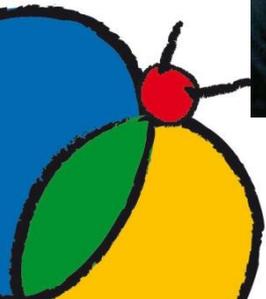


The significance of insight in ABI in childhood

Lorna Wales

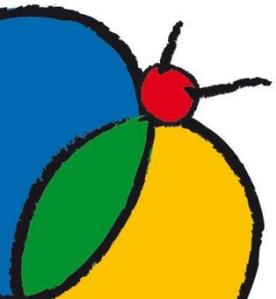
Research clinical specialist occupational therapist
The Children's Trust, Tadworth, Surrey

30 May 2012



Some terminology to begin

- Insight
- Denial
- Self-awareness
- Impaired Self Awareness (ISA)
- Anosognosia

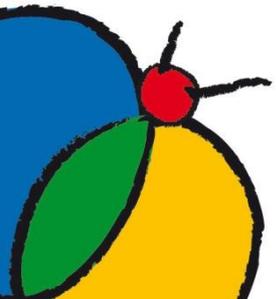


Definition of impaired self-awareness

Individuals who have impaired self-awareness are defined as having difficulty

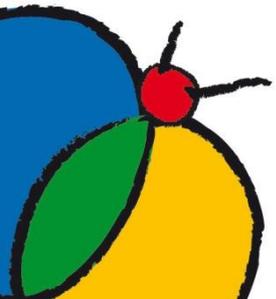
“understanding that they have deficits, anticipating the impact of those deficits on function and assessing their occupational performance in relation to those deficits”

(Dirette et al, 2008).



Messages from the adult literature

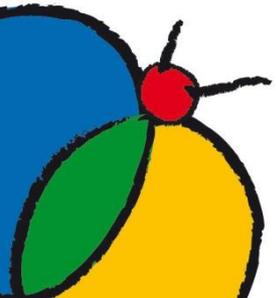
- Theoretical frameworks
- Associations
 - Outcomes
 - Mood
 - Brain regions



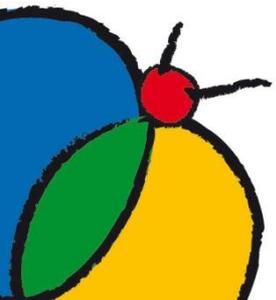
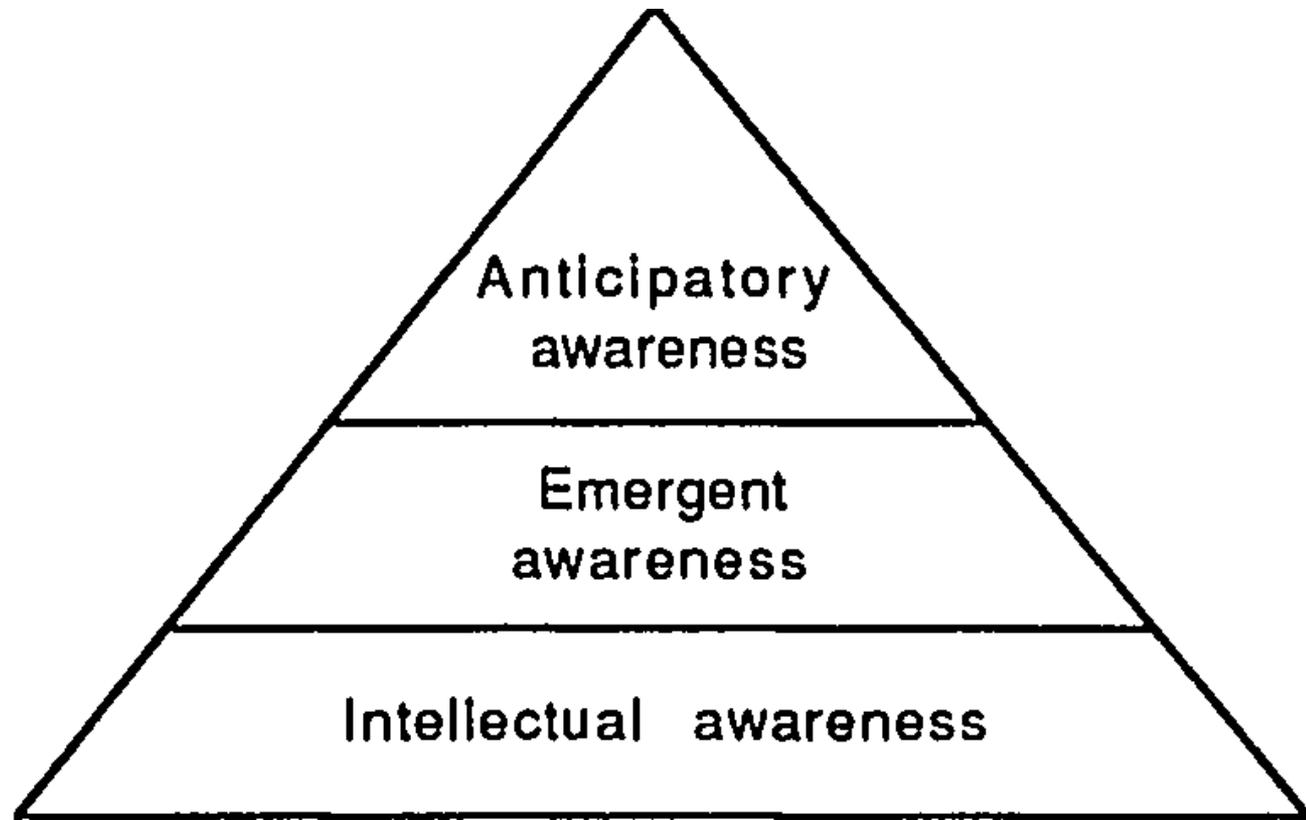
Significance of brain regions

Frontal lobe

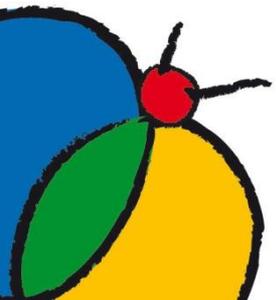
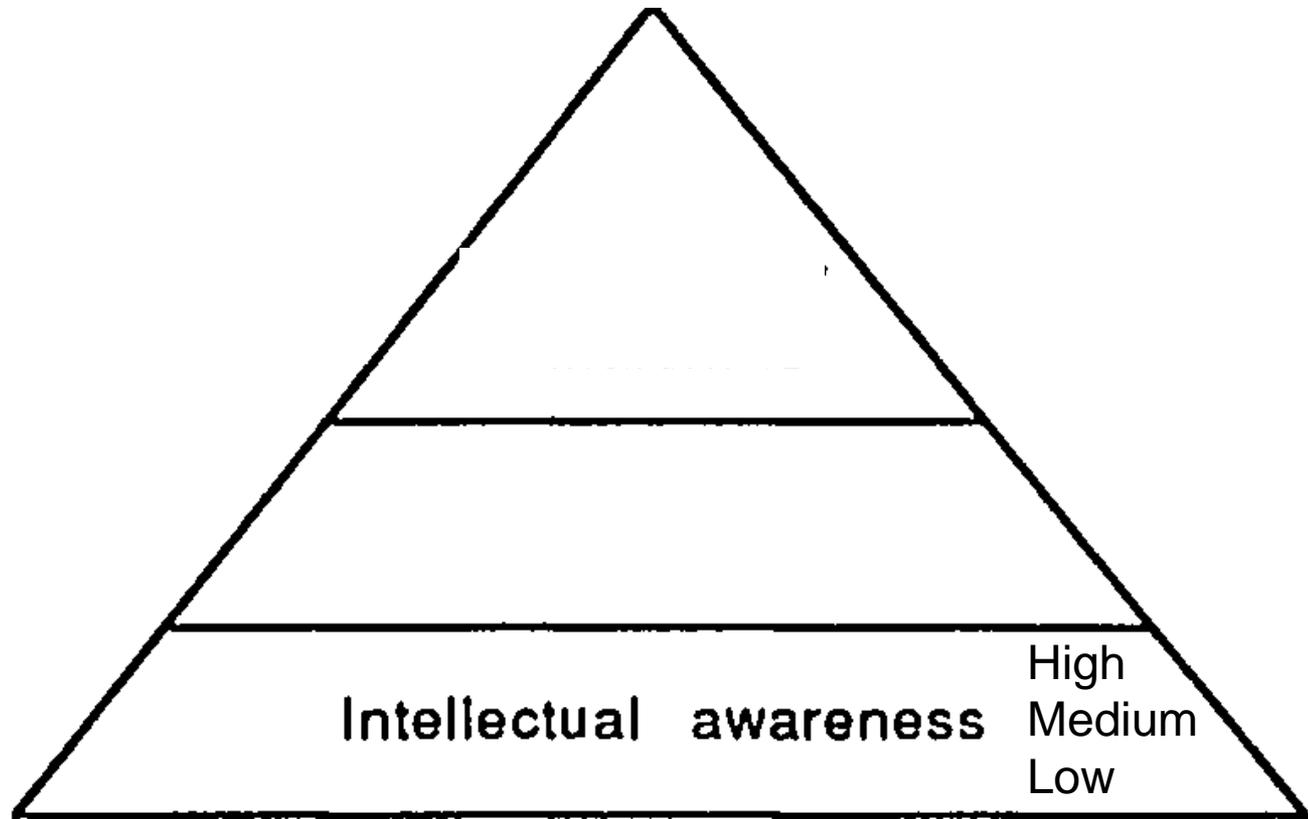
- Prefrontal cortex
- Right
- 25% human brain
- High levels of connectivity



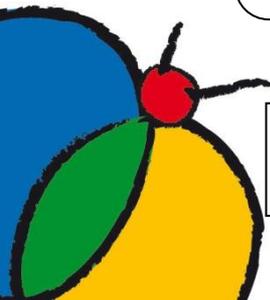
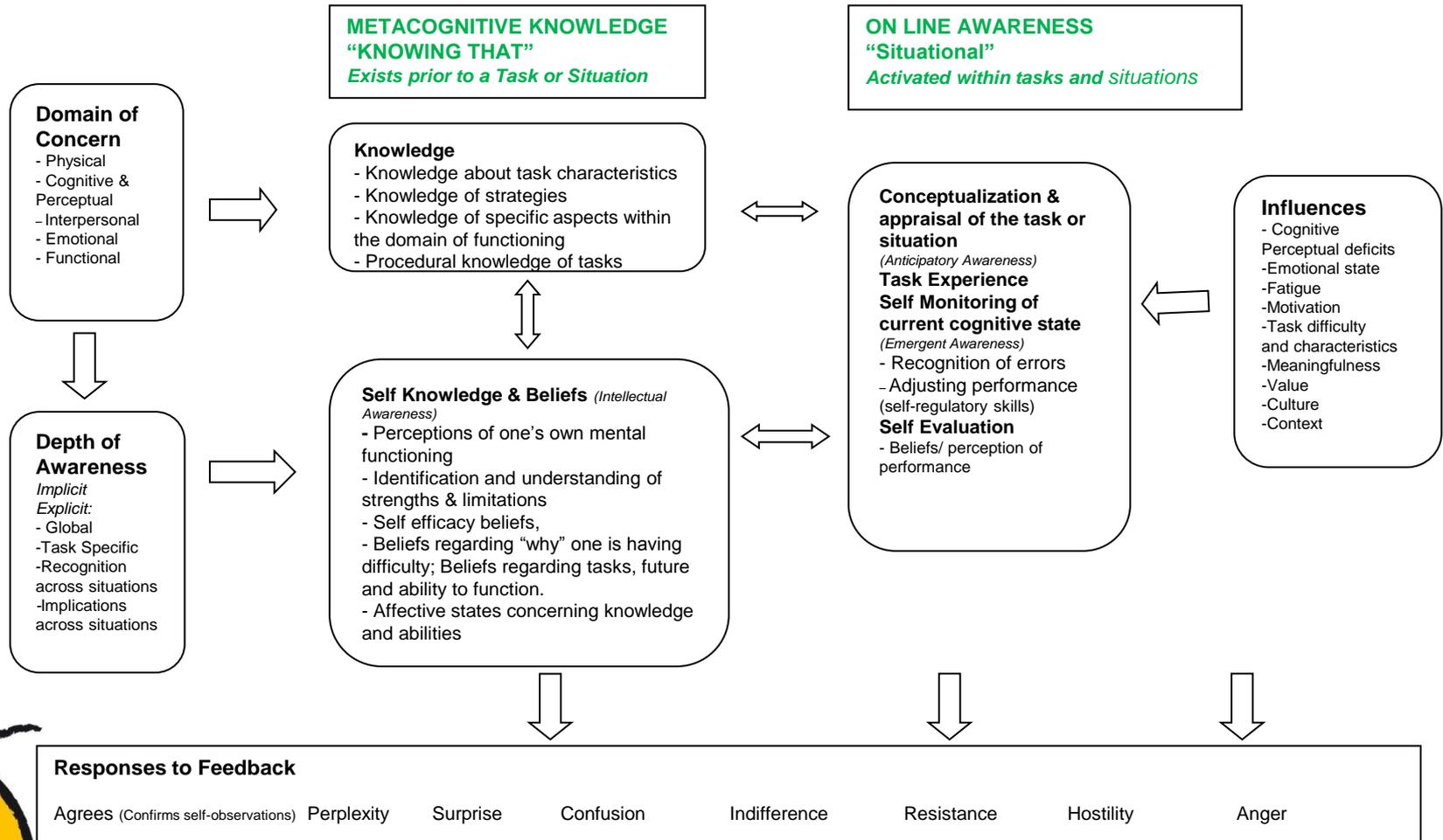
Adult models – Crosson hierarchical model



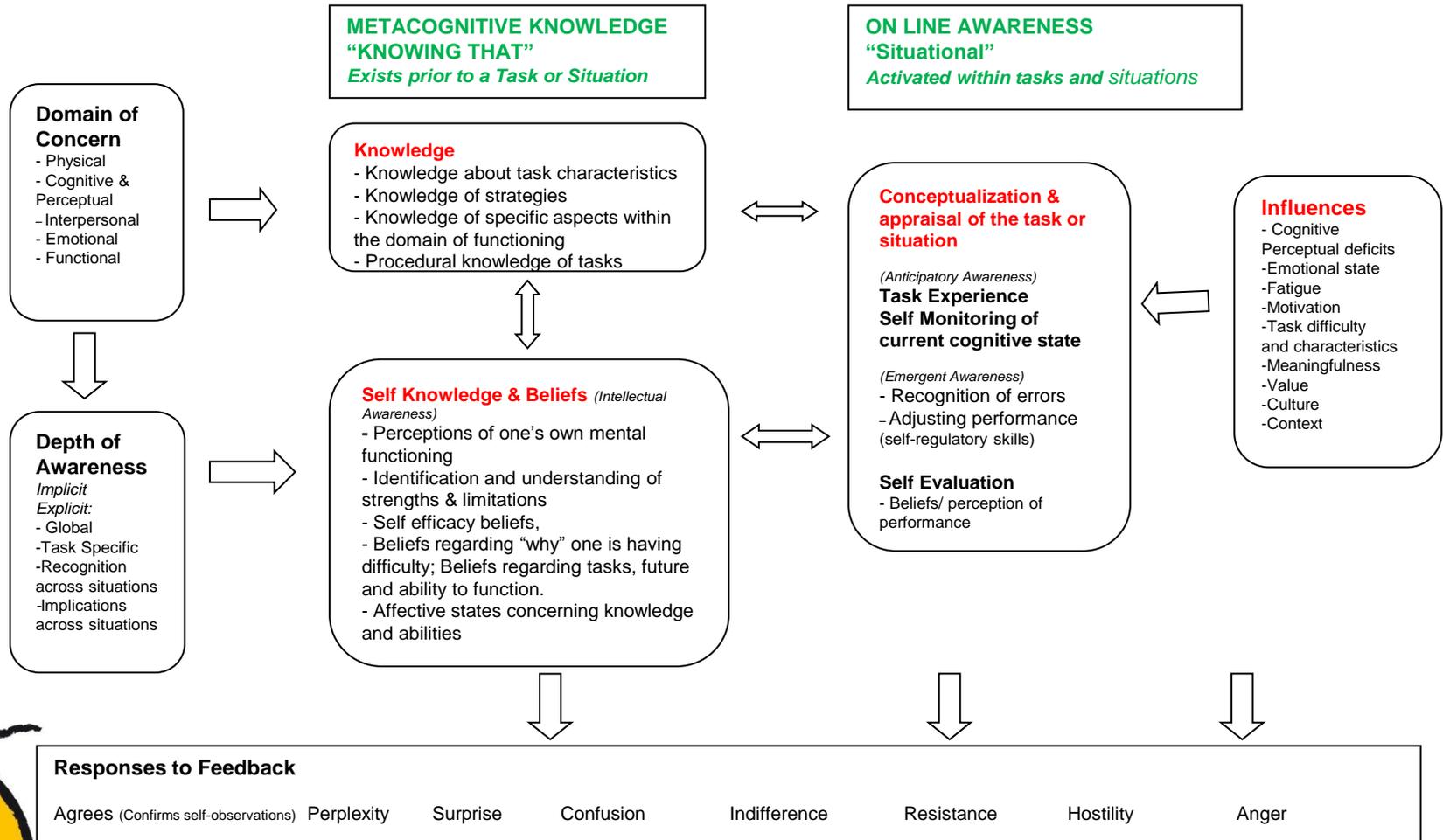
Intellectual awareness



Adult models – Toglia interactive model

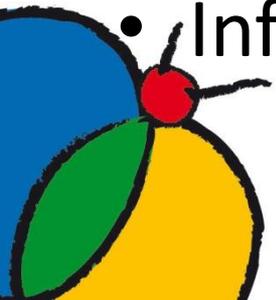


Toglia model – applicability to childhood?

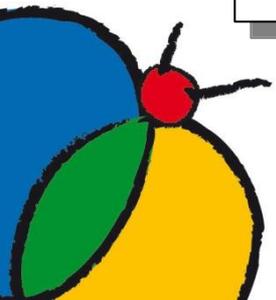
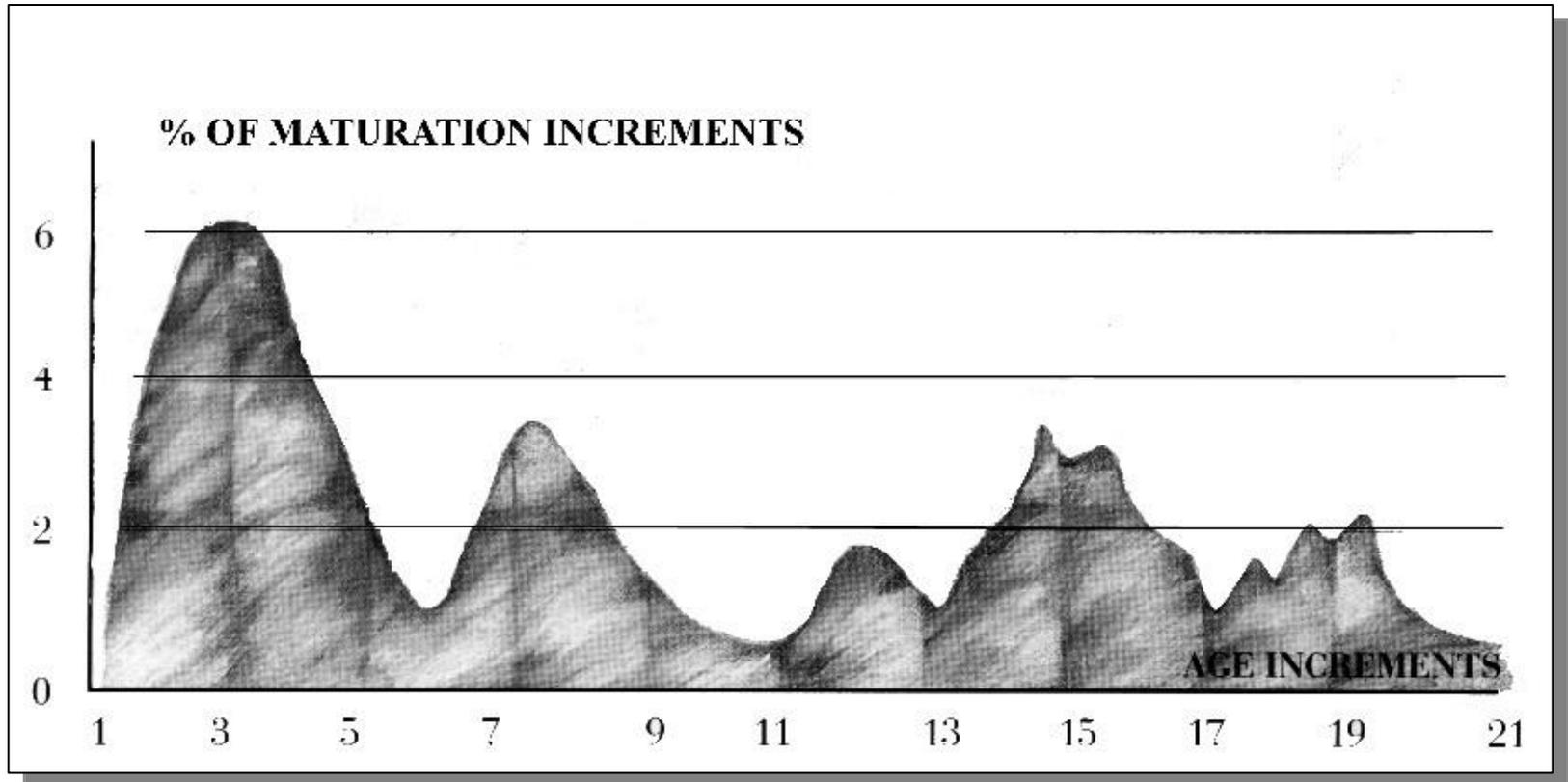


Why are children with ABI different?

- Period of normal development
- Incomplete development
 - Biological
 - Cognitive
 - Social
- Live within family unit
- Influenced by parenting and schooling

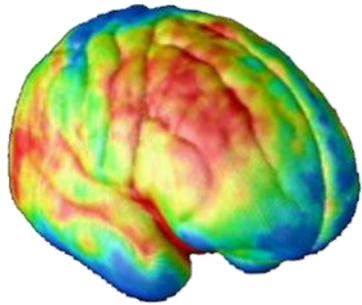


Brain maturation

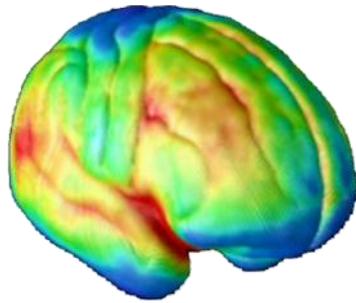


Ron Savage

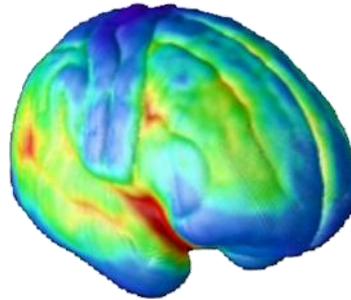
Significant brain regions in development



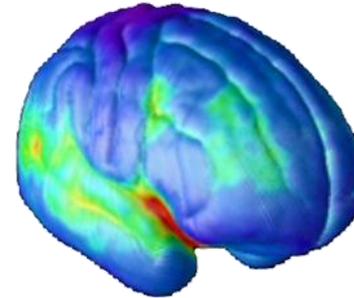
5yrs



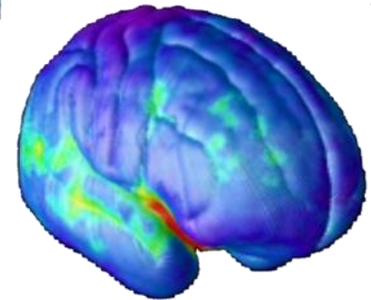
8yrs



12yrs

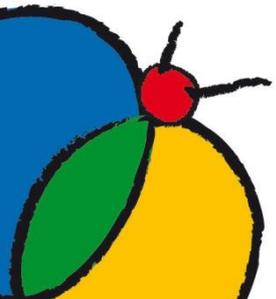


16yrs



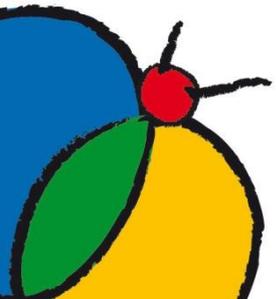
20yrs

Gogtay, 2004



Typical development of self in childhood

- Developmental psychology
 - Harter 1999
 - Damon and Hart 1988
- Cognition + social + environmental



Developmental changes in self development - Harter

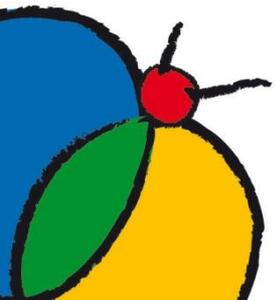
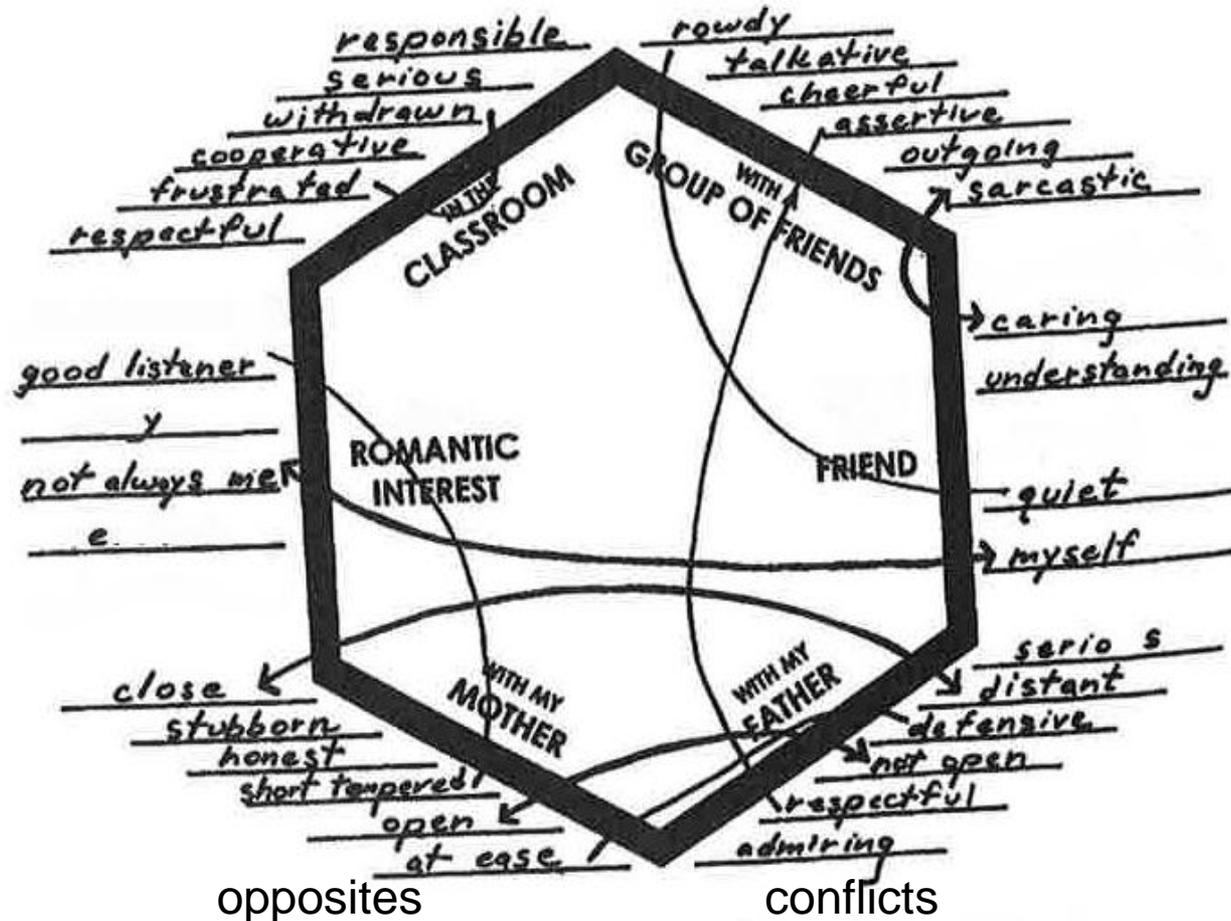
Age period	Content of self descriptors	Accuracy
Very early childhood 4-5	Concrete, observable characteristics; abilities, activities, possessions, preferences	Unrealistically positive; inability to distinguish real from ideal selves
Early to middle childhood 5-8	Elaborated attributes; focus on specific competencies	Typically positive; inaccuracies persist
Middle to late childhood 8-11	Focus on abilities and interpersonal characteristics; compare to peers, global evaluation of worth	Both positive and negative evaluations; greater accuracy

Self development - continued

Age period	Content of self descriptors	Accuracy
Early adolescence 11-13	Social skills, attributes, that influence interactions with others or one's social appeal; different attributes according to roles	Positive at one point in time; negative at others; inaccurate overgeneralisations
Middle adolescence 13-15	Further differentiation of attributes associated with different roles and relational contexts	Simultaneous recognition of positive and negative leading to confusion and inaccuracy
Late adolescence 15-18	Normalisation of different role-related attributes; beliefs, values, morals; interest in future selves	More balanced, stable view of both positive and negative; greater accuracy; acceptance of limitations

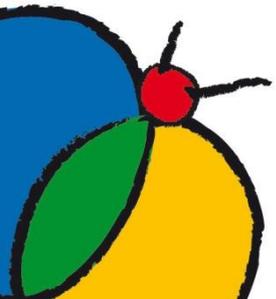
The conflict of the different Me's

James 1890



Dilemmas in childhood ABI

- Different to adults
 - Child first ABI second
- Integrate knowledge
 - Adults
 - Brain injury
 - Typical development



What our young people say...

This arm doesn't work so well because it's the right side of my brain that was hit and it's the right side that works your left side

I wouldn't have said that before I had my brain injury

My brain's broken

I can't walk and talk because I crashed my motorbike

If I do that I might fall over and hurt my head again

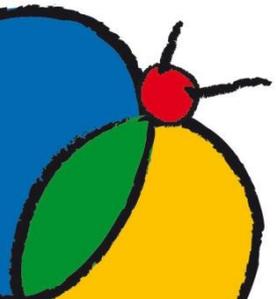
My head is like a basketball- big, ginger and squished

My brain is healing but it isn't healed yet

My brain's still shaking

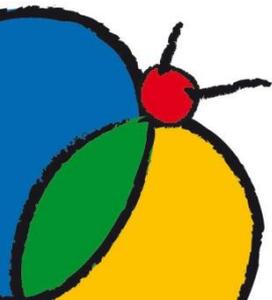
My brain doesn't

I've had a bang on my head and now I can't walk



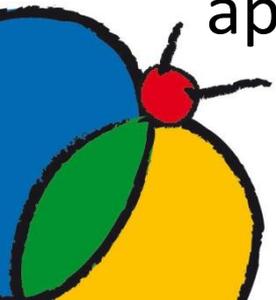
What might the consequences be?

- We don't really know
- Best guess
 - Poor engagement in rehabilitation
 - Poor rehabilitation outcomes
 - Poor school function as not using strategies
 - Impulsiveness
 - Poor social group choices
 - Challenges to relationships – parents, peers -> lack of ongoing support



How might we approach this problem?

- Complex and long term
- Lessons from the adult literature
- Developmental approach
- One size will not fit all
- Different expectation of younger children
- Need age appropriate assessment and intervention approaches



Thank you – questions?

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www.braininjuryhub.co.uk

