

CHAPTER 11

Children with Acquired Brain Injury

In this chapter, you will:

- Learn what to expect after your child's brain injury.
- Learn how to deal with the difficulties of reintroducing your brain injured child to the school system.
- Read about how to minimize misunderstandings or disagreements with teachers, principals, and aids by discussing plans and options in advance.

Family Matters

What to Expect from Your Child

The following changes may affect your child's behaviour . This is not an exhaustive list. Your child may experience many of these changes or none at all:

- fatigue;
- irritability, angry outbursts, and impulsiveness;

- passive behaviour;
- depression;
- forgetfulness;
- poor organizational skills;
- difficulty following directions;
- immature behaviour;
- inappropriate sexual behaviour.

Fatigue

Fatigue is the most common problem children experience after sustaining a brain injury. Your child may also suffer from vision problems, light sensitivity, or headaches that they did not have before the injury. To prevent fatigue, you may need to give your child rest periods in a quiet place. Remember, it is important that your child participate in school and other activities only when they have the mental and physical energy to do so.

Irritability and Angry Outbursts

Irritability and angry outbursts are also common among children learning how to deal with the stimulation of school, day care,

and/or playgrounds. Look at what precedes the behaviour. Do you notice a pattern? Is there something you can change, such as introducing a rest period, that will help prevent or reduce the frequency of the behaviour?

Immature or Inappropriate Behaviour

Immature behaviours include interrupting frequently, making tactless remarks, displaying messy eating habits, or repeating words over and over. Inappropriate behaviours may also include making inappropriate sexual comments, or gestures or actions that are out of context. Your local brain injury association may have books in their library that will provide helpful information on coping with these and other behavioural problems. Contact your local ABIN Service Coordinator for more information (see Chapter 13, Resources, for contact information).

Grief, Guilt, & Depression

Many parents of young brain injury survivors experience grief, guilt, and/or depression over what has been lost. These are normal emotional responses. You need to grieve your losses and so may your child. You may feel guilt over the circumstance of the injury even if it could not reasonably have been prevented. Guilt is often

expressed as anger and blame directed at others.

Depression is another common response. If you or your child are finding it difficult to move through these emotions, contact your local school board, Regional Health Authority, local Child and Family Service Authority, or local Alberta Brain Injury Network office and ask about counseling (see Chapter 13 for contact information).

Returning to School

In the case of a child with a brain injury, both the family and the child may be eager for a return to school. There are resources available to assist with this transition:

- In the education system, most school boards provide special needs services, so your child does not necessarily have to attend a specific school. The manner in which schools provide services, however, may vary.
- Your local brain injury association can be of assistance when your child returns to school. They can provide education on brain injury to your school, consult with teachers, and

provide a link to the hospital and other medical services. Contact your local ABIN Service Coordinator for more information about a brain injury association near you (see Chapter 13 for contact information).

- **Health Professionals.** The health professionals most likely to be involved with your child's return to school are psychologists, speech language pathologists, and occupational therapists.

The Resources for Children with Disabilities program, operated by local Child and Family Service Authorities (CFSA), will be able to provide you with information about the types of supports that are available. Dial 310-0000 toll free and ask to be connected to the nearest CFSA office.

Brain injury associations, health professionals, and the education system should work as a team with the family and child.

Because school is a highly stimulating environment, it will be difficult at first for your child to deal with all the noise and activity. This is why many children return to school gradually.

Your child may start by attending a few hours, two or three days a week, without educational demands. As they gain energy, attendance is gradually increased and a curriculum started. Eventually, your child may be able to attend full days, five days a week.

In rural areas, transportation limitations may mean your child is at school for longer periods than appropriate. If fatigue in school is a problem, ask if your child can have a rest period.

Your Role as Parents

Consistency between home and school gives your child the best chance for recovery. As parents, you are the constant in your child's life, the mainstay in changing school and health care environments.

Your perspective and input are therefore vital. Talk to your child's teachers about what your child was like prior to the injury and what he/she is like now. Share what you have learned in promoting acceptable behaviour and helping your child achieve his/her highest potential.

Working with the School

Almost all children with brain injuries will return to school. Your school, however, may have had few, if any, children with brain injuries in the past. The more you can assist the school, the better it will be for your child.

Each school board has someone responsible for services to students with special needs. This person will have access to information and a variety of resources to help your child return to school with as much support as possible. Contact your local school board and ask to meet with the special needs coordinator.

About Teachers

Within the school, the classroom teacher and resource room teacher will be the most involved with your child. Although many teachers do not have training specifically for working with students with brain injury, many of the adaptive strategies and teaching techniques used for brain injury survivors are familiar to teachers. Interest, flexibility, and commitment to learning about brain injury are often hallmarks of an effective teacher.

Keep in mind that the classroom teacher is not an expert in special needs situations; the resource room teacher has more knowledge in this area. The classroom and resource room teachers should work together to create a suitable program for your child.

Getting Started

When helping your child return to school some tips on getting started may be helpful:

- Contact the principal of your local school as soon as possible after the injury. This will give the school time to prepare.
- Arrange a meeting with the principal. It is the principal that will arrange any assessments that your child will need. They will explain your school board's process for reintroducing your child to school.
- Bring background information to the meeting. For example, if you have reports that identify your child's areas of ability and difficulty, bring copies to the meeting. More importantly, bring names and contact numbers of health

professionals who can help the school develop an appropriate program. The more information you can give the school, the better program they can design.

- You may also bring a “support” person: a friend, family member, or health professional. The purpose of the meeting is to give the school enough information to develop a teaching plan for your child.
- Prepare for the meeting by writing down your short and long term goals. What do you want for your child? What are your child’s strengths, etc.? Remember to write down and ask any questions you have.
- You may want to meet with the classroom teacher and resource room teacher.

After the first formal meeting, the school (with your permission) will collect information about your child. This information will allow the school to provide additional services such as: a teacher aide, tutoring, special equipment, and summer programming.

Remember, while it is important for your child to have all the services they need, it is equally important not to think of more services as better service. Think about what your child needs and look for services that best meet those needs.

The Teaching Plan

A second meeting is needed to discuss the plan for teaching your child. If you do not hear from the school, call and initiate the meeting yourself. It is important that you have an opportunity to discuss the teaching plan with everyone working with your child. Ask for a copy of the plan prior to the meeting. Read it ahead of time. Write down your questions and concerns.

The teaching plan is not meant to be set in stone. Instead, it should have regular review times built into it. It may be helpful to set actual meeting dates for these reviews, but do not hesitate to call your child's teacher at any time.

Reviews will evaluate how well the plan is working in relation to your child's emotional adjustment, functional skills and available peer support.

Over time, long range goals may change as your child's abilities become clearer. Formal plans can be made to help prepare your child for expected developments such as a change in teachers, grades, or even schools. Ongoing discussions between you, the school, and related health professionals will ensure appropriate changes are made.

Consulting a Specialist

Since brain injuries often affect the parts of the brain that control speech and language, you may want to ask the school to arrange an appointment with a speech-language pathologist if your child is experiencing problems in this area.

It may also be helpful for you and your child to have a consultation with neuropsychologist. Neuropsychologists have advanced training in the relationship between brain function and behavior. Standard psychological tests tend to provide information on past learning, whereas children with brain injuries have problems learning now. The tests used by neuropsychologists provide information on your child's ability to learn, communicate, plan, organize, and relate to others. Such an

assessment can provide critical information for building effective and efficient educational plans.

Talk to a health professional, or your local Alberta Brain Injury Network office about whether your child could benefit from a consultation with a specialist. (See Chapter 13, Resources, for contact information).

Handling Disagreements with the School

Children benefit most when the parents and the school operate as partners. Because it is in people's nature to see things from different points of view, there may be disagreements.

What to Do When You Disagree

First and most importantly, in the event of a disagreement between parents and the school it is necessary to remain constructive. As a parent, your goal is not to win the argument, but to ensure your child has the best education possible. Here are some general guidelines for handling a disagreement:

- Convey your disagreement to the school calmly. Many disagreements are easily and quickly resolved. For example, you

may have information the school does not. Simply giving them that information may resolve the issue.

- In most cases, solving problems informally works better than formal appeals. Start by talking to the person closest to the situation, usually the classroom teacher. Outline what you are unhappy about and why. Explain how you would like the situation changed.
- If you are unable to resolve the problem, talk to the principal. If you are still unable to resolve the issue, contact the local school board and talk to the person responsible for student services or the Director of Education for the Board.
- Finally, if your problems are still not being addressed to your satisfaction, you may want to talk to the Minister of Learning, or the Alberta Human Rights and Citizenship Commission. Call 310-0000 to be connected toll free to these offices.
- Remember, disagreements can be an opportunity for more in-depth problem solving and that can lead to improvements for your child.

What to Do When You Are Emotional

When people relate to each other angrily, the result is often counterproductive. Although it may seem obvious that anger can be unhelpful in dealing with people, where your child is concerned it is not always easy to remain calm. Some guidelines for dealing with situations that make you emotional are:

- Prepare ahead of time by writing down points that you would like to discuss in the meeting. This will prevent you from forgetting any important points, as well as help you to present your concerns in an effective manner.
- Always respond with well thought out arguments. Not only will these help you communicate your point more effectively, but they will take time to develop, and that time can help temper your anger.
- Attend the meeting with an advocate who can voice your concerns should you become too emotional.
- If you find yourself getting angry in a meeting, ask for a recess. If necessary, ask to resume the meeting another day.

- A disagreement does not mean you have to be angry. Simply state the point you disagree with and why. You will be a stronger advocate for your child if you present yourself in a credible, professional matter.
- Ask for an agreed upon action plan, and don't leave without it. Record the plan in writing, review it with the educator, and leave a copy with them.

The Importance of Early Intervention for Young Children

Many people assume that an injury in a very young child is less serious than in an older child or adult because of the remarkable recuperative abilities of young children. This may apply to physical problems, but unfortunately, for intellectual tasks such as thinking, problem solving, and planning, an early injury may be more serious. This means that early intervention by a professional is very important.

Children lack the years of learning and experience acquired by older people. An older child or adult can often compensate for

learning difficulties by building on past knowledge, whereas a young child has not had the opportunity to lay that foundation.

The nature of a brain injury can also make learning more difficult as time goes by. For example, young children do not have the same capacity to think abstractly as adults may have, so any deficiency in this area may go unnoticed until the age when abstract thinking becomes expected. Due to the brain injury, the child suddenly lags behind his peers. To help prevent this type of situation it is important to have early intervention for young survivors.

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