
Reintegrating Students With Brain Injury Back To School in B.C.: Taking a Closer Look

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Children and adolescents who sustain moderate to severe brain injuries present a major challenge to the school system. Because recovery from brain injury can take months, if not years, schools are an important extension of the rehabilitation process which commences in the hospital. The number of children and youth with Traumatic Brain Injury (TBI) in BC schools is unknown. No single agency collects specific data to identify these children, therefore, the exact number is difficult to determine.

Lehr and Savage (1993) estimate that fewer than 5% of children who sustain traumatic brain injury are admitted to an inpatient rehabilitation program. Many are discharged directly home and to school. As well, hospital stays are becoming shorter and children are returning home sooner. There is a lack of supports and services in the community and resources and funding are scarce. Lash (1998) identifies that parents and educators who have the least understanding and expertise with TBI, have the most responsibility and involvement over time. Those few that are fortunate to receive rehabilitation will usually receive support for returning to school by a team of rehabilitation professionals who facilitate the reintegration process.

The reintegration of students back to school after a TBI is challenging. Lehr and Savage (1993) identify that students with TBI are often encouraged to

return to school too quickly after their accident leaving school personnel unprepared for dealing with students in an acute recovery stage post-injury. The decision of when a student is ready to return to school is complex and involves decisions around the changing needs of the student and the resources available at the school.

Students and their parents face many obstacles to successful school reentry, including inappropriate classroom placement, ineffective educational intervention strategies, insensitivity on the part of mainstream teachers, limited teacher education or understanding, isolation of the child and parent from previous activities and social groups and the burden of homework demands. Many of these concerns may be avoided by effective advance planning which includes collaborative planning for appropriate placement and support, teacher and peer education, the identification of a case manager and the formation of a community team including the parents and family of the student.

Students with TBI have the right to return to school to continue with an educational program developed to meet their individual needs. However, in discussing the school return of students with TBI, there are several layers of complexity to be considered. Firstly, TBI is a complex injury due to the interplay of physical, cognitive, emotional, behavioral and social/family issues. Secondly, the school system itself is complex. In the province of British Columbia there are 59 school districts. While the Ministry of Education determines policies, procedures and guidelines, individual school districts translate them into district policies and programs. Therefore, the reintegration process and final placement and service delivery may be very different in each of the 59 districts.

Finally, reintegration is a complex and often bewildering process. Although each district states a policy of inclusion, which echoes the Ministry of Education's inclusion and integration policies, the road traveled to inclusion is very different for each student with brain injury. In BC, the precision of services to students with TBI is inconsistent and varies significantly throughout the province.

Unless it has dealt with a number of these students, it is unlikely that a district has a reintegration process for students with TBI, or a staff position designated to work with this population. Responsibility for reintegration may be given primarily to the school or responsibility may be given to a district

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staff person who reports directly to the Special Education Coordinator.

Factors which appear to impede the reintegration process include: lack of funding; lack of awareness and education about TBI and its outcomes by administrators, teachers and support staff; lack of willingness to make accommodations; lack of appropriate classroom placements, including less academic, more vocational skills-based classes; complexity of the diagnosis, particularly when combined with ESL or pre-existing learning, language and behaviour issues; and fear of the cognitive and behavioural outcomes. In rural communities, where students travel to school by bus, the bus schedule may impact opportunities for gradual re-entry.

While students with TBI find returning to school challenging, many have experienced successful transitions. There appear to be a number of factors which facilitate reintegration. The identification of a district staff person to collaborate with the rehabilitation centre, the school and the parents, and who remains in place to support the school staff, has a positive effect on the reintegration process. Providing education to parents about the Special Education system in both the province and in their school district enhances their role as an effective advocate for their child. Providing education to the school staff, not only upon school return but also at any transition point (i.e. between semesters, grades or schools) and identifying a case manager are also important. Close proximity to the rehabilitation centre is a further positive factor which allows for more frequent visits, meetings and intensive collaboration and also allows for the student to do trial school visits.

There are several steps that will improve the consistency and quality of the reintegration of students with TBI.

1. Identification of the student's parents as integral team members is essential.
2. A specific, step-by-step reintegration process which clearly delineates the roles and responsibilities of school staff and rehab staff. Issues such as funding and support must be addressed at the outset.
3. It is imperative that the school district staff and school staff identify a case manager/coordinator to

collaborate with the rehabilitation centre staff to work towards a successful reintegration. The primary responsibilities of the case manager are to communicate with the parents and the rehabilitation team and to investigate funding sources and resources.

4. Teacher education and awareness also plays a major role in the acceptance of students with TBI and the success of the reintegration process. One education session may not be adequate and further sessions should continue through the first months of school return and at any point of transition.

5. Clear goals for reintegration need to be identified by developing an Individual Education Plan (IEP) prior to the first day of school re-entry. Ongoing review and modification of an IEP is necessary as students with TBI continue to recover long past their discharge from the hospital or rehabilitation centre. Educating a student's peer group about TBI and its outcomes provides a social safety net for the student upon his/her return to school.

Waaland (1991) suggests four critical steps to the successful reintegration and educational programming of students with TBI.

Step One is the Training Phase involving inservice training and teacher consultation. The school-based special education team must be involved in the case while the child is still in the hospital or rehabilitation facility.

Step Two is the Evaluation Phase involving information exchange and evaluation. Inservice training will be necessary for all school-based staff who will have contact with the child.

Step Three is the Planning Phase involving decision making about funding eligibility, IEP's, program modifications and remedial needs, long term planning and program strategies. Short and long term program planning for the student's IEP is critical. Finally,

Step Four is the Implementation Phase which involves implementing appropriate classroom placement, monitoring common problems, observing behaviour and implementing classroom strategies. Follow-up by the rehabilitation professionals should continue. To oversee the four stages, Waaland (1991) identifies the need for a case manager,

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hired by the school district, responsible for liaison between the hospital, family and school, coordination of the school reintegration and monitoring of the educational program.

Many students with TBI want to return to school too soon after their TBI in order to return to a familiar, comfortable and normal routine. However, returning to school too soon can lead to frustration and failure. Dilley (1997) identifies six factors which should be evaluated in determining readiness for school return:

1. The student is able to attend to task for 10 to 15 minutes;
2. The student can tolerate 20 - 30 minutes of general classroom stimulation (movement, distractions, noises);
3. The student is able to function within a group of two or more students;
4. The student can engage in some type of meaningful communication;
5. The student is able to follow simple directions; and
6. The student gives evidence of learning potential.

These six factors are important to consider. A graduated and gradual re-entry process should be considered in many cases and should be viewed as a positive step. As the goal of the reintegration process is a successful return to school, the process must be gradual and tailor-made to meet the needs of the student.

In summary, the following principles are integral to a successful school return:

1. Identify a case manager/coordinator,
2. Ensure clear and frequent communication with all members of the team, including the parents,
3. Keep expectations realistic and consistent and ensure consistency of approach between all teachers,
4. Give immediate feedback,
5. Ensure success.

Bibliography

Dilley

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Brain Injury Web Sites to Check Out

Here are a few web sites related to brain Injury that have information useful to educators.

- ♦ Brain Injury Resources Links - **www.braininjuryresources.org** - has a section specifically for teachers, some educational material, and some related sites - BC content.
- ♦ New Zealand Head Injury Society - **www.had-injury.org.nz** - has an on line Traumatic Brain Injury Survival Guide with some helpful hints for caregivers and teachers
- ♦ British Columbia Brain Injury Association - **www.bcbia.org** - a good list of community/support group contacts
- ♦ Brain Injury Association USA - **www.biausa.org** - has a specific 'Kid's Corner' as well as other general information regarding brain injury ♦