1. Return-To-Learn Needs Assessment

UI Children’s Hospital staff and faculty are collaborating with the Department of Public Health, the Brain Injury Alliance of Iowa, and other TBI implementation partners on a plan to assess the educational and informational needs of educators, youth with TBI, parents, school nurses, and others who support student transition for return-to-learn (classroom re-entry) following TBI/concussion. UI staff/faculty have met in person and via teleconferencing with IDPH staff and the state TBI partners to plan the needs assessment, and we are providing information from the Iowa AEA Brain Injury Resource Teams in relation to current TBI service gaps and needs in their regions.

We have interviewed all of the team leaders for the eight AEA BIRT teams in Iowa (Great Prairie AEA does not currently have a BIRT team), and we are currently providing consultation to the Des Moines Public Schools to support their development of a BIRT team for Des Moines. We have also facilitated connections between the leadership of the Heartland AEA BIRT team and the newly formed Des Moines team. It is concerning that many AEAs do not have a formal protocol in place to notify school or AEA staff of a TBI/concussion, and most teams have limited financial support and limited time available to consult with school personnel about students with TBI. Other concerns identified by many BIRT team leaders include lack of recognition of TBI as a high-prevalence (rather than low-prevalence) educational problem, inconsistent recognition of BIRT teams as valuable school resources, and inadequate opportunities for staff development to build and maintain TBI expertise. All BIRT teams have indicated that they would welcome increased support from the Iowa Department of Education in terms of BI funding as well as support from a consultant to coordinate BI activities. Given these needs and gaps in TBI services in the schools, there would be great benefits to implementing a strategy that establishes a TBI management team in each school using existing staff and coordination by the school nurse assigned to the school. At the same time, it is important for the Iowa Department of Education to embrace its responsibility for recognizing the significant prevalence of brain injuries in Iowa students and supporting the educational needs of the large number of children who experience a TBI.
2. Return-To-Learn Curriculum

We have gathered TBI training information to create a “return-to-learn” curriculum to enhance the skills of service providers, health professionals, and educators for supporting students returning to the classroom following brain injury. As new materials are developed, we will review them for possible inclusion in future training, and we will modify the curriculum if needed after the TBI/concussion needs assessment is completed.

After review of the most widely used R-T-L materials across the country, we are recommending standardization on the rich training modules available on the Brain 101 website at: http://brain101.orcasinc.com. This website contains information for coaches, teachers, parents, and athletes in the form of videos, resource lists, handouts, and slide shows. For instance for parent training, there are three sections organized around the themes of Recognize, Respond, and Rest. Under Recognize, there is a video, a brief quiz, another video, flashcards, an additional video, a list of concussion signs and symptoms, and an overall summary. The Resource list allows easy access to CDC information (e.g., Heads Up) and provides charts (e.g., a Respond Responsibility chart) and sample letters and releases of information than can be customized to meet individual needs. In addition, Brain 101 includes a 4-minute video cartoon that is engaging and accessible and can be used with a wide population of students, educators, parents, and coaches to sensitize them to concussion issues and management. Use of this video is research-based and would be appropriate to recommend for inclusion as a link on the IHSAA concussion information form. The only potential limitation in use of this video in its current form would be that it recommends a period of more complete “brain rest” than is consistent with the newest evidence for promoting optimal recovery trajectories after a concussion. Additional “In the Classroom” modules to enhance training of educators are under development by Dr. Ann Glang from Oregon, who is an expert consultant to our HRSA TBI project.

Our review of R-T-L materials also highlighted the importance of dissemination of the themes summarized in the “REAP the Benefits of Good Concussion Management” program authored by Karen McAvoy from Colorado. REAP stands for “Remove/Reduce, Educate, Adjust/Accommodate, Pace” and includes a useful conceptual framework to guide concussion management strategies, but it does not include the more extensive range of training materials needed for a full TBI/concussion curriculum.

3. Pediatric TBI Training for AEA Teams and CHSC Family Navigators

UI staff and faculty have begun the process of building the brain injury knowledge and skills of the AEA Challenging Behavior teams and enhancing the expertise of existing AEA Brain Injury Resource teams. With support from Dr. Debra Waldron, the director of Iowa’s Title V program for children with special health care needs, and Dr. Mary Larew, the medical director for the Child Health Specialty Clinics, we have also started our training for the family navigators who serve the regional centers in the CHSC network. This training began with orienting approximately 40 family navigators to use of the Brain Care Guide to facilitate their care coordination activities with families. This Guide was developed by a TBI “community of practice” led by Maggie Ferguson at IDPH and was designed to help ensure that the full range
of services are available for children and youth with moderate to severe brain injuries. Training for the FNs will continue with viewing of several online brain injury training modules developed at the UI Children’s Hospital; additional follow-up training with the FNs will be provided via webinar.

The 23rd BIAIA Annual Best Practices in Brain Injury Services Conference, "Making a Difference When Everything is Different," was held on March 5 and 6 in West Des Moines and included a strand focused on children, with strong presentations from Dr. Ann Glang. Several AEA BIRT teams participated in the conference, with especially solid attendance by teams from AEA 267, Grant Wood AEA, and Northwest AEA, as well as from members of the newly formed team from the Des Moines Public Schools. With the help of parent input and suggestions from Drs. Glang and Lindgren, members of several of the BIRT teams expressed a renewed commitment to helping to shape a system in the schools to provide the services needed by children and families after brain injury. Dr. Glang also presented on similar issues to staff and faculty at the University of Iowa Children’s Hospital when she visited Iowa in March.

Based on discussions with Dr. Sean Casey, the behavior consultant for the Department of Education, and Dr. Brenda Bassingthwaite from the CDD, Drs. Cool and Lindgren will be providing a presentation on brain injury as part of the Behavior Strand for the statewide Learning Supports conference at the Iowa Events Center in Des Moines on April 23. The presentation is titled “Brain Injury and Behavior: Why It Matters” and will help the AEA challenging behavior team members at the conference understand the unique behavior management needs of children with brain injuries. The presentation will also focus on building greater collaboration between AEA BIRT teams and AEA Challenging Behavior teams.

4. **Supplemental TBI Training Materials**

We continue to work with Ann Glang, our training consultant from Oregon, to assist in the selection of supplemental TBI training materials. We have consulted with her regarding these issues via videoconferencing, email discussions, and in-person discussions during her visit to Iowa in March. Dr. Glang is currently developing a series of brief video clips for an “In the Classroom” TBI learning program, and we will continue to provide input regarding teaching points related to supporting positive behavior after TBI.

5. **Consultation for School and Family Support Teams**

We have initiated a system for providing consultation to AEA Challenging Behavior teams, Brain Injury Resource teams, and CHSC family navigators. In addition to providing current TBI information during discussions with BIRT teams and family navigators, we have provided child-specific consultation for 4 cases that have presented challenges for the BIRT teams or family navigators. We also continue to be available to provide similar consultation regarding pediatric questions for the BIAIA Resource Facilitators, as well as promoting communication and cross-collaboration among separate teams and agencies.

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