

Practical strategies for teachers

Following a brain injury, many children and young people find the return to school a difficult time. The following pages are full of useful information and strategies for teachers and people working in the education system to aid in making this transition as smooth as possible. This information is the work of the Leeds Neuro-rehabilitation Team and has been reproduced with their kind permission.

Attention and Concentration

Common difficulties	Strategies
<ul style="list-style-type: none"> • Focussing attention is a very active process and concentration is made more difficult when asking a child to divide their attention between two or more tasks. • Children who are having difficulty with remembering and recalling prior information particularly find it difficult to concentrate and stay on task within a busy noisy classroom. • Attention is also closely related to memory difficulties and fatigue (See relevant sections). 	<ul style="list-style-type: none"> • Try to keep the child on task by keeping the task simple and focussed. • Use short prompts and cues. • Break down tasks into achievable chunks. • Use one-to-one teaching particularly when presenting complicated and complex material. • Reduce distraction within the classroom as much as possible, (both auditory and visual distraction). • Look at the positioning of the child within the classroom. Where would there be less distractions? • Short periods of concentration are better than long periods. Recognise the attention span of the child and compensate for it. • Try and catch the interest of the child by using varying teaching styles.

Memory

Common difficulties	Strategies
<ul style="list-style-type: none"> • Inability to immediately recall information heard or seen. • The child can draw on previous learning from before the injury, and this may mask their difficulties with new learning. • The child may have reduced insight into their memory difficulties, which can affect their ability to learn and use different / new strategies. • Difficulty in retaining new information. • Difficulty holding conversations. • May fill in gaps in memory with “stories” – confabulation. • Poor carry over of information from one situation to another. • Fluctuating memory difficulties from day to day. • Difficulty following and remembering instructions for homework. • Unable to follow a book, film or story. • Difficulty remembering stages involved in new tasks. • Difficulty route finding around school, finding their locker etc. • Difficulty getting to right lesson with correct books at the right time. 	<ul style="list-style-type: none"> • Reduce distractions when trying to remember information. • Identify strengths and weaknesses. • Provide multi-modality learning opportunities e.g. hear, see & touch. • Encourage use of planners / diaries / checklists / Dictaphones / personal organisers. • Talk through lessons / instructions to check that they have remembered key aspects. • Provide worksheets to back up verbal instructions. • Provide opportunities for over learning (repetition with variation). • Grade work presenting information in small blocks. • Use cue cards / graded prompts. • Use a buddy system to help with getting to classes with the right books. • Provide differentiated school-work.

Perceptual Skills

Common difficulties	Strategies
<ul style="list-style-type: none"> • Spatial awareness <ul style="list-style-type: none"> – Getting clothes the right way round when dressing. – Negotiating around obstacles when walking. – Transferring information from 2D to 3D in technology / science lessons. • Figure ground skills <ul style="list-style-type: none"> – Difficulty finding belongings in their tray at school. – Difficulty finding the right information on a busy worksheet. • Copying from the board in class. • Recognising objects regardless of the position they are in, this includes difficulty with shape recognition, letter recognition. • Reduced awareness on their affected side and of that side of the environment <ul style="list-style-type: none"> – Bumping into objects, banging their weaker arm / leg. – Difficulty reading / scanning left to right. – Dress one side of their body. • Poor motor planning due to a lack of awareness of parts of their body in relation to themselves and the environment. • Colour recognition. 	<ul style="list-style-type: none"> • Approach tasks in a consistent, routine manner. • Provide verbal prompts for dressing tasks, fastenings may need adapting. • Adapt the environment by reducing the number of objects on a surface to help the child locate what they want. • Provide differentiated worksheets which are not "busy" with information. • Provide multi-sensory learning experiences e.g. write a new letter; look at the letter; trace the shape with your finger; copy the letter saying its name / sound aloud; write the letter from memory. • Keep the key objects / materials in the same location in the classroom. • Use of a red line at the extreme edge of the page and verbal prompts to help scanning left to right. • Use of a specialist reading tracker.

Executive skills

Executive skills cover areas such as:

- Formulating realistic goals and planning a brain
- Organising activities
- Initiating tasks / communication
- Flexible problem solving (divergent thinking)
- Monitoring their actions and acting on feedback
- Using judgement
- Coping with more than one task at a time
- Being aware of the impact of ones behaviour on others, and be able to alter it
- Ability to focus attention
- Self directing skills
- Speed of processing information

A child may have any combination of difficulty in these areas after acquired brain injury.

Strategies
<ul style="list-style-type: none">• Identify strengths and weaknesses.• Classroom activities: break down tasks into manageable chunks. • Prompt to focus attention on task and switch attention when multi-tasking. Grade prompts over a period of time. • Encourage time awareness and budgeting time effectively. Encourage the use of a diary and watch. • Make time allowances and grade pace of work.• Provide aids to assist with organisation skills; timetables / homework books / checklists. • Provide regular 1:1 time to plan and structure work, as well as give feedback. • Provide advance information - being told of the expected learning outcome will help a child value the information that they are being given. • Careful consideration of choice and number of subjects at key stage 4 and beyond is required, as certain subjects can be extremely challenging. • Assist with setting realistic goals and establish clear expectations for the child. • Provide step-by-step approach to problem solving. • Consider the use of “buddy” systems.

Fatigue

Common difficulties	Strategies
<ul style="list-style-type: none"> • Difficulties in attention, learning and memory mean by the end of the school day, the child is more tired and exhausted. • Mental and physical fatigue may arise under normal conditions, such as producing homework on time. • The brain- injured child will use greater effort to perform tasks that used to be simple and automatic. • Fatigue produces greater distractibility and further decline in performance. • Fatigue means a child is able to play. They are likely to be less able to play or willing to socialise, particularly towards the latter part of the day. • Fatigue in turn could lead to children responding aggressively or present as being more frustrated when challenged. • Fatigue will also become more marked towards the end of the week. 	<ul style="list-style-type: none"> • Recognise that the child will perform better in the morning. Be aware of times that the child is more prone to tiring. If possible plan the timetable so that topics which require more concentration happen earlier in the day. • Try to incorporate rest periods during the day. It may be important to provide somewhere where the child can be totally quiet and recover. • Recognise that fatigue can fluctuate and some days the child may fatigue more easily than others. This doesn't mean they are being unco-operative. • Processing verbal information may be more difficult when the child is tired. Structure verbal instructions far more carefully and simply when one recognises the child is tired.

Behaviour

Behavioural difficulties associated with acquired brain injury include:

- Lack of initiative and poor motivation.
- Reduced spontaneity.
- Immaturity, impulsiveness, rushing and 'over the top' reactions.
- Tactlessness, aggression, lack of inhibitions and inappropriate behaviour.
- Reduced insight.

It should be emphasised that behavioural difficulties should not just be seen as disruptive or aggressive. Being withdrawn and quiet can be just as troublesome for that particular child, leading to problems with learning and social relationships. Children with acquired brain injury may behave inappropriately because of their damage and are not being deliberately 'bad' or 'naughty'. It is important to recognise a change in their behaviour from before the injury.

A child may be disruptive in class due to difficulty concentrating, which along with comprehension problems will make understanding teachers' instructions difficult. This may lead to frustration, low self-esteem and consequently undesirable behaviour.

Understanding the problem

It is necessary to monitor closely any behavioural problems and identify whether they are due to disorders of conduct or due to problems with learning, vision and attention.

Observe the behaviour

Consider the following:

- What triggers the behaviour?
- What does the child typically do?
- What happens as a result of the behaviour?

Careful observation must be done before any intervention to change behaviour is attempted. It should be long enough to be able to see some pattern emerging, for example, you may find that outbursts tend to occur at the end of the day. The child could be fatigued and unable to control his / her behaviour at this time. It may also occur in certain lessons, which the child is finding specifically difficult.

Behaviour management

Generally, using positive reinforcement to increase appropriate behaviour is more effective than using punishment to diminish inappropriate behaviour.

A constant look out for positive behaviour is needed. Inappropriate behaviour should be ignored and an attempt made to distract the child's attention to a more appropriate activity. A positive social reinforcement should be given for this.

- It is typical for "problem" behaviour to get worse before it gets better. It is crucial not to give up at this stage, as it will only make later intervention more difficult.
- Only one behaviour should be targeted at a time or it may become confusing for the child.
- When you see improvement, resist the temptation to move on to another behaviour. The child needs to consolidate and assimilate what he/she has learned.

- Keep records of frequency and duration of target behaviours and positive behaviour, to get an objective measure of progress.
- Be positive. Focus on positive behaviours you are trying to promote, rather than the negative ones you are trying to extinguish.

Consistency is vital

All those involved with the child should be aware of the targeted behaviour and how to respond (or not) to it. This should include parents and they should be encouraged to use the same strategies at home. Without this consistency, achieving success will be more difficult. Different members of staff should respond in the same way to targeted behaviour.

Give feedback

It is important to help the child gain a greater understanding of what they do and how it affects themselves and others. The child needs to know what the consequences of their actions would be. Give the child feedback after inappropriate behaviour has ceased so as not to reinforce it. Discuss better ways of dealing with situations next time and let him / her know you are willing to help. Retaining feedback may be difficult for a child with memory difficulties or reduced insight.

Other issues

- In some cases the way the classroom is organised and the work presented can affect how well the child functions in the classroom. If the environment exacerbates these difficulties frustration and anxiety may result.
- Model calm behaviour.
- Set boundaries and limitations that are within his / her abilities
- Give the child responsibility.
- Give frequent encouragement.

Social Skills

Appropriate skills are essential for children to be able to make friends. The types of skills necessary for this are

- Listening
- Showing an interest in people / conversations
- Taking turns
- Asking and answering questions

Children who have had a brain injury may also find it hard to alter their behaviour in different situations i.e. acting differently in school assembly than in the playground. Stressful or competitive situations can make the problems worse.

Difficulties with social skills can present very differently from child to child; one can appear aggressive whilst another may be quite withdrawn.

Common difficulties	Strategies
<ul style="list-style-type: none"> • Being rude, silly or immature. • Use of inappropriate swearing, comments or laughter. • Problems understanding or using body language and facial expressions. • Poor understanding of "social space" i.e. not standing too close to who you are speaking to. 	<ul style="list-style-type: none"> • Talk about class / school rules and appropriate behaviour. • Establish specific rules for behaviour in certain places. • Identify behaviours leading up to an "outburst" and intervene before it happens. • Don't react in a confrontational manner. Try to avoid arguments with the child. • Try verbal or non-verbal cues to try and discourage the behaviour. • Praise appropriate behaviour • Talk about what would have been a better way to behave.
<ul style="list-style-type: none"> • Difficulty in taking turns. • Poor use of eye-contact. 	<ul style="list-style-type: none"> • Work on sharing and taking turns in small group situations.
<ul style="list-style-type: none"> • Difficulty understanding humour or sarcasm. 	<ul style="list-style-type: none"> • Avoid using jokes or sarcasm.

Communication

The potential range of communication difficulties following a brain injury is very wide. Children may have difficulties in understanding spoken language, or in their own use of language, or both. Speech production may also be affected due to motor problems acquired from the injury. Children will also frequently forget or misunderstand what has been said to them.

Common difficulties with the understanding of language	Strategies
<ul style="list-style-type: none"> • Poor listening and attention skills reduce the child's ability to understand information. • Slowed speed of language processing. • Difficulties following verbal information e.g. direction / facts / questions. • Particular difficulty with processing lengthy verbal instructions / details. 	<ul style="list-style-type: none"> • Allow extra time for discussions and explanations. • Reduce any auditory / visual distractions to aid concentration in listening tasks. • Slow the speed of your speech down. • Keep your language simple and try to only give one instruction at a time. • Repeat instructions. Also, encourage the child to ask for instructions to be repeated.
Common difficulties with the use of language	Strategies
<ul style="list-style-type: none"> • Slowed verbal responses. • Slowed ability to access specific words. • Inaccurate naming of items / people etc. • Frequent use of non-specific descriptions e.g. "that thing". • Poor organisation and clarity of spoken language. • Lack of detail and depth to a conversation. 	<ul style="list-style-type: none"> • If the child cannot 'find' the right word can they <ul style="list-style-type: none"> – Describe it? – Use gestures or pointing to help? – Visualise a picture of the word or spelling of the word? • Or can you <ul style="list-style-type: none"> – Give the child the sound the word starts with? – Give the child a sentence to complete e.g. "you write a ..."? – Describe some things about the words? • Try to avoid using difficult words to the child • Use verbal / non-verbal clues to stop the child from "rambling" (you'll need to discuss these cues with the child)

Physical Skills

Most children will experience some level of physical difficulties after brain injury. Their problems will vary widely and may fluctuate both on a daily basis and at different periods during the day. These problems may affect the child's performance at school in many different ways. The school environment is very busy and crowded and often serves to exacerbate any physical problems encountered in the school environment together with some suggestions on how to make reintegration into school a little easier for the brain injured child.

Transport to and from school

The child is likely to physically tire much more quickly than their peers. Speed, stamina, strength and balance may all be affected. Walking or public transport may be too much for the child to cope with or may tire the child to the extent that performance in school may be compromised. It may be necessary for the child to have special transport arrangements to and from school to minimise tiredness during the day. This may be a temporary or permanent arrangement.

Movement around school

Due to physical problems, the child may need extra time to move around school. They may have difficulties carrying bags, books etc from class to class and so assistance in this area is often required. The greater distance between classes, the more the child will struggle or tire and these issues should be considered when organising rooms and timetables.

Stairs

Stairs may be particularly difficult for the child. They may need to be avoided or appropriate assistance given. Handrails are often necessary and extra time should be allowed for movement if required. If possible, keep lessons on the ground floor or avoid several level changes in one day.

In the classroom

It may be necessary to place the child's desk nearer to the front of class or by the door to reduce the amount of walking and allow easy exit for the next class. In some cases it may be important for these children to have correct supportive seating to minimise physical effort. Tiredness, both physical and mental, will drastically affect the child's performance in class. Fluctuations will be seen both day to day and throughout the day. You are even likely to see a change in the child throughout one lesson. It is necessary, therefore, to minimise physical exertion to reduce the effects of tiredness in class. The child may need to have rest periods during the day or shorter school days. The more tired a child is the more difficult they will find physical tasks and the more pronounced their physical problems will be.

Lunchtime

The child may need extra time or help to get to the canteen. It is better for them to be first rather than last as queuing for any period of time may be too tiring. They may require assistance to carry trays etc to their seat and they may also need more time to eat their food.

In the playground

Some children are likely to have some level of impaired balance and co-ordination and therefore tend to fall more often. The more tired the child is the more this will be a problem. Close supervision is often necessary in a busy playground environment. If the child has particular difficulties, it may be a good time for a rest or a quiet period.

PE Lessons

Many children feel very self-conscious in PE lessons. They may have physical scarring from their accident or may be embarrassed at their decreased physical skills. It may be necessary to adapt PE and Games appropriately or allow the child a rest period / alternative lesson at this time. Obviously each child is different and some don't like being singled out. They would rather join in if possible. Assess the situation and discuss with the child's physiotherapist if you feel you need further advice.

Wheelchairs

Often children return to school with wheelchairs. They may be required all-day or just at particular times to reduce physical exertion. It is important not to assume that because they can walk they do not need the chair. The child will require assistance as self-propelling a wheelchair is hard work. Extra space may be required both in the classroom and in the corridors. It may be necessary to allow the child to leave class a few minutes early to avoid the rush. In this situation, a lift is necessary to move between floors.

Activities of Daily Living

After acquired brain injury, a child can have difficulty with everyday tasks due to loss of physical, cognitive, perceptual and psychosocial skills.

Eating and Drinking	Strategies
<p>The child may</p> <ul style="list-style-type: none"> • be unable to cope with the noisy canteen. • not be able to carry food on a tray to the table. • be unable to manipulate their usual cutlery. • not be able to open packaging. • not remember to eat / drink. • have a loss of appetite. 	<ul style="list-style-type: none"> • Support the child gradually to enable reintegration in to the school canteen. • Provide physical assistance to carry trays / open packaging. • Use a buddy system to ensure they eat/ drink at appropriate times. • Use positive encouragement when a child has loss of appetite and liaise with parents / carers to explore interesting meal options. • Assist with money management when appropriate. • Ensure they have access to appropriate feeding and drinking equipment. The Occupational Therapist can advise on this.
Dressing	Strategies
<p>The child may be unable to</p> <ul style="list-style-type: none"> • sequence dressing. • get clothes the right way round. • dress at speed. • manage fastenings (buttons, zips, laces). 	<ul style="list-style-type: none"> • Allow extra time getting changed for PE lessons. • Provide support / prompts to ensure dresses correctly. • Adapted fastenings and easier clothing may increase a child's level of independence. • Provide assistance to put on and fasten aprons / overalls.
Personal Hygiene	Strategies
<p>The child may be unable to</p> <ul style="list-style-type: none"> • remember to wash hands. • wash effectively if they have reduced hand function in one or both hands. 	<ul style="list-style-type: none"> • Provide verbal prompts to wash hands at appropriate times during the day. • Provide assistance to wash as and when required.
Toileting	Strategies
<p>The child may be unable to</p> <ul style="list-style-type: none"> • transfer on / off the school toilet safely. 	<ul style="list-style-type: none"> • Ensure they have access to appropriate equipment for toileting. The Occupational Therapist will be able to

<ul style="list-style-type: none"> • manage clothing. • clean selves after toileting. • remember to go to the toilet in break times. 	<p>advise on this.</p> <ul style="list-style-type: none"> • Provide assistance with toileting. • Provide prompts to go to the toilet in break times.
Managing Periods	Strategies
<p>The child may be unable to</p> <ul style="list-style-type: none"> • cope emotionally with their periods following their acquired brain injury. • remember to bring in any feminine hygiene materials. • remember to change feminine hygiene materials at regular intervals. 	<ul style="list-style-type: none"> • A designated member of staff for the child to go to for feminine hygiene materials. • Prompting by a sensitive member of staff to change their feminine hygiene materials at regular intervals.

The CBIT (Child Brain Injury Trust) has other information relevant to teachers:

- leaflets written by young people, giving their perspective of some of their difficulties (available via www.cbituk.org)
- picture story books for children, appropriate to read to a class of young children
- details of other publications for children about acquired brain injury
- training workshops for teaching staff

Contact CBIT by phone or email for further details on how to obtain these.