HRSA TBI Implementation Partnership Grant
Quarterly Progress Report
January 15, 2015

1. Return-To-Learn Needs Assessment
UI Children’s Hospital staff and faculty are collaborating with the Department of Public Health 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 have agreed to provide information from the Iowa AEA Brain Injury Resource Teams in relation to current TBI service gaps and needs in their regions.

We have now interviewed all but one of the team leaders for the eight AEA BIRT teams in Iowa (Great Prairie AEA and the Des Moines Public Schools do not currently have a BIRT team), and all teams would welcome support from the Iowa Department of Education in terms of BI funding and a consultant to coordinate BI activities. It is concerning that most 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. 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 in April 2015.

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. 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 Challenging Behavior 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. We also have met with Debra Waldron, the director of Iowa’s Title V program for children with special health care needs, and with Mary Larew, the medical director for the Child Health Specialty Clinics, to schedule TBI training for the family navigators and nurses at the regional centers in the CHSC network. Training for the FNs will begin with viewing of the online training modules developed at the UI Children’s Hospital, which will then be supplemented by follow-up discussion sessions through teleconferencing. In our discussions with Sean Casey, the behavior consultant from the Department of Education, we are working to determine how best to fit the TBI training into the conference schedule for the challenging behavior teams under his direction.

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 via videoconferencing and email discussions regarding these issues. Dr. Glang is currently
developing a series of brief video clips for an “In the Classroom” TBI learning program, and we have provided 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 general TBI information during interviews with BIRT team leaders, we have provided child-specific consultation for 2 cases that have presented challenges for the BIRT teams. We will also be starting a similar consulting relationship for pediatric questions with the BIAIA Resource Facilitators, as well as promoting communication and cross-collaboration among separate teams and agencies.

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