. Apart from day-to-day challenges, a child's needs often intensify around the many transition points in their lives because of their difficulties with problem-solving, planning, organisation etc. (See **Preparing for Transitions**, p19).

As a result, children and young people with ABI may not fit into the generic, case-management model of Assessment, Planning, Intervention, Monitoring and Closure. Working with children is more like a continuous loop of Assessment, Planning, Intervention and Monitoring, because the child is continually going through developmental stages and milestones.

The child may also experience the same issues, but in different environments and at different transition points, which may mean intensive periods of case management, followed by monitoring phases.

Because it is hard to predict a child's needs and difficulties, the family requires access to support whenever they need it, for as long as they need it. If you are unable to remain involved, make sure they know how and where to go for support, should the need arise.

“Understanding the basics of childhood development and the implications of ABI... enables you to work more effectively in your role as case manager.”

## Building your understanding

You can offer your best support to children and their families by making a commitment to building your knowledge and skills and realising the potential for your role.

A person learns a huge range of skills on the journey from childhood to adulthood from walking, eating and coordination to analytical thinking and problem-solving. Understanding how an ABI impacts on some of the basics of childhood development enables you to work more effectively in your role as case manager.

For example, if you know the developmental benchmarks considered ‘normal’ for each age group, you can measure a child’s level of development against them to determine whether they require extra support to boost their progress. You can also keep the family better informed of the child’s recovery, and suggest modifications to ease the way forward.

### Developmental stages in childhood

A child’s brain matures in growth spurts that are closely aligned with its major developmental stages. There are three broad stages – infancy, childhood and adolescence – with different milestones achieved in each stage:

- › Physical development – includes growth and maturation of the body, increasing strength, speed and coordination
- › Intellectual development – includes development in language and thinking
- › Social development – includes relationships with peers, family and others, and personality and emotional development

There are many books and internet sites that provide good information about the developmental benchmarks and milestones to be achieved from infancy to adolescence. We have provided a basic list of these in **Appendix 2** and a list of further resources and reading in **Appendix 1**.

**Is ABI responsible?** Try to gain a thorough understanding of the child’s life, behaviour and skills prior to their injury or illness. This will help you to determine whether their ABI is behind difficulties or not. For example, an inability to read may be due to a diagnosis of dyslexia pre-ABI. It also helps to know how an ABI might exacerbate pre-existing difficulties.

Behaviour management is a key tool for case managers and you need to establish the underlying causes of any unusual behaviour. Could a child’s pre-ABI personality have anything to do with it? Might there be underlying mental health issues? How you attribute the child’s behaviour will determine which behaviour-management strategies you use.



## Impact of ABI on developmental stages

When a part of the brain becomes damaged, a person's natural developmental process and their achievement of various milestones at each stage may be interrupted. (See **Appendix 2** for examples).

**Skills deficits:** Often skills that children acquire before their injury are maintained, but the ability to acquire new skills is affected. Deficits that result from an injury occurring at an early age may not emerge until the child is much older and at a stage where those skills are needed.

For example, a five year-old child who sustains an injury to the frontal lobe may not show difficulties until the age of 10, when they are expected to be able to problem-solve and to organise themselves more independently. In a sense, children grow into their disability.

**Individual responses:** Just as each person's brain is different, the impact of each ABI will therefore be different. The functional impairment that occurs following an ABI can impact directly and indirectly on so many areas of a young person's life, that no child's response will be the same.

For example, children with similar patterns of injury can exhibit different skill levels according to their previous skill levels, age and personality. The extent of impairment will also depend on the individual, what others expect of them, what they expect of themselves and how they adapt to their new skill levels.

**Environmental factors:** ABI can affect a person's cognitive skills and executive functions and cause behavioural, emotional and psychosocial changes. The way a person presents after their ABI can depend on how fatigued they are at certain times of day, and the context in which they are expected to perform.

**Appendix 3** offers some examples of how these changes can impact on the daily classroom behaviour of children and young people. We encourage you to acquire as much knowledge as possible in this area.

**Rate of recovery:** Recovery after brain injury is an ongoing process. While improvement may be quite rapid initially, this rate can decrease, with progress continuing for years in all areas of function – cognitive, physical, language, social and emotional. Recovery can be more complicated for children than it is for adults, however.

As children grow up, their environment becomes more involved (going to school, mixing with peers) and they are faced with new challenges in learning, daily living and social interaction. It is important to take a coordinated approach that involves the family and that builds on the child's strengths and skills, so that they may reach their potential and achieve their goals, particularly during times of transition.



“...What happens when Tom’s friends make the transition from talking about Santa, to talking about sex?”

### **Impact of ABI on social development**

Many children and young people with ABI have a tough time with social development as their ABI creates additional complexities and challenges. You need to consider the developmental milestones that affect a young person emotionally, sexually and socially. For example, what happens when Tom’s friends make the transition from talking about Santa, to talking about sex? The skills Tom needs to get by socially as a seven year-old, and as a 15 year-old, will be very different indeed.

### **Recreation and leisure**

One of the trickiest aspects of working with children and young people with ABI is that they may not see themselves as having a disability. They may not realise or accept the extent of their limitations. Because of this lack of insight, they may not want to join groups that are specifically designed for people with disabilities, which reduces opportunities.

For those who are able to enter mainstream groups, such as scouts, a swimming team or a drama group, you may need to meet with the group coordinator to discuss the child’s cognitive difficulties and offer them strategies to assist with the activity. Some children require ongoing support in these environments. Others require none at all.

A young person re-entering a group following their ABI may need to change the role they once held, perhaps moving from swim-team captain to swim-team motivator. Work with the coach and the child on their options. If pursuing an old activity or hobby is not an option or no longer of interest, an understanding of what the child is missing can assist in finding a new recreational interest to fill the gap.



## Your role – making it work

As a case manager of a child with ABI, your role encompasses many responsibilities:

- › Supporting the whole family
- › Supporting friends
- › Helping others understand ABI
- › Preparing for transitions
- › Establishing team work
- › Educating the family and school about ABI
- › Ensuring the school understands the specific needs of the child

### Helping others understand ABI

A proactive case manager will work with family, friends and anyone associated with the young person to ensure they have the best possible supports. This may mean you need to discuss the child's specific cognitive deficits when making referrals, or you may work directly with professionals, such as teachers, respite workers, therapists or attendant-care workers.

Highlighting the child's issues helps others to interpret incidents more accurately. For example, a child who lacks motivation and planning skills as a result of their ABI may be labelled as "lazy" for not progressing well with a project during class, or they may be labelled "naughty" for acting out because they are unable to inhibit their behaviour.

You will find some useful resources for parents, teachers, siblings and others in **Appendix 1**.

### Training and educating others

Most children or young people with ABI are likely to have had a neuropsychological assessment that outlines how their brain injury affects their cognitive abilities and skills. The report offers very useful information to assist teachers, potential employers, family and friends in developing strategies to minimise any difficulties.

### Managing expectations

When a child or young person returns home or to school, there is often a period during which expectations are reduced and few demands are placed upon them. As time progresses however, parents and teachers may begin to place greater expectations on the child, or even expect them to return to their 'normal' skill level, especially if there are no physical signs of injury. If a child cannot meet these expectations, they may become frustrated, which leads to behavioural issues. In such cases, your role is to ensure that expectations remain realistic and appropriate.

“Try to have a fairly current neuropsychological report available at times of major transitions, such as moving from primary to secondary school...”

### Understanding the cause

Be aware of the potential for the misunderstanding or misinterpretation of cognitive difficulties by others, including friends, family and professionals. For instance, a teacher may label Peter “inattentive and troublesome” because he interrupts class continually for instructions.

However, Peter’s neuropsychological report shows that he has poor receptive-language skills and short-term memory – he is likely to have trouble taking in and remembering chunks of verbal information. By correctly attributing the problem to the cause, appropriate management strategies can be identified. (See **Appendix 3** for more possible behaviours and underlying causes).

### Up-to-date assessments

Ideally, try to have a fairly current neuropsychological report available at times of major transitions, such as moving from primary to secondary school, or from school to work. A child’s ability level may change over time. Neuropsychologists often recommend a time for reassessment at the end of the original report. Be aware that you may need to book for reassessment well ahead of time.

Neuropsychologists often require background information about the child, as they only ever see them in a quiet, controlled environment. Don’t wait to be asked to contribute to an assessment. Be proactive and obtain consent from the family to provide information on the child’s current situation, highlighting any particular concerns or issues. Once an assessment is obtained, spend time with the family to help them understand these complex reports.

For information on where to obtain a paediatric neuropsychological report, call **Melbourne Citymission (MCM) Statewide ABI Paediatric Coordinators** (telephone: (03) 9385 6333). Or call **arbias** (telephone: (03) 9417 7071) or **BrainLink** (telephone: (03) 9845 2950 or free-call 1800 677 579) for a copy of *Your Guide to Neuropsychological Assessment* (see **Appendix 1**).

### Supporting the family

For most families, an ABI is followed by an intensive period of decision-making, rehabilitation, attending countless appointments and making many stressful adjustments. There is little time for parents to reflect on their own mental, emotional and physical health. Relationships between family members can become strained. At this critical time, a case manager can provide vital support to the family in the following ways.



## Being a central point of contact

The family you are working with will often be new to the service system and be unsure of how to start or where to go to find information. You can assist greatly by listening carefully to their needs, acting as a central point of contact and then providing guidance and links to the service system.

## Gaining an understanding of the family

It is important to identify who is included in the family unit. “Family” may include siblings, grandparents, stepfamily and other relatives. You also need to understand how the family works as a unit – parent to parent, parent to sibling and between siblings – *before and after* the ABI. This will alert you to areas that may require extra attention.

## Setting goals with the child and family

Your role is to work with the family to assist them in identifying their needs and goals and to help plan the steps needed to get there. It is not your role though, to decide which goals are achievable, and which goals are not.

When identifying goals, try to use information you have either observed, or picked up in previous conversations. For example, a statement like, “Sally mentioned earlier that she does not have as many friends as she used to at school”, may lead more directly to goal-setting around social skills, than a broader question like, “What goals would Sally like to achieve?”.

Be sure to set goals directly with the child, too. It encourages them to undertake the tasks necessary to achieve them, instead of being told what is best for them. Here are some sample questions to help you explore goals with the child and family:

- › What is important to you?
- › What three skills would you like to improve?
- › What are your usual reactions to problems?
- › What troublesome situations do you experience?
- › What is your best time of day?
- › What do you look forward to each day?
- › What part of each day do you least enjoy?
- › How do others try to help you?
- › How would you like them to help you?
- › What do people do that bothers you?
- › What things do you wish people would stop doing?

Source: Dr Robert DePompei, “Educating Students with ABI: Strategies and Transitions”, 6th World Congress on Brain Injury, 6-8 May 2005, Melbourne, Australia.

“A sense of loss is experienced with every change in family goals and every new developmental milestone...”

### Helping families adjust to ABI

Families find it difficult to return to ‘normal’ life after ABI. Let the family know that the changes they are seeing and experiencing at home are expected. Sharing your knowledge and experience with reassuring statements such as, “You know, that is really common, so many parents I work with say that”, or “I work with another child who does a similar thing”, provides some comfort and relief to parents.

### Timely support

If the family refuses a service, they may be ready for it at some later stage – don’t be afraid to suggest it again. For example, the parents of a child home from hospital for four months may appear exhausted. Out-of-home respite seems like the solution, but the family feels like they have only just got their child back home and are reluctant for them to go away again.

You need to reassess and realign your role continually with the shifting needs of the child and family as their circumstances change. You also need to be aware of the stage individual family members are at, which may require different services, supports and information.

### Flexible respite

Respite should be whatever the family needs, whenever they need it, to maintain their strength and supportive bond. Work with parents to be as creative as possible around respite opportunities. For example, one family’s idea of respite might be a family holiday, while another’s is a week’s worth of cooked meals. A valuable resource for parents is *BrainLink’s A Parents Guide to Growing Up with ABI* (see **Appendix 1**).

### Understanding family reactions

The emotions that surround ABI are complex and leave most people feeling confused at some point. No two families are alike in the way they respond to a traumatic event, and each member will respond differently too. Reactions may continue over many, many years. Some key points to remember are:

- › ABI affects the whole family
- › The child and their family are coping with multiple and complex issues
- › Loss is experienced with every change in family goals and every new developmental milestone
- › Every child and family will have diverse needs and therefore different experiences and outcomes
- › Family members are a valuable support to nurture

For more reading and resources around this issue, see **Appendix 1**.



## Handling grief and loss

Families often experience a huge sense of grief and loss for the way their child was before the accident, in spite of their relief that the child survived. Consequently, parents and siblings often feel very guilty for talking or even thinking about their loss, and are reluctant to raise these issues. As a result, they have no way of mourning their loss because the child is still alive. Families describe this as living in “greyness”, because their loss is neither black, nor white.

Case managers can assist greatly by gently raising this subject where appropriate. First, you need to know how the child sustained their ABI so you can ask the right questions and support the family through any specific issues. For example, a family’s guilt may be significant if the ABI was caused by a traumatic event: “I was driving the car”; “I shouldn’t have let them play in the tree”; “If only I’d taken him to the park like I’d promised, none of this would have happened”.

When the child reaches milestones, such as learning to walk again or returning to school, families experience a complicated sense of joy because the achievement comes as the result of a significant loss of former abilities.

Families also miss their lifestyle before ABI. Back then, they did not need a crowd of health-care professionals to manage their lives and teach their child how to do things.

**Providing information:** Educating the family with timely information about brain injury – what to expect at each stage and what supports are available – can relieve some of their anxieties. The more they know and understand, the more they can assist the child and others. Take care not to overload family members with too much information at once.

**Professional help:** Never feel like you need to deal with it all yourself. It’s perfectly okay to refer the child, or family members, on to counselling services. **The Bouverie Centre** (telephone: (03) 9376 9844) offers excellent counselling services specifically designed for families living with ABI. Families need to refer themselves to the centre (make sure they ask for someone on the ABI team) but you can help by being present when they make the initial call. (See **Funding, Support and Information**, pg 24).

“...The critical time to begin preserving existing friendships is during the acute phase of injury and early recovery.”

## Tips from families


Parents of children and young people with ABI have shared with us the ways they would most like case managers to support the family unit.

- › Work with the child and family at the stage they are at
- › Really understand the needs of each child or adolescent
- › Regular contact initiated by the case manager, even when things are quiet or going well
- › Phone calls and visits spent listening – really listening – to a family’s needs and wants are considered as vital a part of case management as exploring and presenting resources, support options or offering advice
- › Help finding and coordinating access to support services for any member of the family who needs them
- › Help seeking and applying for relevant funding
- › Help with forward planning, such as applying for services with waiting lists or planning for transitions
- › Gently raising taboo topics to encourage the family to discuss issues (see **Handling Grief and Loss**, pg 14)
- › Being up to date with the latest ABI literature, funding, community-based services
- › Advocating on their behalf in all situations, such as when dealing with the system
- › The ability to communicate well with everyone from funding bodies and government representatives to teachers and friends
- › Building a team of support people for the long term that may include teachers, family, friends, health-care professionals, and working with them

## Supporting siblings

Brothers and sisters in families living with ABI can end up feeling neglected. Mum and Dad are often busy helping their brother or sister, which leaves much less time for their needs. Or they see the added strain ABI brings, and don’t want to add to their parents’ problems. Siblings may also have to look after their brother or sister more.

It’s important that you remember to include siblings in your planning and conversations with parents, where appropriate. External supports may be beneficial, too. For example, it might be worth enlisting extra support through their school, such as a counsellor they like, or a trusted teacher.



There is a CD-ROM called *Why Did it Have to Happen to My Family?* that they could work through with a counsellor or teacher. It is available from **BrainLink's** library or **Melbourne Citymission, Statewide ABI Paediatric Coordinators** (See **Appendix 1**).

**The Association for Children with a Disability** (telephone: (03) 9500 1232 or toll-free: 1800 654 013) also has resources and supports for siblings, such as the Supporting Siblings Project. Further information is available on its website: [www.acd.org.au/siblings](http://www.acd.org.au/siblings).

**The Bouverie Centre** (telephone: (03) 9376 9844) may be appropriate for counselling or call **MCM Statewide Paediatric Coordinators** (telephone: (03) 9385 6333) to discuss other resources you, or a teacher, may find useful. **Appendix 1** contains further reading, resources and services.

## Supporting friends

Children and young people with ABI may not have had a chance to form a strong social network before their injury and may lack a supportive circle of friends. They must also contend with a lack of tolerance for disability among peers.

Childhood and adolescence are extremely physical times of our lives when friendships flourish through group activities, such as exploring the neighbourhood, skate parks, dance parties and sport. Many children with ABI can't keep up due to fatigue and their cognitive and physical limitations, which isolates them further.

**Preserving friendships:** The critical time to begin preserving existing friendships is during the acute phase of injury and early recovery. Without proactive and focussed encouragement from the health-care team and support workers, the links of friendship are easily severed. By providing adequate support, education, coping strategies and management skills, you empower friends and the child to maintain their relationships. One possible way to support friends is to organise a social-skills group run by a speech pathologist or a local community group.

More practical information on how ABI impacts on lives can be found in various sources, such as **Headway Victoria's** *Changed Lives Brain Injury Information Kit*, **BrainLink's** *Parents' Guide to Growing up with ABI*, and the *Managing Behaviour after ABI* booklet (see **Appendix 1** for details).



“Focussing on the most functional goals sometimes means that others more important to the child are left on the back burner...”

## TEAM: Together Everyone Achieves More

A team approach is critical and the most effective way to provide short and long-term support to a child with ABI and their family. As case manager, your role is to engage a team of professionals and services that work together to support the family unit.

### Team meetings

Team meetings can be a forum in which to discuss issues that arise in the child's life, and a place to develop comprehensive plans with agreed actions for all team members. Have introductions at the beginning of each meeting to outline the roles and responsibilities of each member, and to ensure clarity for everyone involved.

You may need to encourage family members to participate in these meetings. Parents can sometimes feel overwhelmed and “underqualified” when they attend meetings full of health-care professionals. The family should be the centre of any planning meeting however, as their observations of the child's behaviours and abilities and their insights into their motivations, likes and dislikes, are invaluable (Ylvisaker and Feeney 1998, see **References**).

One way of supporting a family and child to participate might be to discuss their needs prior to the meeting. If they feel uncomfortable about bringing up their ideas during the meeting, you can do it for them. Also ensure that plain language is used during meetings, and that any technical terms are explained.

### Team meeting strategies:

- › Organise at least one meeting per school term
- › Inform all members of meetings
- › Include the child in all meetings, as they have set the goals
- › Act as a single point of contact for team members
- › Set the meeting agenda and ensure it is followed
- › Try not to let the venue influence the discussion (e.g. discussing mainly school issues if school is the venue)
- › Work with the family to set functional goals and review them regularly
- › Address problem areas with action plans and ensure they are carried out
- › Ensure consistency in the implementation of plans, such as behaviour-management strategies, therapy progress and goal-setting
- › Ensure people are nominated to be responsible for tasks in achieving goals
- › With family permission, prepare and distribute minutes to those who are part of the support network



## Assessing goals

The role of the team is to work together to help the child achieve goals across all domains of their life. Focussing on the most functional goals sometimes means that others more important to the child are left on the back burner (remember the **goal-setting strategies** discussed on pg 12).

For example, the team agrees that 11 year-old Amanda needs to improve her reading and writing skills, but nobody mentions that Amanda also spends all her free time at school either alone or playing with the preps! Having some friends her own age may be more important to her overall wellbeing.

## Involving the school

If a school receives funding for a child from the Department of Education and Training, it is required to hold regular meetings, usually called Program Support Groups (PSG), to discuss and review funding distribution. Be aware that the school may automatically set up these meetings without your knowledge. Ideally, school staff and the child's health-care team would work together to decide how best to use any funding available.

The question is whether it works best to roll the school's funding reviews into one meeting that also includes the child's health-care team and family. Schools are generally open to the idea of a combined meeting on the premises. Funding or no funding, school teachers need to be involved in some regular team meeting that discusses the child's ABI issues.

“A time of transition is any significant change in routine, supports or environment... The bigger the transition, the earlier planning needs to begin.”

## Preparing for transitions

Times of transition – any significant change in routine, supports or environment – can be challenging for young people with ABI and their families. With good strategic planning and extra monitoring, these transitions can be well managed. Some of the most intense periods of transition are:

- › Hospital to home
- › Back to school
- › Year-level transitions
- › Transition to further education or work

There will be plenty of events in between that also require some level of planning: Mum expecting a baby, the first slumber party, siblings moving out of home, a parent re-marrying, school camps, a friend leaving school, puberty, the first boyfriend. Be prepared for them all!

### Transition strategies to consider


- › Keep an open relationship with the child and family members and listen to what is happening to them
- › Help families to identify and plan for their needs
- › Monitor any plans made to ensure they remain relevant to the child and family
- › Use team meetings for pro-active planning well ahead of transition periods
- › Where appropriate, include the child in planning sessions to discuss things they are willing to try, or to highlight any concerns they have regarding the transition
- › Remember – consistent strategies are a must

### Hospital to home

If you are involved during the hospital stay or rehabilitation, it is often a good time to begin to get to know the family. Explain clearly what you can offer and provide information to assist them with issues, where requested.

Absorb as much information as you can about the child in preparation for their discharge. You can do this by attending case conferences and family meetings. Be aware of discharge or transfer timelines and attend discharge meetings whenever possible.

It may be appropriate for you to act as the link between the hospital, the rehabilitation facility and the community. For example, you might organise for special-education teachers or community-based therapists to attend case



conferences so that they begin to develop an understanding of the child's strengths and limitations.

No matter what the setting, make sure the family has time to absorb and process all this new and sometimes confusing information.

Excellent resources for families and case managers include the *Step By Step* guide and the *Getting the Best of your Health Care Team* fact sheet, which explain the roles of health-care professionals involved in the early stages (see **Appendix 1**).

### **Strategies at the hospital**

- › Create positive relationships with family and the health-care team
- › Work with hospital and rehabilitation teams to gather information and plan a smooth transition back home
- › Clarify your role – what is and is not possible – with the hospital team
- › Assist in determining whether community-based therapists need to be involved
- › Assess who in the health-care team at home may require training in ABI
- › Begin communication with, and training for, school staff

### **Questions on the home front**

- › How are the child, parents and siblings coping with life post-ABI?
- › Do they have the information they need?
- › What support services might they need?
- › Is everyone involved and up-to-date with the child's issues and plans?
- › Discuss child and family concerns and questions before team meetings

Source: Adapted from Ylvisaker et al, 2001 (see **References**).

### **Back to school**

You can support the school to promote a smooth re-entry for the child. Uppermost on your back-to-school “to do” list is organising training for teachers and integration aides *before* the child returns. It is better to provide supports early than wait for a crisis to occur. It is also important to find out how the child is managing socially after their return to school. A great resource is the *Aides' and Teachers' Fact Pack* by the **Southwest Brain Injury Rehabilitation Service**, Albury NSW, which offers tips and strategies for working with students with ABI. (See **Appendix 1**).

“Transition plans must be ready to roll out each time your child... has some significant change of environment or routine.”

### Strategies to consider for school

- › Work with the family and team to develop a timeline for returning to school
- › Ensure recommendations from hospital/rehabilitation are provided to the school
- › Assess whether staff have the necessary skills and knowledge to work with a child with ABI – organise training if required
- › Ensure supports needed for the child to attend school successfully are available
- › Work with the family and school to ensure everyone is aware of the likely impact of the ABI in the school environment
- › Check what information the child wants teachers and classmates to know about their ABI (e.g. skills deficits or behavioural challenges)
- › Research what education and support friends might need
- › In consultation with the child, provide updates and orientation to school friends
- › Consider making a video about the child’s ABI issues and how others can respond (See **Appendix 1**)

Source: Adapted from *Collaborative Brain Injury Intervention: Positive Everyday Routines*, Ylvisaker et al, 2001 (see **References**).


### Exploring social networks

- › What is their current level of involvement with friends?
- › How well are they interacting with old and new friends, and others?
- › How much information does the child want to give their friends and peers?
- › Do friends need more information on ABI or how it affects their friend?
- › Do friends need advice on how to interact with their friend?
- › Do peers need an explanation of why the child has a different routine?
- › Monitor peer perception and treatment of the child
- › If the child does not attend full school days, consider the social implications of having less time to interact with peers, develop common interests and experience normal developmental phases together

Source: M. Lash, G. Wolcott, and S. Pearson, *Signs and Strategies for Educating Students with Brain Injuries*, 2005 (see **References**).

### Year-level transitions

Transition plans must be ready to roll out each time your child moves up a year level or has some significant change of environment or routine. The bigger the transition, the earlier planning needs to begin, such as the move from primary to secondary school.



At each year level, teachers' expectations of students are higher and less support is provided as students move toward greater independence. You need to be sure that each new teacher understands the child's strengths, weaknesses, behaviours and the strategies they require for learning.

You could develop written material for teachers or make a video that gathers all this information together for them. A terrific article called, *Self-Advocacy Videos at Periods of Transition: A Powerful Rehabilitation Tool for Children with Brain Injury*, by speech pathologist, Lucie Shanahan, outlines how to go about making a video (see **References**).

As the school year progresses, you may need to include schoolwork and homework on your team-meeting agendas. This is to ensure that teachers are not unconsciously increasing their expectations of the student too fast, or too far.

### **Year-level transition strategies**

- › Begin planning for each year's transition by late term 3
- › Invite next year's teachers to attend the last few meetings of the year
- › Establish what training is needed for the following year's teachers
- › Provide transition material to teachers on any modifications tried for behaviour, social skills, academic work, and the outcomes for each
- › Work with the child to provide new teachers with transitional material or a self-advocacy video (see **Appendix 1**)

### **Primary to secondary school transition strategies**

A very useful school-transition checklist can be found in the book *Signs and Strategies for Educating Students with Brain Injuries* (see **References**). Here are some useful suggestions from that book:

- › Organise orientation around the new school
- › Assess timetable – knowing what is on next, where to go, what to take
- › Assess the time required to move between classes
- › Assess the time required to complete class work and tests
- › Assist with planning and organising practicalities, such as managing books and materials
- › Check strategies are in place for day-to-day school necessities, such as the ability to recall a locker combination

**MCM Statewide ABI Paediatric Coordinators** (telephone: (03) 9385 6333) provide ABI training for schools. See **Appendix 1** for helpful reading and resources for schools.

“One of their biggest challenges is to learn how to manage large chunks of unstructured time...”

## Transitions to further education and work

Leaving the routine and support network of the school community to take up further education or work can be like stepping onto another planet for young people with ABI. They leave behind teachers who understand them and work well with them, and they have to find new supports in their work or study environments.

Children and young people with ABI function best in a structured environment, but no study institute or workplace runs like clockwork. One of their big challenges then, is to learn how to manage large chunks of unstructured time.

You can begin planning this transition as early as Year 9. The first step is to determine what the young person is aiming for once they leave school, and to develop short and long-term goals to get them there.

The move away from school can also have dramatic implications for the young person's social networks. Suddenly they go from seeing friends every day, to having to plan and organise social catch-ups. In the final years of school, it is wise to begin working with the child and family on what is needed to ensure that a range of social interactions occur outside school.

### Transition from school strategies

- › Short courses to increase skills in specific areas
- › Further study at either university or TAFE (see “**Year-level transitions**” and “**Primary to secondary school transition**” checklists)
- › Full-time or part-time work (paid or volunteer)
- › Joining an employment agency to seek appropriate work
- › Learning independence and social skills
- › Plan and implement the supports necessary to help the young person build a good social life

### Transition to work strategies

- › Establish what information the employer needs
- › Identify any modifications needed to complete work
- › Consider the physical and cognitive effects of ABI when planning hours and frequency of work, such as levels of fatigue
- › Establish a work plan, including expectations for the amount of work to be done and time needed to complete it
- › Set up appropriate information and training for work colleagues or supervisors
- › Set up a workplace assessment by an occupational therapist
- › Discuss long-term goals with the young person and set out what skills are required to achieve these



## Funding, support and information

ABI services and funding in Victoria are mostly geared toward people over 18 years of age and it can be difficult trying to find the right resources for younger people. Children are able to access generalist disability funding programs, however. The following organisations can help you with funding, support and information for young people and/or children with ABI.

### **Disability Intake and Response Service** (free-call: 1800 783 783)

The Disability Intake and Response Service is part of the Department of Human Services. You can obtain information about generalist disability funding programs for children here. The service also provides specific case-management and funding packages for children and young people. These include Early Choices for younger children and Making a Difference or Linkages packages for school-aged children. Call the service for more information about eligibility and to put your name on the Disability Services Register.

### **Melbourne Citymission (MCM) Statewide ABI Paediatric Coordinators** 219 Brunswick Rd, Brunswick, 3056 (telephone: (03) 9385 6333)

MCM Statewide ABI Paediatric Coordinators provide services for people working with children and young people with ABI in Victoria. Services include: distributing information about children and young people with ABI, general training for workplaces or groups, mentoring support for workers, provision of resources, assisting workers to identify suitable services, funding packages, behaviour-management education and training, and attendance at meetings where a child's case will be discussed.

### **Association for Children with a Disability** 590 Orrong Road, Armadale, 3143 (telephone: (03) 9500 1232 or toll-free: 1800 654 013) website: [www.acd.org.au](http://www.acd.org.au)

The association provides information, advocacy and support to families of children with a disability. It offers a range of publications, a directory and a website with resources. Two booklets you may find helpful are *Through the Maze* and *Helping You and Your Family*. These can be obtained by calling the association or by downloading the booklets from its website: <http://www.acd.org.au/information/help.htm>



“It is up to the case manager to make school-appointed therapists aware of the child's specific ABI issues...”

**The Bouverie Centre, ABI specialist team**

50 Flemington St, Flemington, 3031

(telephone: (03) 9376 9844)

email: [bouverie.centre@latrobe.edu.au](mailto:bouverie.centre@latrobe.edu.au)

The Bouverie Centre provides state-wide, specialist services to families and professionals dealing with ABI, such as counselling for families, consultation and training services for professionals and research on family adjustment to ABI.

**BrainLink**

The Nerve Centre,

54 Railway Rd, Blackburn, 3130

(telephone: (03) 9845 2950 or free-call: 1800 677 579)

website: <http://www.brainlink.org.au/>

BrainLink is a state-wide service dedicated to improving the quality of life of people affected by brain conditions by providing information and support to those affected and their families. BrainLink has a library that offers books, articles and videos about children and young people with ABI and their families. The library is happy to make copies for a small fee.

**Rehabilitation**

Many children and young people with ABI require rehabilitation when they rejoin the community. **The Victorian Paediatric Rehabilitation Service** (telephone: (03) 9345 5522) at the Royal Children's Hospital offers inpatient and outpatient services. Access to community-based, generic, rehabilitation services can also be obtained from local community health centres in some areas. Contact yours for more information. Alternatively, there are also some fee-for-service paediatric ABI rehabilitation services. Call **MCM Statewide ABI Paediatric Coordinators** for details regarding services (telephone: (03) 9385 6333).

**ABI support in rural and regional areas**

In each rural Department of Human Services region, there is an ABI Information Training and Secondary Consultation (ITASC) worker who will have information about ABI case-management options and what ABI-specific funding is available. Different regions have different age criteria to access funding and case management. **BrainLink** can put you in touch with your regional ITASC worker, or call **MCM Statewide ABI Paediatric Coordinators** (telephone: (03) 9385 6333) to discuss what funding may be available.

**School support**

The Department of Education and Training provides some generic therapy through schools, such as speech therapy. Schools can organise these services, but it is up to the case manager to make school-appointed therapists aware of the child's specific issues. The therapist may not have experience working with children who have ABI. **MCM Statewide ABI Paediatric Coordinators** (telephone: (03) 9385 6333) can provide mentoring to allied health services such as these.



### **Program for Students with Disabilities (PSDI)**

The Department of Education and Training has the Program for Students with Disabilities and Impairment (PSDI), which has six categories of disability funding, however students with ABI have difficulty fitting into any of these categories to apply. For more information on PSDI programs and criteria, download the PSDI handbook from the PSDI website: [www.sofweb.vic.edu.au/wellbeing/disabil/index.htm](http://www.sofweb.vic.edu.au/wellbeing/disabil/index.htm)

### **MCM Statewide ABI Paediatric Coordinators**

(telephone: (03) 9385 6333) can also chat with you or the school about PSDI applications. If the child is involved with the Royal Children's Hospital, you may also discuss your PSDI application with the hospital's **Education Institute** (telephone: (03) 9322 5100).

### **Futures for Young Adults**

If a child or young person with ABI receives PSDI funding, they are also eligible for the Futures for Young Adults (FFYA) program when they reach 18. FFYA offers assistance and advice to young people seeking options after secondary school.

For more information on FFYA, visit [www.dhs.vic.gov.au](http://www.dhs.vic.gov.au), and from the left-hand menu, go to Disability, go to Disability Services Division, go to Supports for People, go to Being Part of My Community, and scroll down to the hyperlink, Futures for Young Adults. Otherwise, call your local **Disability Intake and Response Team** (free-call: 1800 783 783).

### **Brokerage funding**

If PSDI funding is not approved, there are several other avenues to pursue. You can call the **MCM Statewide ABI Paediatric Coordinators** (telephone: (03) 9385 6333) to discuss further options.

### **ABI-specific funding**

If you do not have brokerage funding attached to your program, you can try applying for specific ABI funding, such as the ABI Behaviour Funds. The availability and criteria for these funds varies from region to region. Discuss them with your rural, ABI ITASC worker. Call **BrainLink** (free-call: 1800 677 579) to locate one, or for metro regions, call **MCM Statewide ABI Paediatric Coordinators** (telephone: (03) 9385 6333).

“With your help, encouragement and expertise, life after ABI can be not only manageable, but enjoyable once more...”

## Golden rules for case managers

Your role is large and complex but it is appreciated enormously by those children, young people and families who come under your care. We know, from the feedback we receive, that efficient case management makes the difference between families who struggle with ABI and families who learn to adjust, and even grow, throughout the experience.

With your help, encouragement and professional expertise, life after ABI can be not only manageable, but enjoyable once more.

- › Learn as much as you can about ABI – do not hesitate to contact information services such as *BrainLink*, or MCM Statewide ABI Paediatric Coordinators
- › Be flexible – every child is different
- › Be aware that difficulties are likely to be greatest at times of change
- › Don't expect to “fix” problems – work with the child and their family to find the best way to work around them
- › Support parents' decisions – work with them
- › Involve teachers, visiting teachers, parents and rehabilitation personnel in the management team as much as possible
- › Work with others to develop individual learning programs for the child, concentrating on their strengths and abilities to further develop them
- › Be supportive of families, yet mindful of overloading them with commitments
- › Understand that most children with ABI may have to live their lives differently to other children, but they can still lead very happy lives
- › Understand that rehabilitation and therapy can be a great strain and drain on children and families experiencing ABI – they need to let loose and laugh too!

Source: Adapted from “Acquired Brain Injury Managing Cognitive Impairments – an Introduction for Teachers”, Ballarat Health Services ABI Clinic, with additional information from mothers of children with ABI.



## Appendix 1: Reading and resources

### **Parents' Guide to Growing up with ABI**

This free booklet for parents contains great, easy-to-read information on paediatric ABI.

For hard copies, contact **BrainLink** (telephone: (03) 9845 2950 or free-call: 1800 677 579 or email: [admin@brainlink.org.au](mailto:admin@brainlink.org.au)). To download copies, visit website: <http://www.brainlink.org.au/abi/home.html>

### **Step By Step: A Guide for Families with Children and Adolescents with a Brain Injury**

*Step by Step* comprises a series of five booklets developed by a joint project between the Sydney Children's Hospital, Randwick, and the Children's Hospital, Westmead, in NSW. The booklets (*Introduction to Rehabilitation Team; The Early Stages of Brain Injury; Medical Issues; Emotion and Behaviour; Young People*) explain the roles of different professionals involved in the early stages of paediatric ABI. To download, visit: <http://www.maa.nsw.gov.au/>, go to Injury Management, go to Guides for Injured People.

### **Getting the Best from Your Health Care Team**

This four-page fact sheet gives a brief description of the roles of health-care professionals who deal with ABI and tips on how to communicate effectively with them. Hard copies are available free from **BrainLink** (telephone: (03) 9845 2950 or free-call: 1800 677 579) or can be downloaded from the website: <http://www.brainlink.org.au/abi/home.html>

### **Why Did it Have to Happen to My Family?**

This excellent, interactive CD-ROM for children and teenagers provides information on how to cope with brain injury in the family. You can borrow it from the **BrainLink** library (telephone: (03) 9845 2950 or free-call: 1800 677 579), or purchase a copy from the **Hunter Brain Injury Service** (\$27.50, includes postage) by calling (telephone: (02) 4929 3100) or writing to P.O. Box 337, The Junction, 2291, NSW.

### **Changed Lives Brain Injury Information Kit**

This booklet discusses how ABI impacts a life from the time of the accident or illness through to hospitalisation, rehabilitation and a person's reintegration into the community. It also has a great list of resources. Hard copies are available free from **BrainLink** (telephone: (03) 9845 2950 or free-call: 1800 677 579), or it can be downloaded from the website: <http://www.brainlink.org.au/abi/home.html>

**“You can make self-advocacy videos for teachers about the specific needs of a student during periods of transition...”**

### **Your Guide to Managing Behaviour After ABI**

This booklet discusses in detail possible behaviour changes in people with ABI and some management strategies. It is very useful for families, schools, health-care professionals and people with ABI. Hard copies are available free from **BrainLink** (telephone: (03) 9845 2950 or free-call: 1800 677 579).

### **“Educating Educators about ABI”**

This document is highly recommended for schools. It includes information on ABI from a developmental perspective and general techniques for working with individuals with ABI. It is a large document to download, however: <http://www.abieducation.com/>

### **“Self-advocacy Videos at Periods of Transition”**

This article by speech pathologist, Lucie Shanahan, discusses how to make a video for teachers about the specific needs of a student with ABI. Hard copies of the article are available free from **BrainLink** (telephone: (03) 9845 2950 or free-call: 1800 677 579).

### **Signs and Strategies for Educating Students with Brain Injuries**


This book by M. Lash, G. Wolcott, and S. Pearson, published by Lash and Associates Publishing/Training Inc, 2005, North Carolina, USA, provides easy-to-use strategies and worksheets for working with students, especially during their times of transition. To borrow it, call the **BrainLink** library (telephone: (03) 9845 2950 or free-call: 1800 677 579).

### **The Student with a Brain Injury: Reintegration, Assessment and Strategies for Mainstream Teachers**

This manual was developed in 1993 by Bogan, Hartely and Ryan and includes an easy-to-read table on page 37: “Understanding and Meeting the Classroom Need of the Brain-Injured Student”. Hard copies are available from the **BrainLink** library (telephone: (03) 9845 2950 or free-call: 1800 677 579).

### **Paediatric ABI Fact Packs**

The Southwest Brain Injury Rehabilitation Service, Albury, NSW, has developed a terrific set of Fact Packs on paediatric ABI suitable for everyone from parents and siblings to school teachers and integration aides. Booklet titles include: *Behaviour; Graphic Organiser; Helping Your Child Study; Parents’ Pack; Senior Students; Siblings; Study Skills for Students; Talking with Your Child; Aides and Teachers*. It costs \$20 per booklet, including postage, with discounts for purchases of five or more booklets. Hard copies are available from the **Southwest Brain Injury Rehabilitation Service** (telephone: (02) 6041 9902 or fax (02) 6041 9928) or email: [swbirs@swsahs.nsw.gov.au](mailto:swbirs@swsahs.nsw.gov.au)



### **A Hit on the Head and Where it Led**

This picture book explains what happens to a little boy after hitting his head and is ideal for explaining ABI to children. You can borrow it from the **BrainLink** library (telephone: (03) 9845 2950 or free-call: 1800 677 579) or purchase it from [www.early-reading.com](http://www.early-reading.com) (\$15, including postage and handling) or download it from the **Motor Accident Authority** website: <http://www.maa.nsw.gov.au/> go to Injury Management, go to Guides for Injured People.

### **Program for Students with Disabilities and Impairment (PSDI) 2006 Handbook**

This handbook has information on the PSDI program and how to apply for funding from the Department of Education and Training. To download it, visit: <http://www.sofweb.vic.edu.au/wellbeing/disabil/index.htm>

### **YMCA Heads Together Camp**

This camp is for families who have a child with ABI and offers a great opportunity for parents, siblings, and children and young people with ABI to mix with others in the same situation. Contact **MCM Statewide ABI Paediatric Coordinators** (telephone: (03) 9385 6333) to find out about the next camp.

## Appendix 2: Impact of ABI on developmental stages

Age	Normal developmental expectations	Possible impact of ABI
0-2	<ul style="list-style-type: none"> <li>› Reflexive grasping to manipulating a crayon</li> <li>› Develops basic vocabulary and rudimentary sentence structure</li> </ul>	<ul style="list-style-type: none"> <li>› Poor coordination of limbs</li> <li>› Disruption in all phases of development: motor, physical, emotional, social, communications</li> <li>› Lack of precision with fine motor skills</li> <li>› Limits in receptive language</li> </ul>
3-5	<ul style="list-style-type: none"> <li>› Puts things into serial order</li> <li>› Formation of basic, appropriate social interactions</li> <li>› Control over some emotional and behavioural expressions</li> <li>› Some problem-solving skills emerge</li> <li>› Ability to learn is accelerated during this time</li> </ul>	<ul style="list-style-type: none"> <li>› May not play well with others</li> <li>› Expressive language may remain very limited</li> <li>› Difficulty learning how to handle own emotions</li> <li>› Long-term capacity for learning can be impaired as brain has not developed adequate compensatory strategies</li> </ul>
6-9	<ul style="list-style-type: none"> <li>› Development of self awareness begins and impact of one's actions on others is recognised</li> <li>› Awareness of visual-spatial features and relationships</li> </ul>	<ul style="list-style-type: none"> <li>› Difficulties in impulse control may present as distractibility</li> <li>› Difficulties with behaviour management</li> </ul>
10-15	<ul style="list-style-type: none"> <li>› Visual and auditory areas of the brain take the lead</li> <li>› More emphasis placed on using things like memory, problem-solving, sequencing and judgement</li> <li>› Begin to learn appropriate social interaction with peers of opposite sex</li> </ul>	<ul style="list-style-type: none"> <li>› Inappropriate social interactions</li> <li>› Difficulties with time management, attention, judgement, initiation</li> <li>› Low self esteem</li> </ul>
16-25	<ul style="list-style-type: none"> <li>› Application of formal cognitive thought</li> <li>› Flexibility in cognitive thought</li> <li>› Frontal lobe development is completed</li> </ul>	<ul style="list-style-type: none"> <li>› Apparent lack of interest</li> <li>› Lack of attention to detail</li> <li>› Limited emotional control</li> </ul>

## Appendix 3: ABI in the classroom

Cognitive process	Effect after ABI	Possible classroom behaviours
Attention	<ul style="list-style-type: none"> <li>➤ Unable to sustain or maintain attention to complete tasks or activities</li> </ul>	<ul style="list-style-type: none"> <li>➤ Fussing with books, papers, pencils</li> <li>➤ Looking out the window</li> <li>➤ Bothering a neighbour</li> <li>➤ Day-dreaming</li> <li>➤ Moving about the classroom</li> <li>➤ Calling for teacher's attention about unrelated matters</li> </ul>
Delayed Processing Speed	<ul style="list-style-type: none"> <li>➤ Much slower to respond to written or verbal directions, questions, requests</li> <li>➤ Difficulty with rate, amount or complexity of information presented</li> </ul>	<ul style="list-style-type: none"> <li>➤ Unable to formulate a response to a question/command in usual time allotted, even though may know correct response/behaviour</li> <li>➤ Speaking out</li> <li>➤ Throwing paper or pencil</li> <li>➤ Stops participating</li> <li>➤ Bolting from classroom in embarrassment</li> </ul>
Short-Term Memory	<ul style="list-style-type: none"> <li>➤ Information is not held long enough to respond to it</li> </ul>	<p>Unable to follow directions to:</p> <ul style="list-style-type: none"> <li>➤ Locate certain page in text</li> <li>➤ Sequence several requests at once</li> <li>➤ Respond to request to spontaneously change an activity</li> </ul>
Long-Term Memory	<ul style="list-style-type: none"> <li>➤ Information is unable to be stored for retrieval when needed</li> <li>➤ Information that is stored cannot be accessed when required</li> </ul>	<ul style="list-style-type: none"> <li>➤ Recognises memory strategies but cannot use them spontaneously</li> <li>➤ Vocabulary learned on one day is not recalled the next</li> <li>➤ Poor test-taking skills</li> </ul>
Organisation	<ul style="list-style-type: none"> <li>➤ Unable to move through day in logical manner</li> <li>➤ Planning for events or tasks is uneven, sporadic</li> <li>➤ Inability to plan how to attack a task or assignment in a logical order</li> </ul>	<ul style="list-style-type: none"> <li>➤ Does not recall order of the classroom day and is unprepared for class assignments or locations</li> <li>➤ Begins an assignment but does not finish</li> <li>➤ Offers to do tasks, such as collect classroom papers, but becomes lost in the details before completing the task</li> </ul>
Problem-solving	<ul style="list-style-type: none"> <li>➤ Cannot locate alternative methods to solve a problem</li> <li>➤ Disorganised in planning how to solve a problem</li> <li>➤ Can't sequence behaviours to resolve problem</li> </ul>	<ul style="list-style-type: none"> <li>➤ Insists there is no solution to a problem</li> <li>➤ Tries to solve a problem in exactly the same way for long periods of time</li> <li>➤ Does not recognise suggestions from the teacher of alternative ways of working with a problem</li> </ul>





Cognitive process	Effect after ABI	Possible classroom behaviours
Impulsivity	<ul style="list-style-type: none"> <li>➤ Speaks or acts out immediately without evidence of “thinking through” the situation</li> </ul>	<ul style="list-style-type: none"> <li>➤ Leaves seat to sharpen pencil when teacher is talking</li> <li>➤ Tells teacher their hair is dirty/looks bad</li> <li>➤ Employs socially unacceptable language or gestures</li> </ul>
Expressive Language	<ul style="list-style-type: none"> <li>➤ Difficulty with word recall</li> <li>➤ Poor organisation of conversation</li> <li>➤ Speaks off the topic</li> <li>➤ Rambles</li> <li>➤ Written work is tangential and disorganised</li> </ul>	<ul style="list-style-type: none"> <li>➤ Uses “thing”, “you know” rather than the noun, adjective, verb</li> <li>➤ Tells long, unrelated story to the class</li> <li>➤ Verbal or written explanation of a science experiment does not follow logical sequence</li> </ul>
Receptive Language	<ul style="list-style-type: none"> <li>➤ Poor comprehension of vocabulary</li> <li>➤ Inability to sequence or follow multiple directions</li> </ul>	<ul style="list-style-type: none"> <li>➤ Ability to understand what you tell them may be impaired, may not understand what you tell them to do</li> <li>➤ Appears not to hear what teacher says and asks for multiple repeats</li> </ul>
Pragmatic Language	<ul style="list-style-type: none"> <li>➤ Difficulty with turn-taking, maintaining and breaking into a conversation</li> <li>➤ Inability to monitor quality of conversation</li> <li>➤ Poor comprehension of humour and puns</li> <li>➤ Use of socially unacceptable words</li> </ul>	<ul style="list-style-type: none"> <li>➤ Unable to maintain adequate social space with other students</li> <li>➤ Touches the teacher to gain attention</li> <li>➤ Calls out to the teacher numerous times when told to wait</li> <li>➤ Keeps talking when others are disinterested</li> <li>➤ Doesn’t laugh at other students’ jokes</li> <li>➤ Curses at teachers or peers</li> </ul>
Executive Functioning	<ul style="list-style-type: none"> <li>➤ Difficulty implementing many of the processes listed above</li> <li>➤ May have trouble with self-regulation</li> </ul>	<ul style="list-style-type: none"> <li>➤ Does not recognise when homework is completed correctly, may not do same type of assignment well the next day</li> <li>➤ Cannot outline what behaviours were successful in the classroom</li> <li>➤ Does not describe what problems are experienced when trying to follow directions</li> </ul>

Source: DePompei, “Educating Students with ABI: Strategies and Transitions” 6th World Congress on Brain Injury, 6-8 May 2005, Melbourne, Australia (see **References**).



## Appendix 4: References

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## Notes

A series of horizontal dotted lines for taking notes.

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