

TEACHING THE HEAD INJURED STUDENT

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Students who have suffered a severe head injury regain their mental processes at a varying rate over a long period of time.

Neurologists often do not make a long term prognosis before five years, because of this slow, gradual rehabilitation rate. The severely head injured student is affected globally.

Areas that can be affected:

- Communication
- Speech
- Balance and walking
- Gross motor control
- Fine motor control
- Vision and visual perception
- Hearing and auditory perception
- Emotional control.

CHARACTERISTIC EFFECTS OF HEAD INJURY

There are a group of behaviours that have been observed which seem characteristic of many head injured students.

- Loss of mobility – temporarily or permanently in wheelchair.
- Need for communication aids e.g. teacher's aide, computer, adjustable furniture.
- Loss of speech.
- Memory loss – short term / long term.
- Distractibility.
- Short attention span.
- Fatigue.
- Low level of control of frustration.
- Disturbed by loud noise, high pitched tones, TV / computer monitors, flashing lights etc.
- Over-reactive expressions of anger and aggression.
- Lack of inhibitory controls.
- Sensitive to touch, particularly around the head.
- Epileptic seizures.

TEACHING STRATEGIES FOR HEAD INJURED STUDENTS

Severely head injured students are best served by:

1. Assessment and daily monitoring

This is important because unlike other neurologically disabled students, the head injured student regains skills previously learned (often quite rapidly).

2. Individual Educational Programme

Teachers need to have long term (1+ years), medium term (6 weeks) and daily instructional goals for such students.

3. A Profile

Built up from the above. Returning rates of normality are not predictable or necessarily developmental. A student will often have learning deficits many years after the accident.

CLASSROOM ENVIRONMENT

The classroom needs to be ordered and calm with minimum visual and auditory distractions.

Fatigue, short attention span and inability to focus the mind will initially reduce learning periods to a few minutes only.

- It is important to allow the student to rest before he or she becomes fatigued.
- Gradually increase instructional periods from 2 - 3 minutes to 10 -20 minutes.
- Students may not be able to stay at a desk for more than 2 – 3 minutes initially.

Vary activities using all modes: visual, verbal and modelling to focus the student's attention.

WRITING SKILLS

Although phonic, spelling skills and word attack skills may return, short term memory loss makes it difficult to carry ideas and therefore retain new material.

- Keep visual written clues brief.
- Concentrate on:
 - completing words accurately
 - writing a sentence with full punctuation
- Make sure the student has his/her own written or typed work to refer to constantly before him/her.
- Process writing techniques are well suited to head injured students.

MATHEMATICAL SKILLS

Assess and monitor these skills regularly.

Suggested instruments:

- Beginning School Mathematics Checkpoints.
- Criterion Test of Basic Skills.
- Key Mathematics Test.

You need to know what is retained of:

- Concepts
- Processes
- Calculating ability
- Logic skills
- Problem solving skills

You will need to find a baseline of skills retained before planning a mathematics programme.

Bear in mind the effects of short term memory loss which makes acquisition of new mathematics processes difficult; e.g. the student may be excellent at calculation but may find it hard to remember the processes involved in long multiplication.

ORAL LANGUAGE, LISTENING AND DISCUSSION SKILLS

Discussion and instruction requires constant refocusing for the student. Listening and attending is difficult.

Teachers need to use intervention skills:

- Demand eye contact.
- Use total communication skills if necessary.
- Assist recall by prompting.
- Rephrase statements – short sentences.
- Use visual prompts (blackboard, visual aids).
- Orientation activities.
- Equipment – computers, speech communication aids e.g. teacher's aide.

READING

Former readers find it hard to concentrate on print.

- Seek out well illustrated, large print, high interest material.
- Use remedial resources. They are often well organised and brief.
- Encourage students to read and re-read their own written work.
- For the speech disabled, encourage written dialogues with friends, aides and helpers.
- Refer back to student's work from before the accident. Parents are always very willing to bring it in.

Gradually reintroduce library skills and interest in books.

BEHAVIOUR MANAGEMENT

Head injured students often display behaviours that are common for their age group but seem over-reactive.

- Young children may be tearful, obstructive, attention seeking or distracted.
- Pre-adolescents remember words and actions which create shock in the unprepared teacher and caregivers.
- Adolescents can be aggressive and angry, depressed and withdrawn, sexually provocative.

All these behaviours seem to be a result of personality changes and lowered inhibitory controls.

They are best managed by the common behavioural management techniques:

- Ignoring of inappropriate behaviour.
- Calling attention to and reinforcing appropriate behaviour.
- Modelling appropriate behaviour.
- Direct instruction in required behaviour.
- Reward/praise of appropriate behaviour.
- Enlisting the encouragement of peers.
- Setting up behavioural contracts (token economy).
- Creating a warm and positive acceptance of the student as he or she is.
- Make a long term goal, to return to the pre-accident child in your own mind.
- Be open to the needs of the family which is grieving for the lost child and make use of any information offered.
- Work with the family, therapists and other professionals by consulting and if possible agreeing on similar goals and approaches.

WHERE TO GET HELP

Brain Injury Waikato

Doctor

Nurse

Social Worker

ACC Case Manager

Psychiatrist / Psychologist

Occupational Therapist

Physiotherapist

Friends

Family