



Chronic
Illness
Alliance

Invisible Illness

—an online resource about children and young people with chronic conditions for school communities



Acquired Brain Injury Entry

Organisations who wrote / approved the information

Brainlink Services

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Acquired Brain Injury (ABI)

A: FACTS ON THE CONDITION

1. General description, including different types, causes, prevalence, signs and symptoms

Acquired brain injury (ABI) is injury to the brain, which results in deterioration in cognitive, physical, sensory, emotional or independent functioning. ABI can occur as a result of trauma, hypoxia (where a person has less than the normal level of oxygen in the body), infection, tumour, substance abuse, degenerative neurological diseases or stroke.

These impairments to cognitive abilities or physical functioning may be temporary or permanent and cause partial or total disability or psychosocial difficulty. The term “acquired brain injury” is used to describe all types of brain injury, including traumatic brain injury (TBI), which occurs as result of a blow to the head in for example a car accident, fall or assault.

2. Treatments, including role of specialists, effects of treatments, use of devices, daily routines

The acute phase of a traumatic head injury includes emergency care, stabilisation and later transfer to a rehabilitation hospital, other health facility or home. The staff caring for the patient at this point include emergency medical staff, nurses, surgical staff including the neurosurgical registrar and a neurosurgeon. Long term rehabilitation and therapy will often be necessary.

In addition to those involved in the acute phase treatment of a traumatic head injury, other health professionals involved may include an intensive care physician, medical director, neurologist, occupational therapist, orthotist, physiotherapist, social worker and speech pathologist.

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B: THE CONDITION'S EFFECT ON THE CHILD/YOUNG PERSON

1. Effects on the individual

In general, most people will experience increased fatigue (mental and physical) and some slowing down in the speed with which they process information, plan and solve problems. They may experience changes to their behaviour and personality, physical and sensory abilities, thinking and learning. ABI can also cause difficulties with motivation, insight, problem-solving, body temperature control, and hypersensitivity to sound, light and movement.

The effects of a brain injury can be differentiated as primary effects (things that happen to the brain as a result of the trauma) and secondary effects (things that might happen afterwards).

Primary effects

A closed head injury will effect the brain of a child differently to how it effects the brain of an adult. The reasons are not fully understood. Often young children have a better capacity to survive a closed head injury because a child's skull is soft and the bones are not fully fused. When the bones are not fused they can provide a greater cushion for the brain upon impact.

Sometimes when the head is hit from one direction the brain is pushed into the skull on the opposite side. This push of the brain against the skull is called contre-coup damage. Contre-coup damage is far less common in children than in adults.

When there is a specific point of injury to the brain the injury is described as focal damage. Focal damage may occur if there has been penetration of the brain, such as may occur in a depressed skull fracture. Focal damage is relatively uncommon in children as compared to adults because of the differences in the anatomy of the brain between adults and children.

Secondary effects

In children as well as in adults, bleeding may occur either in the brain itself or in the spaces surrounding the brain.

Secondary effects may develop following the initial injury caused by a trauma. One effect that is more common in children than adults is widespread swelling of the brain.

Bleeding in the brain is described as a haematoma. In children, because the injury is usually more diffuse, large haematomas within a particular part of the brain do not occur very often.

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2. Effects on those close to the child/young person

The effects on a family

When a family member suffers a brain injury, people have to come to terms with the changes to the family caused by the injury, as well as the changes to the person.

A family member can be anyone who has a primary relationship with the person with the brain injury. A family member can be a mother or father, or a sibling or a very close friend or an aunt or a girlfriend or boyfriend. When a person is involved in a traumatic event, many people will be distressed. It is important they receive the respect they deserve – anyone who loves the injured child will be hurt as well, and their recovery is closely linked to the recovery of the child.

There is enormous stress on everyone who is close to an injured child. People feel pain, anger, confusion and grief, as well as regret about how and why the event occurred. Blame will neither change the situation nor help a person to adjust to the trauma and stress of the event.

Help for families

Some family members or friends or whole families may wish to seek the assistance of psychologists or social workers to enable them to adjust to the trauma and the radical changes that may need to be made. Talking to an outside person may give a fresh perspective to the situation and can be non-judgmental. Some people find this useful.

For information about how a brain injury can affect the other members of the family see the BrainLink Services website (www.brainlink.org.au) or call BrainLink on 1800 677 579.

The Bouverie Centre offers specialist counselling for families affected by acquired brain injury, they can be contacted on 9385-5100.

Taking care of friends and siblings

Some behaviour by the child with injury may disturb other children. They may already be distressed about what has happened and worried about the outcome. Often children feel enormous guilt when a sibling or friend has been injured. For no logical reason, they may even feel responsible. Some children will want to visit their sister or brother and some may withdraw. Either of these responses is fine. The best environment around the child with the injury is one that is stress free and as peaceful as possible.

There is no single right way to react to a traumatic event. People - adults and children, may not have a choice on how to react. Everyone is affected and everyone is on a path to recovery from that trauma.

3. "In Their Shoes" - stories from children/young people with the condition

Parent of a child with ABI

'He used to do really well at school. Then his marks dropped, his friends changed and he started sneaking out at nights, drinking and goodness knows what else. Finally he was kicked out of school. We didn't realise, for some time that all these problems were caused by his injury. He couldn't keep up at school, kept getting lost, didn't understand what the teacher was asking him to do. So he used to spit the dummy.

Now we have a plan. We get help from a psychologist and the school has been fantastic. He's doing much better - not the same, but much better.'

Excerpt taken from the extensive resource provided by BrainLink Services:

http://www.brainlink.org.au/downloads/growing-up-with-ABI_a-parents-guide.pdf

Adolescent with ABI

"I got sick with meningitis. I recovered from that but I have never got back to being the same. I spend all my time at home and I no longer see my old friends. Sometimes people ask when will I get better but I don't think I will ever get better. "

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C: STRATEGIES FOR SCHOOLS/TEACHERS

1. Overview of strategies for schools.

There are many changes which may occur as a result of a brain injury. A child may have difficulties in talking and eating or walking and these may relate to physical changes or medical or communication complications. Changes in behaviour may be related to the injury or to the child's discomfort following the trauma of the accident.

Common difficulties in the school environment include:

- Inability to concentrate
- Misunderstanding instructions
- Forgetting instructions
- Tiring easily
- Difficulty learning new information or concepts
- Difficulty planning complex tasks
- Difficulty organising ideas
- Difficulty organising school materials
- Difficulty in getting started on tasks
- Easily distracted by activities around them
- Getting back into the swing of things!

When a child returns to school they will be using many skills learned or re-established. Going back to school will raise a mixture of feelings such as excitement, apprehension and anticipation as well as nervousness. It may be difficult to get used to being back in the classroom with its activity and distractions, as well as meeting up with friends and fitting back into their peer group. These difficulties may arise not only because of the changes in the child since the brain injury, but also because of the child's absence from the classroom and the playground.

For some children the unstructured time in the playground is the most difficult. Having been under intensive supervision, being in the open playground can be very daunting. The child may need support during recess and lunch time until they get used to the environment again. Even so, where it is possible, it is important for the child to have unsupervised time, so that they can gradually regain their independence.

Letting people know what's going on

In order to remove any misconceptions about the child with the injury, it is good to make sure that information is provided to all people involved; the child, their parents or guardians and siblings, the teachers, and class members. This allows people time to ask questions and voice their concerns and helps them understand what is going on and be realistic about what they can expect.

Many children manage successfully and independently, but some children may require the assistance of an integration aide in the classroom. Some children may only need a tutor or someone to help them organise their study. The rehabilitation staff in consultation with the parents may arrange suitable assistance.

Ongoing monitoring of progress

While it is important to observe the child's progress it is also important to understand that returning to school is an ongoing process. Support needs to be monitored and may need to be continued, even once attendance at school is full-time or at its maximum.

Very often the best person to ask is the child, who will know if their needs are being met. Any gaps in progress will be revealed if they are listened to.

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A formal way to pass information between all the people involved in supporting the child is to form a program support group. This group is made up of the parents, the teachers, the principal or their representative and any consultants that may be relevant from departments or rehabilitation facilities.

Each child should be understood to have unique needs since each brain injury is unique and each child is unique. There are many ways to work in the school environment to alter learning systems to suit the individual child. Some difficulties can be avoided and others can be identified as soon as possible. It is good for other children to learn that there are different ways of learning.

Friends and the peer group

Some children can experience changes following a brain injury which make it difficult for them to maintain friendships. It is important both for boosting self esteem and developing academic skills that friendships form and are maintained in the school yard and classroom. The student may need assistance to redevelop good social skills.

2. Link(s) to useful other online resources for schools on strategies in responding to a child/young person with this condition

BrainLink Services have produced an extensive resource guide for families of children with a brain injury and includes a section on the education system.

Entitled "Growing up with Acquired Brain Injury (ABI): A Guide for Parents".

http://www.brainlink.org.au/downloads/growing-up-with-ABI_a-parents-guide.pdf

HICOA (now Brain Injury Australia) publication:

"Students with Acquired Brain Injuries in primary and secondary schools" by Leith Sterling, AGPS 1995

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D: FURTHER INFORMATION

1. Organisations, including services and resources available

Brainlink Services

Brainlink Services is a not for profit organisation that provides information and a range of support to people and families living with the effects of Acquired Brain Injury and/or disorders. The client group is people of all ages, including children, with

- acquired brain injury including stroke, hypoxia
- degenerative neurological conditions
- brain tumour
- headache and migraine

Brainlink Services
The Nerve Centre
54 Railway Road
BLACKBURN VIC 3130

Phone: (03) 9845 2950

Freecall: 1800 677 579

Fax: (03) 9845 2882

Email Address: info@brainlink.org.au

Internet Address: www.brainlink.org.au

Books and Websites:

Contact BrainLink Services for access to library facilities

BrainLink Services- www.brainlink.org.au

ABI Behaviour Consultancy- <http://www.abibehaviour.org.au/>

The Bouverie Centre- <http://www.latrobe.edu.au/bouverie/>

Melbourne Citymission (paediatric)- <http://www.melbournecitymission.org.au/>

Ph: 9487-9200

Department of Human Services Intake- 1800 783 783

Royal Children's Hospital- www.rch.org.au

Carers Victoria- www.carersvic.org.au