

Educating Educators About Acquired Brain Injury: A Program Description

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Abstract

Approximately 27,000 children (Segalowitz & Brown, 1991) in the Ontario school system are challenged by acquired brain injury (ABI) but these students are not recognized by the Ontario educational system as a unique population. As a result, students with ABI, if they are identified at all as requiring assistance, are sometimes seen as developmentally delayed, as unmotivated or as having behavioural problems and therefore do not receive appropriate programming. A number of factors complicate the provision of quality educational programs. These factors include: the lack of a recognized category of exceptionality within the Ministry of Education for ABI, the need for better preparation of teacher candidates, and the lack of practising teachers with a thorough knowledge base of ABI. The "Educating Educators About Acquired Brain Injury" project is to assist educators by providing them with appropriate strategies and resources to more effectively and productively work with individuals with ABI.

What is ABI and why is it unique? Acquired brain injury is any type of sudden injury that causes temporary or permanent damage to the brain. The damage is most often associated with some trauma to the head such as a motor vehicle accident, fall, or sports impact (Savage & Wolcott, 1994; Teeter & Semrud-Clikeman, 1997), but can also occur as the result of other factors (e.g., near drowning, illness, tumour). It is unique because recovery from brain injury operates on several levels (physiological, functional, and neuropsychological), and just as each injury is unique, so too are the associated effects. A child's prognosis and outcome varies and is dependent upon multiple factors such as: site of injury (location), extensiveness of injury (the degree of tissue and physiological damage), etiology of injury,

and the age at which the injury occurred (Banich, 1997). The age at which the injury occurred is particularly important as it indicates how much plasticity the brain has available to compensate for the injury and how much cognitive experience the child has to draw upon (Kolb & Wishshaw, 2001; Savage, 2000).

Although exact numbers are difficult to obtain, estimates suggest that there are approximately 27,000 school aged children within the Ontario school system who may have sustained an ABI and are living with its effects (Segalowitz & Brown, 1991). Despite this, within the provincial categorical model used to identify students as exceptional, acquired brain injury is noticeably absent. The existing five categories of exceptionality (behaviour, communication, physical, intellectual, and multiple) certainly include a large spectrum of disorders such as autism and learning disabilities, but ABI bears no specific mention. Identification within one of these categories is essential to access funds to provide the needed programming and supports available to children with exceptionalities. Without the existence of ABI as a category, students with ABI may be mislabeled as having learning disabilities (LD), developmental delay or behavioural problems in order to access funds for programming. This mislabeling often leads to a failure to recognize the unique characteristics of ABI and results in the implementation of programming that fails to meet the complex needs of students with ABI (Clark, 1996; Cooley & Singer, 1991; McKerns & McKerns-Motchkavitz, 1993).

Are Ontario's teachers equipped to meet the diverse needs of students with ABI? A survey of teacher candidates in preservice programs indicates that teacher candidates perceive themselves as being ill-equipped to meet students' diverse needs across all exceptionalities (Woloshyn, Bennett & Berril, in press). More specifically, preliminary data analysis of information collected from classroom teachers across the province of Ontario, who were surveyed as part of a larger project funded by the Neurotrauma Foundation of Canada, indicates that classroom teachers, while aware of the difficulties associated with ABI, lack the knowledge and resources to effectively program for these students (Good, Bennett & Zinga, 2000). Both preservice teacher candidates and practising teachers indicated a need for more education and supports around diverse needs in the classroom. Many reported feelings of insecurity in their ability to assess and provide programs for students who learn and behave differently.

Unlike some exceptionalities, there are no set strategies that work with most individuals who have an ABI (Good et al., 2000). Instead, multiple strategies must be implemented on a trial and error basis until a program of strategies is developed. These programs often need to be reevaluated and altered. This process requires an understanding of ABI and its challenges as well as resources on how to implement programming (Glang, Singer & Todis, 1997; Good et al., 2000; Savage, 2000).

How can the need for more education and support for educators working with students who have ABI be addressed? The "Educating Educators About Acquired Brain Injury" was developed to assist educators in the Ontario educational system to work effectively and productively with individuals who have sustained an ABI. By producing a resource binder and supportive web site (www.abieducation.com), the project helps educators gain the ability to more easily identify these children's needs and provides them with appropriate strategies and information to assist in programming. The project is designed to access educators across Ontario and to provide them with professional resources and curriculum materials. These materials: (1) increase educators' awareness of ABI (symptoms, characteristics), (2) outline academic, social, and behavioural abilities and concerns, (3) provide strategies for classroom use, and (4) disseminate this information along with a teaching follow-up and support framework to ensure maximum understanding, use and continuous support for educators, and thus students, in the classroom.

The material is presented in a clear and accessible way that promotes understanding and ease of use. It is organized in topical chapters and includes tables (see Table 1 for an example) to provide educators with easily accessible information.

The project "Educating Educators About Acquired Brain Injury" assists educators dealing with students with ABI by increasing the level of awareness of ABI in the educational system and by providing a needed resource. However, the lack of a provincial exceptionality category will continue to limit training opportunities and minimize awareness of ABI within the education system. This will result in families and students with ABI continuing to experience difficulties accessing appropriate programming and supports.

Table 1: Examples of How to Use Re-Direction

<i>Behaviour</i>	<i>What Not To Do</i>	<i>What To Do</i>
Verbal perseveration on a single thought.	Ask the student to stop.	Redirect the students to a physical task (e.g. "Could you please hold this book for me while I get a piece of chalk?").
Physical perseveration such as tapping the desk with his/her hand.	Ask the student to stop or physically hold his/her hand still.	Redirect the student to a verbal task such as engaging him/her with questions (e.g. "What did you do at recess today?").
Student is over stimulated and becoming angry during recess.	Tell the student to calm down. Provide negative consequences such as detention or a visit to the principal.	Redirect the student to a quieter environment (e.g. guide him/her to another location either through role modeling by walking with him/her or by inviting him/her to the other room - "Could you go and sort the pencils in the storage room?").
Student is unwilling to listen to someone else's point of view.	Try to explain the alternate viewpoint.	Change the conversation to an unrelated topic (e.g. "Yesterday in science class we learned...").

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