

## Guidelines for Families and Schools

For students with TBI, long-term family care, along with appropriate school services, are crucial to successful and effective transition back to the educational setting (Begali, 1992; Conoley & Sheridan, 1996; Ylvisaker, Hartwick, & Stevens, 1991). TBI affects each child differently, and teachers are faced with the reality of responding to the unique needs of each child (Cohen, 1991). Given the complexity of head injury, no universal prescriptive solutions or remediation programs exist for the inherent individuality of head trauma. Despite this instructional reality, general postinjury guidelines can help to provide increased awareness and understanding of learning issues for children with TBI.

- **After the injury, numerous processing difficulties are possible.**

These may include various behaviors such as general confusion and disorientation (i.e., time, space, relationships), impulsivity, distractibility, memory loss, decreased language function (i.e., including expressive and receptive skills), decreased attention to task, personality changes and/or mood fluctuation, lessened inhibition (i.e., inappropriate group or interpersonal behaviors or uncensored verbal remarks), and general cognitive impairment (Carney & Gerring, 1990; Farmer & Peterson 1995). These behaviors can fade over time or remain as relatively permanent conditions, depending on the extent of the injury (Berg, 1986; Gerring & Carney, 1992). Because primary processing skills and functions are often affected, external guidance and structure from the teacher are important for the child who has sustained brain injury. Classrooms that possess consistent daily routines with adjustable work expectations (e.g., assignment length or work output that increases over time) are essential. Programming most of the difficult content work in the morning hours (e.g., structured reading, independent seatwork, workbook activities) may also prove beneficial.

- **The injured child's age and neurodevelopmental level must be considered.** Damage to the neural system of a young preschool-aged child may be very different from that of the older elementary-aged child (Allison, 1992; Hartlage &

Telzrow, 1986; Hooper & Boyd, 1986). In addition, factors such as location, extent of injury, and functioning level prior to the head injury must be considered and evaluated with the injury. Also, the older the child is when the trauma occurs, the closer the resemblance to adult-like injury and behavioral outcomes (Berg, 1986). Often the preinjury status of a child is not well established and can only be inferred from existing records. Because prior school records and standardized test findings are limited, this is especially true when an injury occurs to a young child.

- **The effects of brain injury do not typically remain constant.** They

may be evident soon after the injury only to disappear later. On the other hand, effects may become evident after an extended time period. Dysfunction can be shown through skills that were not developed prior to the time of injury (Allison, 1992; Golden, 1981; Wilkening & Golden, 1982). Recovery time is also difficult to pinpoint. In most instances, active motor and sensory progress can be seen up to a year, whereas more complex neuropsychological improvement may be reported years after the injury, if at all. Recovery is an individual issue, with considerable variability (Gerring & Carney, 1992).

- **Because of the nature of cortical injury, neural reorganization is directly related to the recovery of or the compensation of abilities from the damaged systems.**

Therefore, teaching to the child's processing strengths and learning skills through compensatory approaches is vital (Hartlage & Telzrow, 1986). For remediation, many experts support a direct instruction approach to help reduce a skill deficit or delay for children under the age of 12. Compensatory training is generally recommended for older children because less cognitive flexibility and more resistance to direct instruction is likely. Also, because of the flux of symptoms and issues surrounding head injury, it is essential to monitor and periodically evaluate a child's learning and neuropsychological status and concomitant educational plan

(Ylvisaker et al., 1991). School teams may need to frequently revise educational plans, especially in the first 2 years postinjury, because of rapid individual change. Regarding classroom instruction, Begali (1992) provides an excellent review of the research on treatment strategies for children with brain injuries.

- **Long-term family adaptation must be expected.** Reintegration is a

complex process involving the individual child, family members, school, and community factors. Parents should expect to address physical, behavioral, and cognitive changes. Flexibility is the key. Families may want to consider modified school days (e.g., rest periods), individualized computer work and instruction, and specialized social skills counseling, as well as family support or therapy sessions (Gerring & Carney, 1992). Parents should also be sensitive to peer-group issues and potential social skill problems. In addition, the child *and* the family might have a variety of emotional reactions to brain injury, including grief, frustration, sorrow, anger, helplessness, and denial (Begali, 1992; Waaland & Kreutzer, 1988). Throughout the entire readjustment process, the school team must provide support and encouragement for the child in the classroom as well as for parents, siblings, and other supportive family members.

- **There is no definitive list of interventions designed to remediate the effects of each child's injury, although general instructional guidelines can provide a helpful framework.** Telzrow

(1987) listed characteristics of quality academic programs that can serve children with TBI. For example, a low teacher-student ratio, using instructional repetition, and maintaining highly structured classrooms are essential instructional accommodations. In addition, Telzrow advocated behavioral programming and task analysis of desired academic outcome, as a systematic skill-mastery approach (for other approaches, see box page 58, "SOS").