Looking Beyond What You See

How can primary school teachers support children with acquired brain injury?

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This article gives an overview of childhood acquired brain injury (ABI) and provides guidelines on how primary school teachers can support a child with ABI to participate inclusively in their classroom. Many consequences of ABI are invisible, so it is important for teachers to look beyond what they see to provide this support to children with ABI.

Introduction

The purpose of this article is to explore the meaning of acquired brain injury (ABI) and to provide guidelines for primary school teachers on how they can actively support children who return to school after acquiring a brain injury.

ABI is defined as 'an injury to the brain, which is not hereditary, congenital, degenerative, or induced by birth trauma' (Brain Injury Association of America, 2019). Simply put, the person is not born with the brain injury: they acquire it after birth. It may be a traumatic brain injury (TBI), which means it occurred as a result of a trauma such as a fall or car accident, or a non-traumatic brain injury (NTBI), following stroke or meningitis, for example.

ABI is often referred to as an invisible disability, which is 'a physical, mental or neurological condition that is not visible from the outside, yet can limit or challenge a person's movements, senses or activities' (Invisible Disability Association, 2021). In other words, people can be left with physical, cognitive, emotional, and behavioural effects that are less visible to others but can significantly affect the quality of their day-to-day life, such as loss of memory or difficulty processing information (Headway Ireland, 2019). The effects of an ABI are different for everyone and can be temporary or permanent (International Brain Injury Association, 2022).

ABI affects millions of people globally, and an estimated 176 people die from TBI-related injuries daily in the USA (CDC, 2023). No specific data is available on the number of people living with ABI in Ireland. ABI Ireland (2020) estimates that 19,000 people, including children, acquire a brain injury yearly. ABI is the leading cause of mortality and acquired disability in children and young people (CYP)

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globally and is therefore a significant public health issue. Although relatively few CYP brain injuries (5%) are deemed to be severe and the remainder are classified as mild, all levels of brain injury can affect a child's cognitive, educational, and psychological development (Palanivel & Burrough, 2021).

A child's brain differs from an adult's in several ways; for example, it is still developing and is classed as an 'immature' brain. Children's brains, because of their plasticity, recover more positively than adult brains. Such recovery tends to relate to motor function, but the same cannot be said for psychological and cognitive recovery (ibid.). Thus, a brain injury in childhood or adolescence can affect the child's overall development. The following section will outline how children may exhibit the consequences of an ABI in the classroom.

Childhood brain injury

Childhood ABI is multidimensional, with the consequences varying from child to child; no two brain injuries will be alike. Many difficulties can occur following an ABI, some of which may become apparent to the survivor and others only over time. For example, a child who was a high achiever pre-ABI may have to work much harder at learning post-ABI; this cognitive difficulty may look like behavioural issues to a teacher and can go unnoticed for a while. Some difficulties may be visible, but many are invisible, which can make living with these consequences very challenging and frustrating for the survivor and their families (see table) (Wehman & Targett, 2010; White et al., 2017).

Physical Changes	Cognitive Changes	Behavioural and Emotional Changes
» Slower reactions » Fatigue – cognitive and physical » Imbalance » Sensitivity to light or noise » Lack of interest in school work » Pain in parts of the body	» Memory » Organisational skills » Learning new things » Word-finding » Distracted easily » Processing speed » Communication	» Depression » Anxiety » Little or no emotion » Unable to deal with small changes in daily routines » Low self-esteem » Irritable

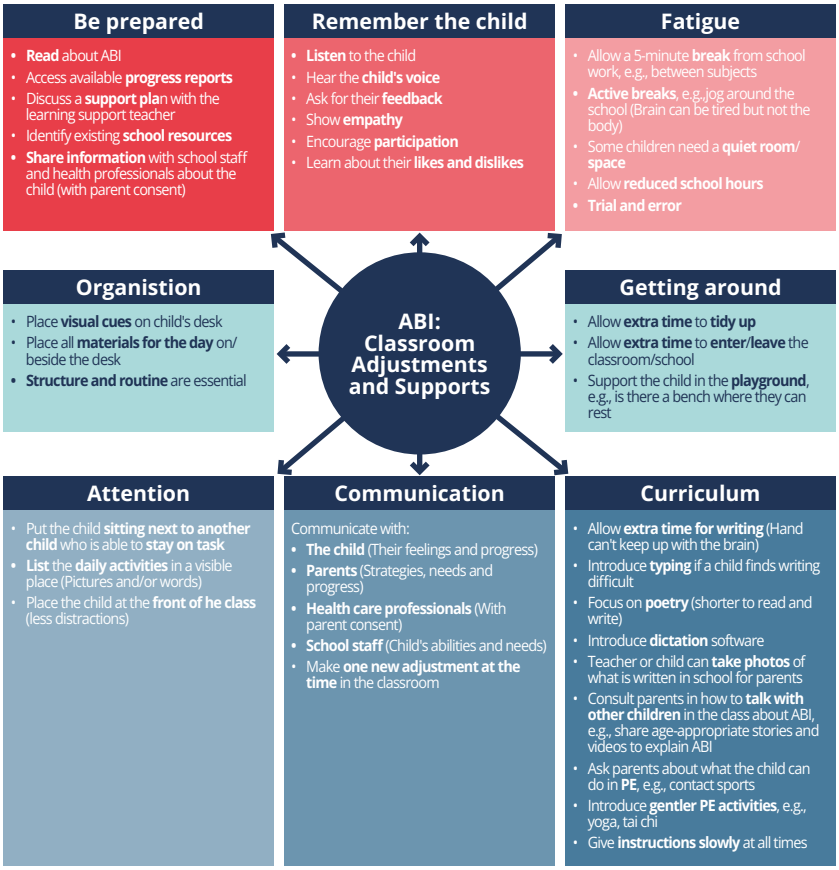
Possible difficulties after acquiring a brain injury

Practical support at school

Children with ABI will follow different pathways before returning to school, depending on the severity and type of injury (NCSE, 2019). Some may need surgery, while others may not; some may need to be referred to the National Rehabilitation Hospital post-surgery to aid recovery. Children diagnosed with

an ABI will need support upon returning to school regardless of the severity of their injury.

Planning is central to a successful return to school for a child with an ABI. It requires a multidisciplinary approach between school staff, health care professionals, and parents, and the implementation of a child-centred, individualised approach. A child's support plan will depend on their individual needs and context. According to Mark Linden at Queen's University of Belfast, interventions should focus on 'key environmental influences such as school resources and policy, teacher training and education, identification and tracking' rather than just the deficits of the child (IOS Press, 2018). Every school environment has valuable resources that can support all children to live their best life according to their ability. Specific classroom supports and adjustments for a child with ABI can benefit all children and may include the following:



Classroom supports and adjustments for children with an ABI (Senelmis, 2020; N-ABLES, 2021; Children's Trust, n.d.)

Conclusion

My concluding thought for teachers of children with an ABI centres on one word: time. Take time to research ABI, take time to talk to parents, and give children time to adjust to the new version of themselves and time to learn, communicate, participate, and play in an inclusive way.

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