Michael is 14 years old and has difficulty concentrating at school. He distracts his friends because he can’t remember what he should be doing. His teacher tells him to stop talking and get on with his work but Michael doesn’t know what to do and needs help to start his tasks. Michael’s school reports say that he ‘needs to remain focused’, ‘frequently disrupts the class’ and ‘can be immature and silly’. Can you tell that Michael has an acquired brain injury (ABI)?

What is ABI?
Thousands of children and young people are affected by ABI each year and it is often referred to as a hidden disability. There are two main types of brain injury: ‘traumatic’ caused by a blow to the head such as a road traffic accident or fall, and ‘non-traumatic’ caused by illness such as meningitis, a brain tumour or a stroke. On the outside, a child with an ABI may appear ‘normal’ but they can have considerable difficulties with cognitive, communication, emotional and behavioural skills. Some of the effects may not be noticeable until years after the injury was sustained as the brain continues to develop into early adulthood.

Does Michael’s story sound familiar? Would you know how to help him succeed in school?

The difficulties experienced by a child after an ABI vary and depend on their age when they sustained their injury, the area of the brain that has been damaged and the severity of the injury. Different areas of the brain work together so if one area is damaged, it is likely to affect the function of other parts of the brain. Activities like learning to get organised to go out, completing tasks at school and home, or simply fitting in with a peer group can all present real challenges for a child with an ABI. Common areas of difficulty can include:

> memory
> attention
> understanding and using language
> new learning
> changes in behaviour
> controlling emotions
> organising and planning
> empathising with others
> fatigue
> physical skills, ie limb weakness.

In a school environment
The effects of ABI can become more apparent in school than at home because the environment is cognitively demanding. Having a child return to school following a brain injury can be a daunting experience for teachers, as well as for the child and their family. Even a teacher with many years’ experience may not have taught a child with an ABI before and may be unaware of how best to help.

Cognitive difficulties such as impaired attention and memory significantly impact on a child’s ability to reach their full academic potential if left unaddressed. These difficulties can manifest in many ways and can often be misinterpreted as behavioural problems. Communication skills, such as using and understanding language, are important for academic success but also for social integration. A child with an ABI can find retaining friendships challenging and is at risk of social isolation. Behavioural difficulties following an acquired brain injury vary, but common behaviours include impulsivity and difficulty inhibiting thoughts and feelings. It is important that a child with an ABI has a full assessment of these difficulties so that appropriate strategies can be implemented.

ABI in the classroom
A child with an ABI may have difficulty with:

> remembering instructions and information learnt from previous lessons
> concentrating on class work – they may be easily distracted
> doing two tasks at once – for example, listening and writing at the same time

Helping Michael to succeed
Children with an acquired brain injury may not be easy to identify in the classroom, but Susie Aspinall offers a guide to some of the telltale signs, along with some possible interventions
starting tasks and generating ideas
> interpreting information literally – for example, they may have difficulty understanding jokes
> processing lengthy and complex information
> organising themselves for lessons, remembering equipment such as PE kit, pens, books, homework and so on
> organising their approach to tasks – class work books may be messy
> explaining themselves in class or understanding task requirements
> ‘putting the brakes’ on behaviour – acting without thinking
> retaining friendships.

Useful strategies
So, if you have a child in your class with an ABI, what strategies should you use to help them succeed? The following are some of the techniques you can use:
> Provide visual supports to accompany verbal information.
> Focus on one task at a time.
> Make the goals of a task explicit and help the child to devise a plan.
> Break a task down into parts.
> Ensure that information is recorded accurately – provide a summary of key learning points.
> Keep classroom distractions to a minimum.
> Provide specific feedback about performance and explain mistakes clearly and simply.
> Try to give shorter tasks (especially if perceived to be boring).
> Provide extra breaks during the school day for fatigue management.
> Allow more time for processing information and formulating correct responses.
> Provide models of answers for the whole class, for example ‘think aloud’ your problem solving.
> Help them to use structured questions to approach new tasks, such as: ‘What is the problem?’ ‘What are the possible solutions?’ ‘Which is the best solution?’

Consistency is very important for a child with an ABI. It is important to liaise with the child’s family and therapists to ensure that consistent approaches are being implemented, particularly with regards to managing behaviour.

Special educational needs and ABI
Identifying the special educational needs of a child with an ABI can be difficult. Up until the point of the injury, the child may have been following a typical path of development and have many pre-learnt skills to rely on. This sometimes means that a child with an ABI can still fall within the ‘average’ range when completing standardised assessments and may not appear to have any difficulties. However, this is not reflected in their classroom performance, the level of support they require and how they achieve in exams. As the child gets older, the expectations on their ability and performance in school can increase, which can be hampered by new deficits that may arise as their brain continues to develop. Being able to identify often subtle but high-level difficulties associated with ABI is really important.

So what happened to Michael?
Michael was in Year 6 when he started to have seizures. He was later diagnosed with a temporal lobe brain tumour. Prior to this, Michael was achieving above the national average academically and was described by his teachers as having a sense of humour and good social skills and behaviour. The brain tumour, and subsequent

The transition from primary to secondary school
For a child with an acquired brain injury, the transition to secondary school is often when their difficulties become more apparent. This can occur as more is expected of secondary school pupils in terms of their skill and independence levels. For example, being able to:
> find the correct classroom for each lesson
> get to lessons on time
> follow a weekly (or fortnightly) timetable
> bring all the correct books and resources to each lesson
> complete independent learning
> organise and complete homework on time
> create and maintain new friendships
> maintain emotional control.

This coincides with the brain going through a rapid period of growth and development in the early teenage years. For children with an acquired brain injury, this development may not follow a typical pathway and so their difficulties can become more obvious when comparing them to their peers.

When a child with an acquired brain injury is making the transition to secondary school, careful consideration should be given in advance to the support they may require. This is essential to prepare them for the challenges they can experience.
surgery to remove it, left Michael with an acquired brain injury and multiple ongoing challenges.

Following surgery, Michael returned to his mainstream secondary school but because he had difficulty controlling his behaviour he was moved to the school’s behaviour unit and subsequently excluded on a regular basis. The school struggled to understand the impact Michael’s brain injury was having on him. His participation in lessons was severely restricted, attending lessons for just two hours a day, which also isolated him from his peer group. Michael was confused and did not understand his feelings, and his mother struggled to find ways to help.

Michael was referred to The Children’s Trust by his community paediatrician. The Children’s Trust is the UK’s leading charity for children with acquired brain injury, multiple disabilities and complex health needs. It is based in Tadworth, Surrey, and its services include brain injury rehabilitation and community-based support, working with hundreds of children and young people from across the UK.

Through its Brain Injury Community Team, The Children’s Trust provides community-based therapy support for children and young people with an ABI. The therapy-led team supports each child and the network around them (parents, teachers, siblings, grandparents, community workers and so on) to understand the deficits associated with brain injury and how to manage these in real-life settings. An assessment highlighted the full extent of Michael’s needs, including his difficulties with attention, memory, controlling impulses and understanding social situations. Michael was very inflexible in his thinking and tended to interpret information literally. He also had limited awareness of potential danger or risks.

The Brain Injury Community Team called a meeting with Michael’s school and other professionals working with him to share and explain the assessment findings. It was soon established that his school was unable to meet his complex needs so the team supported Michael’s family to find an alternative. Over the following 12 months, the team worked in Michael’s home, new school and community environments. Michael and his parents were concerned about his academic achievements, which became the main focus of the team’s intervention.

One of the first concerns the team addressed was helping teaching staff to understand and manage Michael’s behaviour. He frequently received detentions but he was unable to remember what they were for. The team spoke at length with Michael’s school about the appropriate use of consequences and providing Michael with immediate feedback on his behaviour. They soon came to understand that as Michael had difficulty controlling his impulses, greater focus was needed on limiting the triggers to his behaviour and on carefully managing his fatigue.

Interventions included education sessions for Michael, his teachers and peers regarding his brain injury, and strategies to support him in the school environment. There was regular liaison with Michael’s head of year so that behaviour difficulties and behavioural management could be further discussed, as well as regular observations of Michael in the classroom to review strategies being implemented. The team supported Michael’s transition into Key Stage 4.

‘Michael was very inflexible in his thinking’

helping to identify appropriate subjects for him to study. Support was also provided to consider the management of risk when planning Michael’s attendance on his school residential trip and also his Duke of Edinburgh expedition – both of which he successfully completed. An important aspect of the work was an ongoing liaison with the school’s therapy team to aid their understanding of working with a child like Michael.

Since the Brain Injury Community Team’s involvement with Michael there have been numerous positive changes in his life, including:

> successfully participating in lessons
> actively participating in lessons
> returning to and attending school full time

Michael’s mother says, ‘You’ve made it possible for me to be a mum again rather than just a carer… they [The Children’s Trust] helped put our family back together again after a horrendous time.’

Susie Aspinall is an occupational therapist with the Brain Injury Community Team of The Children’s Trust. (Please note: the name Michael has been used to preserve the student’s anonymity.)

More information

For further details about acquired brain injury visit the Brain Injury Hub, The Children’s Trust’s information website and discussion forum for parents and teachers – www.braininjuryhub.co.uk/

To find out more about The Children’s Trust and its residential, nursing and education services visit www.thechildrenstrust.org.uk or for more information regarding its rehabilitation services call 01737 365080.