

Tutorial: Inconsistency in Performance

WHAT IS INCONSISTENCY?

Everybody experiences good days and bad days. For example, individuals may “get up on the wrong side of the bed”. This feeling might include being irritable, processing information slowly, and in general feeling not as sharp or not feeling at the top of ones game. In many situations, this inconsistency in behavior or everyday academic performance is not easy for others to understand or manage – especially when the inconsistency is extreme. Students may appear to understand a concept and demonstrate skills one day only to show minimal understanding or skill the next.

WHY IS INCONSISTENCY IMPORTANT FOR MANY STUDENTS AFTER TBI?

Students with TBI or other neurological conditions often demonstrate marked inconsistencies in their behaviors on a day to day basis. Teachers remark that some days the student seems to have a skill mastered or facts learned only to have lost this skill on the next day. Or under some conditions the student seems to have a few “splinter skills” mastered, yet other skills assumed to be learned are not.

Inconsistency is associated with brain injury for a variety of reasons:

1. Frontal lobe injury: Damage to the frontal lobes may cause a student to have sharply exaggerated “good days” and “bad days”. That is, there is less control over the physical or psychological states that may under normal circumstances have only a small effect on learning and performance abilities.
2. Specific retrieval problems: Many students with TBI have specific problems retrieving words or information or skills that are stored in their long-term memory. Because of this, tasks that involve retrieval may be performed successfully on one occasion but not on another. **[See Tutorial on Retrieval; Word Retrieval.]**
3. Inconsistent profile of abilities: Many students with TBI retain many skills and much of the information learned prior to the injury, but they experience a marked decline in their ability to learn new skills and information. Or their recovery of preinjury learning may be spotty, with some information and skills recovered and others not recovered. Both of these phenomena result in unusual profiles of knowledge and abilities that can be misinterpreted as inconsistencies in performance in the classroom.
4. Concreteness in thinking and learning: Some students with TBI (especially those with more focal frontal lobe injury) tend to be more concrete, or factual, in their thinking and learning. These students may learn a skill or piece of information, but make concrete associations with some aspect of the learning context. Therefore, if the context changes, these same students may not be able to demonstrate or generalize the skills or may be unable to retrieve the information needed to plan an appropriate strategy. **[See Tutorial on Concrete Thinking and Learning.]**
5. Emotional problems: Because of the many changes in life after a TBI, many students experience strong and sometimes lasting emotional reactions, including difficulties with depression and anxiety. Both of these emotional conditions are associated with inconsistency in performance. **[See Tutorial on Depression and Anxiety.]**
6. Fatigue: Most students with brain injury experience substantial fatigue. Fatigue may be extreme on some days, contributing to the appearance of inconsistent performance. Fatigue may also increase during specific times during the school day (e.g., during more cognitively demanding classes). **(See Tutorial on Fatigue).**

7. Seizures: In some cases, seizure activity may contribute to inconsistency in performance. **(See Tutorial on Seizures)**

WHAT ARE THE MAIN THEMES IN INSTRUCTION AND SUPPORT FOR STUDENTS WHOSE PERFORMANCE IS ESPECIALLY INCONSISTENT?

Step one is to try to identify the source of the inconsistency. **[See Tutorial on Hypothesis Testing: Inconsistency]** If the source of inconsistencies can be identified, then intervention and support decisions can be focused to address the problem. For example, intervention and support decisions will be different if the primary issue is an emotional problem versus specific memory/retrieval problems.

Whatever the source of the inconsistency, the following procedures are useful.

1. Information gathering and communication: If a student demonstrates sharply different learning and performance abilities on a day to day basis, parents and the school should have a system for communicating information about the student's daily abilities. When staff are alerted in advance to the student's state, they are in a better position to make the adjustments that have been decided upon in advance.
2. Staff flexibility: Educators and parents must be prepared to adjust expectations, tasks and supports for students who experience marked inconsistencies in performance abilities.
3. Fall-back procedures: Staff should make decisions in advance about how they plan to adjust schedules, supports, and instructional strategies once decisions are made about the student's current state. Staff should know what supports to put in place on days that are identified as "difficult" days. **[See Tutorials on Instructional Routines; Performance-Oriented Teaching versus Support-Oriented (Apprenticeship) Teaching]**
4. Instructional routines: Decisions can be made about modifications within instructional routines, based on the student's state. **[See Tutorial on Instructional Routines.]** Higher levels of support are needed when the student is having a difficult day. Staff should make decisions in advance about modifications of instructional routines when the student is having difficulty.
5. Plans to address student's fatigue and need for rest periods: Parents should try to ensure a full night of sleep before a school day. Schools may also need to preplan needed rests for the student. If a student is excessively tired, arrangements for rest time or naps might be necessary at school.
6. Student participation: As much as possible, students should be encouraged to identify the state they are in (e.g., really tired; "fuzzy in the head") and collaborate with staff in choosing relevant supports.
7. Seizures: If seizures are suspected, medical follow-up is indicated.

Written by Mark Ylvisaker, Ph.D. with the assistance of Mary Hibbard, Ph.D. and Timothy Feeney, Ph.D.