ABOUT **ACQUIRED BRAIN INJURY (ABI)**

An acquired brain injury (ABI) is the result of damage to the brain that has occurred after birth.

ABI can result in mild to severe cognitive, physical, emotional, or behavioural impairments causing permanent or temporary changes in functioning.

The effect of any brain injury is different for every individual and each learner will require personalised adjustments to their educational program and learning environment to meet their needs.

Types of ABI

There are different types of ABI including:

- traumatic brain injury (TBI) caused by road traumas, falls, assaults or sporting injuries
- injury caused by stroke, hypoxic injuries (oxygen deprivation), brain tumours, disease or substance abuse
- degenerative neurological conditions.

A traumatic brain injury (TBI) is usually classified as mild, moderate or severe. A moderate-to-severe injury is when there has been a loss of consciousness that is longer than 30 minutes and amnesia (memory loss) that lasts for more than 24 hours.

Concussion is classified as a mild TBI. The outcomes for children and young people with a mild brain injury are generally good, but a small number can develop persistent disabling problems.

Impacts of ABI on learning

In a learning environment, a learner's access, participation and engagement can be impacted in a range of ways that may include:

- difficulty with attention and memory
- inappropriate social and communication behaviours
- mental health difficulties that may include mood disorders
- impaired executive functioning that impacts working memory, flexible thinking and self-control
- difficulties with problem solving
- slower processing time
- mental and physical fatigue
- physical disabilities
- epilepsy.

Strengths of learners with ABI

The impact of ABI is varied and therefore the strengths of learners cannot be generalised. Skills that have been learned, overlearned and embedded in a learner's repertoire before the brain injury are the ones most likely to be maintained in life following the injury. An understanding of these skills should be used to form the foundation for new skills and knowledge.

ABI ADJUSTMENTS

EXAMPLES OF ADJUSTMENTS

Accessibility

- Let learners with ABI rest as needed, as they tire more quickly and to a greater degree than their peers. Have agreed ways for the learner to tell you when they need a rest and a specific place they can go to sleep or simply recharge.
- Work with the learner to find ways to reduce cognitive overload that can come from struggling to overcome the impacts of ABI.
- If the learner uses a wheelchair, walking frame, stick or another assistive device, consider the accessibility of all learning areas.

Supporting learning

- Teach and practice routines, sequencing, mental rehearsal and the use of a range of memory prompts (for example sticky notes, calendars or phone alarms).
- Use any recommendations made by the learner's speech pathologist for communication adjustments.
- Use simple and direct language.
- Reduce distractions in the learner's class and provide the learner with the opportunity to choose the work area that best suits their learning.
- Use and explicitly teach the use of visual schedules, written schedules, checklists and graphic organisers.

Social and emotional needs

- Explicitly teach coping strategies such as belly breathing, mindfulness, meditation, relaxation techniques.
- Provide the opportunity for physical movement throughout the day.
- Label and model different emotions, both positive and negative.
- Explicitly teach the learner appropriate ways of expressing emotions.
- Create and use personalised social narratives and stories.
- Explicitly teach social problem-solving skills.