

BOOK REVIEW

School Reentry after Serious Injury: A Challenging Process Made Easier

M. Lash with K. Hesse, K. King, B. Loewenberg-Irlandy, and C. Scarpino. *When Your Child Goes to School After an Injury.* Boston, Tufts University, 1990, 72 pp., 7.50, reduced rates for 10 or more copies. Available from *Exceptional Parent*, 1170 Commonwealth Avenue, Boston, MA 02134-4646.

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The staff of the Research and Training Center in Rehabilitation and Child Trauma have done an excellent job in preparing this guide, the second in their series for the families of injured children. The guide focuses on school entry or reentry following a serious injury. (The first guide in the series was to help families during the child's initial hospital stay.) What makes this guide most valuable is that the authors have used the experiences and ideas of families in preparing the guide. The obstacles to reentry that are described ring true, as do the varied solutions suggested.

This guide begins with a section on the expectations and reactions of those involved when a child returns to school after a serious injury. The thoughts and concerns of teachers, children, parents, and medical care providers are all described in an effort to give each of these team members insight into what the others are experiencing during this transition and what their differing concerns and priorities may be. The reader is encouraged to focus on the needs of the individual child and not on the diagnosis per se, a suggestion that is sometimes difficult to follow in the abstract but more easily followed once the child actually begins to attend school and his or her strengths and abilities as well as special needs become apparent. This initial section is followed by a description of special education, including a glossary of words and some very helpful suggestions regarding things to look out for (e.g., once a child has graduated from high school, eligibility for services is ended).

"From Hospital to School," the third section, is an introduction to the family regarding their need to become the "service coordinator" for their child. This section of the guide acknowledges the differing expertise of school and hospital personnel but clearly identifies the family as the "expert," the team member who can bring all the pieces together for the child. Questions and checklists to help the reader identify needs are presented. These include areas that many families, as well as school and hospital personnel, are likely to overlook in planning for the transition back to school. Included are such issues as mobility, positioning, respiration, medications, learning needs, transportation, fatigue, and emergency plans. While the large number of questions and concerns may raise a parent's anxiety, addressing the relevant issues in advance will surely ease the child's return to school. This section is followed by a section on specific preparations and communications that should take place before the child returns to school, including some rather innovative suggestions for the child, teacher, classmates, and family. In order to bridge the gap between hospital and school, many of the suggested activities include joint participation in meetings by school and hospital staff and recommend that the child's peers be involved in the planning for school reentry and that some of them visit with the child before he or she actually returns to the school so that they can smooth the reentry process.

Although the guide addresses itself to all types of injury, a special section on traumatic brain injury is included in this guide because of the frequency of this type of injury and the unique needs of this population. Again, the section includes many specifics such as the child's rights, legal definitions, and the many areas of functioning that may be affected by a brain injury. Difficult to discuss issues such as sexual inappropriateness and depression are addressed as are the variety of cognitive effects of brain injury: organizational and attentional problems, impulsivity, memory difficulties, and difficulty appreciating and following social rules. A special section on speech and communication is also included, with valuable introductory information regarding assistive technology and an emphasis on listening to the child,

identifying what may be best for the child, and considering the many factors that may be involved in choosing the most appropriate equipment.

Unusual in guides such as this, there is an entire chapter devoted to getting to and from school safely, identifying transportation options, safety devices, unique issues of wheelchair transport, and so forth. Again, the reader is provided with lists of questions to ask to ensure that planning ahead prevents reinjury or discomfort. A list of safety seats and devices for children of different ages and with differing needs is included and is likely to be a resource consulted by many professionals as well as family members.

The final chapter of the guide is a summary of laws that can be helpful in ensuring that a child receives the services he or she needs. In order to

be advocates for their children, many family members are creative in becoming aware of which resources can be made available through varying laws that provide their children with access to services. This brief section is a nontechnical description of several of these laws.

To enable follow-up, the booklet ends with a list of additional resources, such as organizations that can provide the reader with information, assistance, and support in ensuring that the ongoing process of academic progress success continues. In sum, this short guide ensures the smooth and well thought out beginning of the school reentry process for the child who has a serious injury. Family members and professionals reading it will feel well prepared to continue the process with one another's support and ideas.