The Importance of School Reintegration in Students with Traumatic Brain Injuries

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Objectives

• Define a traumatic brain injury and how it relates to the pediatric population
• Recognize the difficulties children with traumatic brain injuries experience in the school setting
• Identify components of a successful school reentry program and ways to recognize and utilize additional resources
Video


Traumatic Brain Injury (TBI) in Pediatrics

- Traumatic brain injury occurs when an external mechanical force causes brain dysfunction
- Traumatic brain injury usually results from a violent blow or jolt to the head or body or an object penetrating the skull
- Hospitalizations from TBI's:
  - Accidental Trauma (Car, ATV, Snowmobile, etc.)
  - Non-accidental traumas (abuse)
  - Sports injuries
  - Falls
Side Effects for Pediatric Patients

- Unusual or easy irritability
- Change in ability to pay attention
- Change in sleep habits
- Sad or depressed mood
- Loss of interest in favorite toys or activities

**All of these have a significant effect on a child’s reintegration back to school**

Cognitive Effects Upon Return to School

- Memory during lectures/assignments
- Learning ability regarding material
- Reasoning with peers and teachers
- Speed of mental processing
- Attention or concentration
- Difficulty understanding speech or writing
- Difficulty speaking or writing
- Inability to organize thoughts and ideas
- Trouble following conversations
Social problems

• Trouble with turn taking or topic selection
• Problems with changes in tone, pitch or emphasis to express emotions, attitudes or subtle differences in meaning
• Difficulty deciphering nonverbal signals
• Trouble reading cues from listeners
• Trouble starting or stopping conversations
• Inability to use the muscles needed to form words (dysarthria)

Behavioral changes

• Pediatric patients can be just learning behavior management and rules depending on their developmental stage. TBI’s for pediatric patients can exacerbate the following:
  • Difficulty with self-control
  • Lack of awareness of abilities
  • Risky behavior
  • Inaccurate self-image
  • Difficulty in social situations
  • Verbal or physical outbursts
Emotional changes

- Emotional changes should also be taken into consideration:
  - Depression
  - Anxiety
  - Mood swings
  - Irritability
  - Lack of empathy for others
  - Anger
  - Insomnia
  - Changes in self-esteem

Effects on Development

- Executive Functioning
  - Problem-solving
  - Multitasking
  - Organization
  - Decision-making
  - Beginning or completing tasks

- Sensory Problems
  - Persistent ringing in the ears
  - Difficulty recognizing objects
  - Impaired hand-eye coordination
  - Blind spots or double vision
  - A bitter taste, a bad smell or difficulty smelling
  - Skin tingling, pain or itching
  - Trouble with balance or dizziness
AS PROFESSIONALS, WHAT DO WE NEED TO WATCH FOR IN OUR PEDIATRIC POPULATIONS?

Activity
Addressing the Issue

• According to ASCA (2013), school counselors have the obligation to work with every student
  • Chronic illness has been lumped in this category in the past, yet this allows for misrepresentation of the population and violation of best practices (Irwin & Elam, 2011).
  • School personnel then feel helpless and unprepared due to a lack of training in this area (Kliebenstein & Broome, 2000).
Lack of Knowledge

• School Environment
  ➢ Made aware of side effects and treatment: 56% somewhat agreed
  ➢ Familiarity with resources: only 53% somewhat familiar
  ➢ Awareness of trainings on therapeutic interventions: 38% slightly aware, 30% not at all aware

• School Reintegration
  ➢ Services to prepare a classroom: only 10% were extremely aware of services
  ➢ Adequate training to educate student’s classmates: 22% somewhat disagreed, 10% strongly disagreed

Bridging the Gap—ND Results

• School Reintegration
  ➢ Aware of available services to prepare school population: 56% “NO”
  ➢ Suggestions participants made:
    • Collaboration between school and medical personnel
    • Trainings and breakout sessions at conferences
    • Access to websites regarding strategies and tips
  ➢ 44% indicated “YES”
  ➢ Services they found helpful:
    • Making referrals
    • Utilizing outside agencies
    • Contacting local hospitals
    • Increasing communication between parent, student, school and medical community
Results continued

• School Reintegration
  - Information on side-effects: 81% “YES”
  - Made aware of trainings on:
    • Chronic illness: 76% “NO”
    • Students returning to school following hospitalization: 85% “NO”
  - Taken trainings on:
    • Self-worth: 29%
    • Behavior: 29%
    • Physical Appearance: 16%
    • 67% had taken no trainings in these three areas
Current Strategies

- Hospital tutor services
  - Working with and assessing child prior to discharge
- School Reentry
  - Explanation for children AND staff
- TBI Follow-Up Clinic

School Reentry

- What is it? How did it happen?
- How did we treat it?
  - Surgery
  - Tests
  - Medicines
  - Therapies
- Continued treatment?
  - Hospital/clinic follow-up
  - Medicine
  - Therapies
School Reentry continued

• Points we address
  ➢ Is the child different?
  ➢ Can you catch it?
  ➢ Side effects?
  ➢ New, special accommodations?

School Reentry continued

• What can friends/classmates do to help?
  ➢ Keep them connected
    • Send cards, letters, pictures, email, text, social media, Facetime, Caringbridge

• What can friends/classmates do to help?
  ➢ Offer to carry books
  ➢ Offer to help with school work
School Reentry continued

- Meet with teachers/staff and parents/guardians
  - Address concerns
  - Provide recommendations
    - Need 504 plan?
- Provide contact information for future questions

Strategies for Improvement and Collaboration

- Increased presence/collaboration with schools
- Contacting school counselors/administration
  - ROI
  - Professional Development
- Advocate for the child’s needs! What needs to be adapted?
- Continued follow-up
  - DOING MORE
Strategies for Coping

• Join a support group
• Journaling
• Assist parents and school with setting a structured routine
• Allow time for “brain breaks”
• Adapt work expectations or tasks to fit child’s needs
• Create a supportive learning and home environment that doesn’t overstimulate
• Provide “fidget” items as needed

Conclusion

• Appears to be a strong need for experience, preparation, and implementation of programs on school reintegration.
• Education and training through graduate coursework and/or post-master’s trainings were found to be lacking, yet regarded as important by school counselors.
QUESTIONS?

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https://www.youtube.com/watch?v=Pr9ruvxA3K4

References


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