

## **HELPFUL NOTES TO TEACHERS OF A HEAD INJURED STUDENT**

### **Changes to watch for when a student has a head injury**

The educational plan should be a flexible guide that reflects changes as student's progress and recover from head injuries. Goals, abilities and difficulties change for all children as they grow. Learning is a continual process that is never complete for any individual. For children with head injuries, the process is more complex. The injury can have different effects at various times during the student's education.

Depending on the school and classroom, the teacher may be with the student from one to six hours a day. This gives the teacher a unique opportunity to assess the student's abilities as well as difficulties. It also places a major responsibility on the teacher to figure out how the brain injury has affected the student and to determine how to help this student learn.

Many of the emotions, behaviours and reactions that students experience after a head injury can cause problems at school if they are not recognised or are misunderstood. Identifying these changes is the first step toward developing effective teaching and learning strategies.

### **Cognitive and physical fatigue**

This is a very common long-term effect and is often most pronounced during early stages of recovery when the student first returns to school. Fatigue is more than a physical effect. It can also affect cognitive functions, emotional stability and physical skills. Any difficulties in these areas will become more noticeable when the student is tired.

Fatigue is related to changes in the brain caused by the injury. The student now has to work harder to think and to learn. All this contributes to cognitive and physical fatigue.

### **Signs to look for:**

- Length of time since injury and return to school
- Time of day student is most affected by fatigue
- Cumulative effects of fatigue during school week
- Length of school day when bus ride is added
- Side effects of medications upon attention and energy level
- Changes in sleep patterns or nightmares
- Physical limitations which require more effort from student.

### **Consider:**

- Shortening the school day
- Provide a break or rest period during the school day
- Arrange schedule so most difficult work is done when student has most energy
- Encourage parents to discuss side effects of medications with physician.

### **Irritability and anger**

Changes in the student's ability to control emotions may result in sudden temper flare-ups, yelling or swearing outbursts, even hitting or punching others. These behaviours may be more frequent when noise and activity levels increase or during stressful situations. Often, the outburst will be brief but intense.

Agitation and irritability are usually the result of fatigue and frustration along with altered ability to control emotions. This behaviour can be directly related to damage to the frontal lobes of the brain, but the student's frustration over altered abilities may also cause an emotional reaction. It can also be caused by overstimulation in the student's environment.

#### **Signs to look for:**

- Activities that precede irritability or outbursts (antecedents)
- Effects of noise and activity on behaviour
- Places where irritability and angry outbursts typically occur
- Greater frequency of outbursts during certain activities or with particular teachers or classmates
- Emotional reaction to changes since the injury
- Degree to which the student is aware of effects of this behaviour on others.

#### **Consider:**

- Tracking irritability and anger over several weeks to identify causes, frequency and consequences of behaviours.
- Avoid focussing on the consequences of the behaviour and pay more attention to the antecedents. Once the antecedents are identified, modify the environment to avoid triggers.
- Consult with a neuropsychologist about how to manage and respond to the student's emotional outbursts.
- Avoid arguing with the student; redirect the student by refocusing the student's attention on something positive.
- Give feedback on the behaviour, but try to avoid punishing the student for behaviour that may have been caused by changes in the emotional control centres of the brain.

### **Aggressive acting out or misbehaving**

The student hits others, swears, is rude, gets into arguments and disobeys rules. Aggression usually follows a period of agitation. This behaviour needs immediate attention because it quickly can result in punishment by teachers and loss of friends. It is especially important that both the family and school staff discuss the relationship of the head injury and the behaviour with a neuropsychologist. Too often, a student is mistakenly labelled as a troublemaker at school and punished when the underlying problem is difficulty controlling feelings and frustrations due to the head injury.

#### **Signs to look for:**

- History of these behaviours before the injury
- Activities and environmental changes that are antecedents to behaviours
- Response of teachers when the student disrupts the class and disturbs others

- Behaviours in response to the student's frustration with changed cognitive abilities
- More frequent occurrence with certain teachers or peers
- Places where outbursts often occur
- Effects of transitions or changes in routine.

Consider:

- Providing more individual attention to reduce frustration that leads to agitation and aggression.
- Use smaller, more structured setting to reduce triggers or antecedents.
- Offer an alternative action.
- Stay calm, avoid arguing and be a role model for students as you respond.
- In a confrontation, don't say no; offer a choice or alternative option.
- Follow emergency procedures if the student's aggressive behaviour can not be controlled or threatens the safety of staff or students.

**Passive behaviour**

The student "doesn't start anything on his own," or just sits there, "staring off into space." Unmotivated and lazy are words that are often used to describe this student. Unlike the student who constantly gets into trouble, the difficulties of the quiet student may not be noticed as readily. This student easily "slips through the cracks". Passive behaviour can be interpreted as not caring when it is actually caused by damage to areas of the brain that control initiating and planning behaviour. Once the student gets started, productivity is possible but a structured pathway is needed.

Signs to look for:

- Slow starting an activity
- Difficulty completing a task
- Things that help the student get started in an activity.

Consider:

- Determining effectiveness of written vs verbal prompts or cues.
- Use prompts or cues that help this student when stuck.
- Have a backup system for cuing when the teacher is unavailable.
- Use a notebook with instructions in words or pictures as cues or reminders.
- Tape cues or reminders on the student's desk for self-prompting
- Identify and use reinforcers to encourage the student to get through the task.
- Routinely use a buddy system for cuing.

**Depression**

Feelings of sadness and loss are normal reactions to a head injury. They may even be positive signs that the student is aware of changes caused by the injury and is trying to adjust. However, if a student shows or expresses a deep sense of sadness for a long time and makes statements that reflect a loss of self-worth or interest in life, then this is cause for serious concern. Any statements about death or suicide must be taken seriously regardless of the student's age.

It is important to determine the reasons for depression, particularly to sort out the emotional and physical causes. Many times depression comes from the student's

feeling of being changed, not being the same person anymore. Sometimes depression is directly related to how the student was injured. It is important to know if others were injured or killed and whether friends or relatives were involved. If the student was hospitalised or unable to attend the funeral of a friend or relative, the mourning process may be delayed and emerge via depression later.

#### Signs to look for:

- Changes in sleeping patterns
- Changes in eating habits
- Weight gain or loss
- Loss of interest in usual activities
- Withdrawal from friends and activities
- Feelings of hopelessness and that life is not worth living
- Statements or references about suicide.

#### Consider:

- Meeting with parents to learn more about the injury and the student's progress and adjustment.
- Talk with parents about a referral for a mental health evaluation with a psychiatrist, psychologist or social worker experienced in head injury.
- Provide counselling and support. Find opportunities to promote the student's strengths and preferences.
- Find a support group for parents and youths by contacting the Head Injury Society.
- Develop a peer support network at school.
- Provide outlets for the student to express feelings via music, writing or art.
- Never underestimate the importance of references to suicide or self-destruction.

#### **Social immaturity**

The student's skills for getting along with peers and classmates, acting like others of similar age, making comments that fit the situation and interpreting the reactions and body language of others are generally described as social skills. Sometimes a head injury affects these skills and the student has less mature behaviours than prior to the injury. Classmates may mimic or make fun of the student because these behaviours seem "babyish". Adolescent peers may find these social breaches embarrassing and reject or avoid the student. This student may need help relearning social skills just as physical skills like walking or dressing had to be relearned.

#### Signs to look for:

- Seems stuck at an earlier developmental stage
- Constant interruptions while others are talking
- Inability to wait for attention or need to do it RIGHT NOW
- Frequent tactless remarks
- Repetition of words or actions like a stuck record
- Childlike or messy eating habits
- Difficulty with appropriate dressing or appearance
- Missed cues during conversations or difficulty interpreting body language
- Increase in immature behaviours when nervous, anxious or tired.

Consider:

- Giving direct feedback on social skills to the student and model age appropriate social behaviour in real life situations.
- Talk with peers about cause of altered social skills.
- Design activities that will include the student with peers to reduce isolation.

**Sexually inappropriate behaviour**

The brain controls hormonal activity as well as the ability to control and filter our sexual thoughts and actions. When the frontal lobe is damaged, the student may not be able to inhibit sexual urges and may make comments or gestures that are embarrassing to others. As the hormones of adolescence kick in, controlling these impulses may be even more difficult. This behaviour can be especially upsetting and embarrassing for parents and friends. Teachers and other students may be insulted, puzzled, or shocked by these sexual comments, or actions. Parents and school staff often worry that such behaviours could lead to sexual intercourse or abuse by peers or strangers.

Signs to look for:

- Verbal comments that are overtly sexual and not appropriate for the situation
- Physical gestures such as excessive touching or hugging
- Self stimulation in public
- Suggestive dressing and appearance
- Personal or sexual comments or questions to strangers or acquaintances
- Reactions of peers via encouragement or avoidance.

Consider:

- Giving direct feedback about what is acceptable in the school setting when inappropriate sexual gestures or comments occur.
- Help the student learn to self-monitor sexual comments and gestures and track progress daily and/or weekly.
- Counsel student on possible consequences of sexual behaviours.
- Consult with a professional to design a behaviour management program on sexual behaviours.
- Work with close peers to develop a buddy system for ongoing feedback outside the classroom to reduce dating and social risks.
- Coordinate any efforts with parents for reinforcement at home.

**Forgetfulness**

Difficulty with memory and forgetfulness are common and may be temporary or continue over time. Problems with short-term memory are most common. By comparison, long-term memory is often intact after a head injury. There are numerous aids and techniques to assist individuals with memory problems.

Signs to look for:

- Specific information the student tends to forget
- Difficulty with subjects, such as history, that require memorisation of dates, places and events
- Difficulty retrieving recently learned information
- Confusion over factual information such as places, names, activities, events or dates

- Repeatedly asking the same questions
- More difficulty with memory under pressure, when excited or tired
- Constantly late or mixing up the schedule or classroom locations.

Consider:

- Asking parents to identify reminders or prompts that are effective at home and integrate them into the system at school.
- Develop a written cueing system for use in the classroom and for homework.
- Coordinate cueing system with all teachers and staff.
- Design verbal prompts to help the student remember tasks and assignments.
- Develop a personal notebook or day planner with checklists to help student learn how to self-cue.

**Distractibility**

Typical consequences of distractibility and difficulty sustaining attention are incomplete assignments and unfinished tasks. The student's concentration is easily interrupted by noise or activity.

Signs to look for:

- Easily distracted by activity in hall, outside windows or other classmates
- Can't keep up in group activity
- Improved performance with individual assistance or in small groups
- Jumps from one topic or activity to another, rarely finishing a task or thought.

Consider:

- Providing individual assistance with an aide or tutor to reinforce attention.
- Use small rather than large group activities.
- Break assignments into shorter tasks.
- Move seat to front centre row to reduce distractions.
- Clear desktop except for materials needed.
- Modify length of assignments or exercises.
- Use study corrals in home room, library or at home.

**Poor organisational skills**

This student finds it hard to organise information in terms of priority or will have difficulty completing multistep tasks, such as "take out your math book, open to page 83, and do problems 1-20". The student may get the math book out, but not know what to do next. Problems with executive skills like these often result in late or incomplete school assignments.

Signs to look for:

- More trouble with multistep task than one step activities
- Things are done out of order
- Student needs more time to get work done
- Student is regularly behind in class assignments and homework.

Consider:

- Giving the student a written plan for each school day or have the student writes the plan before the day begins.
- Break down instructions into smaller steps.

- Have student review or repeat directions before starting each new step.
- Use verbal or written prompts to help student stay on task.
- Encourage the student to use a signal to alert the teacher when confused about what to do next.
- Design a backup system to use when a teacher is not available.
- Explain the organisational methods used with the student in the classroom to parents so they can use the same methods at home when helping with assignments.
- Develop a buddy system as the student is able to receive assistance from peers when needed.

The combination of physical, cognitive, emotional, social and behavioural changes is unique for each student. Below is a checklist of possible changes a student might experience following a head injury.

### **Physical changes**

- Fatigue
- Decreased motor speed and coordination
- Hearing and vision changes
- Headaches

### **Cognitive changes**

- Receptive and expressive language impairments
- Shortened attention and concentration
- Poor memory
- Organisational difficulties
- Difficulty with problem solving
- Passiveness or slow initiation
- Difficulty sequencing
- Poor self-monitoring
- Impulsiveness

### **Emotional changes**

- Loss of self
- Depression
- Mood swings
- Anxiety

### **Social and behavioural changes**

- Decreased inhibition
- Decreased judgement
- Aggressiveness
- Difficulty reading social cues
- Self-centredness
- Lack of confidence
- Withdrawal
- Loss of friends