

Positive interactions in the learning environment

The student may benefit from:

- memory aid strategies e.g. notebook, calendar and audio equipment
- assessment requirements in writing as well as verbally
- learning techniques such as mind mapping, colour highlighting, regular review, step by step notes, a work diary with specific information to refer back to
- clear timelines for the completion of work
- clear steps or small work goals rather than one big project or goal
- assistance in sequencing activities
- explicit expectations and outcomes at the beginning of a task
- reduced visual and noise distractions
- being comfortable with existing tasks before being introduced to new ones
- abstract thoughts presented in a more concrete manner, such as physically demonstrating concepts rather than verbalising them.

Adjustments may need to be provided to enable a person with a disability to gain equitable access to education. Reasonable adjustments may include:

- modifying or providing equipment
- modifying assessment procedures
- changing course delivery
- modifying educational premises.

Adjustments must be determined in consultation with the student concerned.

For further advice contact your

TAFE NSW Teacher/Consultant

Other sources of support

Brain Injury Association of NSW Inc.

<http://www.biansw.org.au>

Choosing Your Path—

Disclosure: It's a Personal Decision

<http://pubsites.uws.edu.au/rdlo/disclosure/>

Human Rights & Equal Opportunity Commission

www.hreoc.gov.au

Disability Discrimination Act 1992

Disability Standards for Education 2005



A neurological disability

Acquired Brain Injury Awareness

*Some advice and strategies
for teachers*

TAFE NSW

TAFE NSW

What is an Acquired Brain Injury (ABI)?

This term refers to damage to the brain that has occurred as a result of disease or injury. This term is often used when damage has occurred following a period of otherwise normal development.

Like any other living tissue, brain tissue dies when something interferes with the delicate balance of temperature, pressure and chemicals necessary to keep it healthy. There are a number of ways this can happen, the most common being:

- trauma resulting from motor vehicle accidents, assault, serious sporting accidents etc.
- cerebrovascular accident (CVA) or stroke resulting from a blockage of blood vessels or from a brain haemorrhage
- brain tumours
- degenerative disease such as Alzheimer's
- infection; e.g. meningitis, encephalitis
- lack of oxygen e.g. near drowning accident, severe asthma attack
- poisoning e.g. substance abuse, petrol sniffing.

The Effects of an Acquired Brain Injury

A person with an acquired brain injury may experience minor temporary problems to severe, long-term changes in some bodily or mental functions. These changes can be categorised in four groups of possible impairments:

Physical and sensory

- loss of function and coordination, changes to posture and balance
- difficulties with vision: blurred vision, visual field loss
- changes with hearing: tinnitus or 'ringing' in the ears
- heightened or reduced sensation and sensory awareness
- headaches
- epilepsy.

Cognitive

A brain injury can affect:

- memory
- attention and concentration
- planning and organising
- reason and abstract thinking
- problem solving
- information processing
- language
- perception
- insight.

Psychosocial

relates to the interaction between a person's mental/emotional state and socially expected behaviour. This balance may be affected by:

- emotional changes: increased anxiety, depression, anger, irritability, silliness
- social perception: lack of insight, self-centredness, decreased inhibition or tact, over-familiarity, inappropriate behaviour
- lack of self control: impulsivity, impatience
- dependency: lack of initiative or motivation, indecisiveness, impaired judgement and planning skills
- rigidity: inflexibility in thoughts and actions, inability to learn from mistakes or cope with change, repetition of words, actions, ideas.

Communication

- dysphasia – difficulty staying on the topic, reduced volume of speech, slow response time
- pragmatics – poor eye contact, inability to take turns in a conversation, inability to initiate topics; interrupting, talking too much, lack of expression, standing too close, using too much gesture.