

TBI Newsletter

Return to Learn

No matter which part you play within a child's education, starting a new school year can be tough. If you add the increased pressure of a child getting a concussion or a mild traumatic brain injury (mTBI), it can seem impossible. The WVU Center for Excellence in Disabilities (CED) TBI team has been working to gather information and resources from concussion experts to create a strong plan for returning to the classroom post-concussion.

The Brain Injury Association of America (BIAA) tells us that a gradual return to activity is essential to recovery. One of the most important ways to support recovery is to be mindful and let the brain rest. This may require making accommodations for children and youth to take breaks from learning and memorizing. This may also mean taking breaks from reading, whether it be from a book or a screen. It is also important to monitor how much time is spent texting, watching television or spending time on the computer. It is vital to have a multidisciplinary team that includes the student or person with a concussion, family members, health professionals and the teachers involved –to help support and shape the road to recovery. It is our program's goal to educate, support and build the return to learn initiative across the state of WV.

What is Return To Learn (RTL)?

- Return to learn is the gradual process of helping and easing a student's transition back into the classroom after a concussion. RTL is just one piece of the greater efforts to help youth return to their full functioning capacity after a concussion. In order to spread more awareness and help make sure these efforts are done in the best way possible, the WVU CED uses different resources including the REAP model and Get Schooled on Concussions.

What is REAP?*

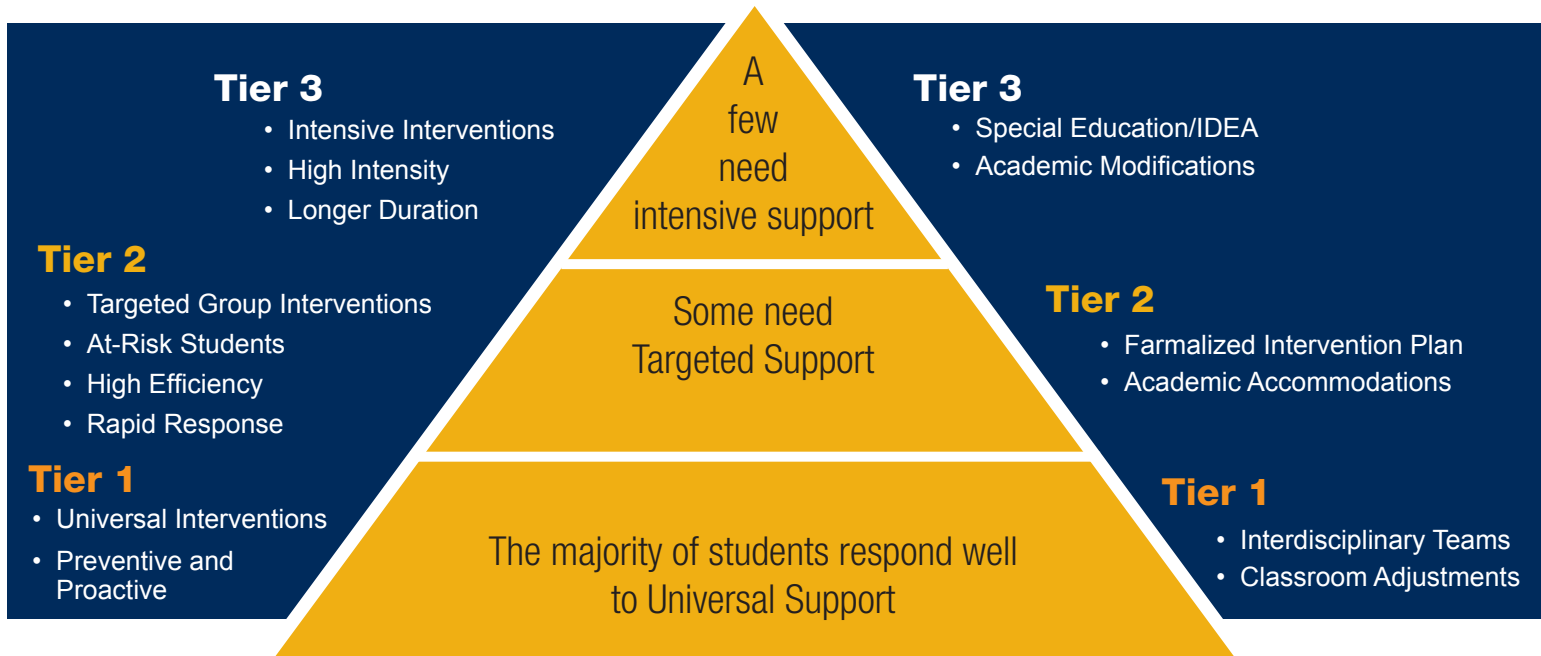
- **REAP** stands for Remove/Reduce – Educate – Adjust/Accommodate – Pace, and is a community based model for concussion management developed in Colorado. The model was developed in the early 2000s by native West Virginian, Dr. Karen McAvoy. The model consists of four distinct teams that outline their roles in returning to the classroom.¹
 - o **Family team (FT):** Student, parents, friends, grandparents, primary caretakers, siblings and other designated individuals.
 - o **School physical team (ST/P):** Coaches, certified athletic trainers, physical education teachers, playground supervisors, school nurses and others.
 - o **School academic team (ST/A):** Teachers, counselors, school psychologists, school social workers, administrators, school neuropsychologists and others.
 - o **Medical team (MT):** Emergency department, primary care providers, nurses, concussion specialists, neurologists, clinical neurologists and others.

With the help of Dr. McAvoy, West Virginia has created our very own customized version of REAP! Our REAP manual was developed to better help the teams supporting students with concussions across the state. Our REAP manual is a free resource for anyone in WV navigating the education system or life after a concussion.

Concussion Management Guidelines

Response to Intervention (RTI)
Batsche et al, 2005

Response to Management (RTM)
McAvoy, 2012



Common Concussion Myths¹:

- **Loss of consciousness is necessary for a concussion to be diagnosed? False!**
 - o Most concussions do not involve a loss of consciousness. While many students receive a concussion from sports-related activities, numerous other concussions occur from non-sports related activities – like falls, motor vehicle accidents, bicycle and playground accidents.
- **A concussion is just a “bump on the head.” False!**
 - o Actually, a concussion is a traumatic brain injury (TBI). The symptoms of a concussion can range from mild to severe and may include: confusion, disorientation, memory loss, slowed reaction times, emotional reactions, headaches and dizziness.
- **A parent should awaken a child who falls asleep after a head injury. False!**
 - o Current medical advice is that it is not dangerous to allow a child to sleep after a head injury, once they have been medically evaluated. The best treatment for a concussion is sleep and rest.

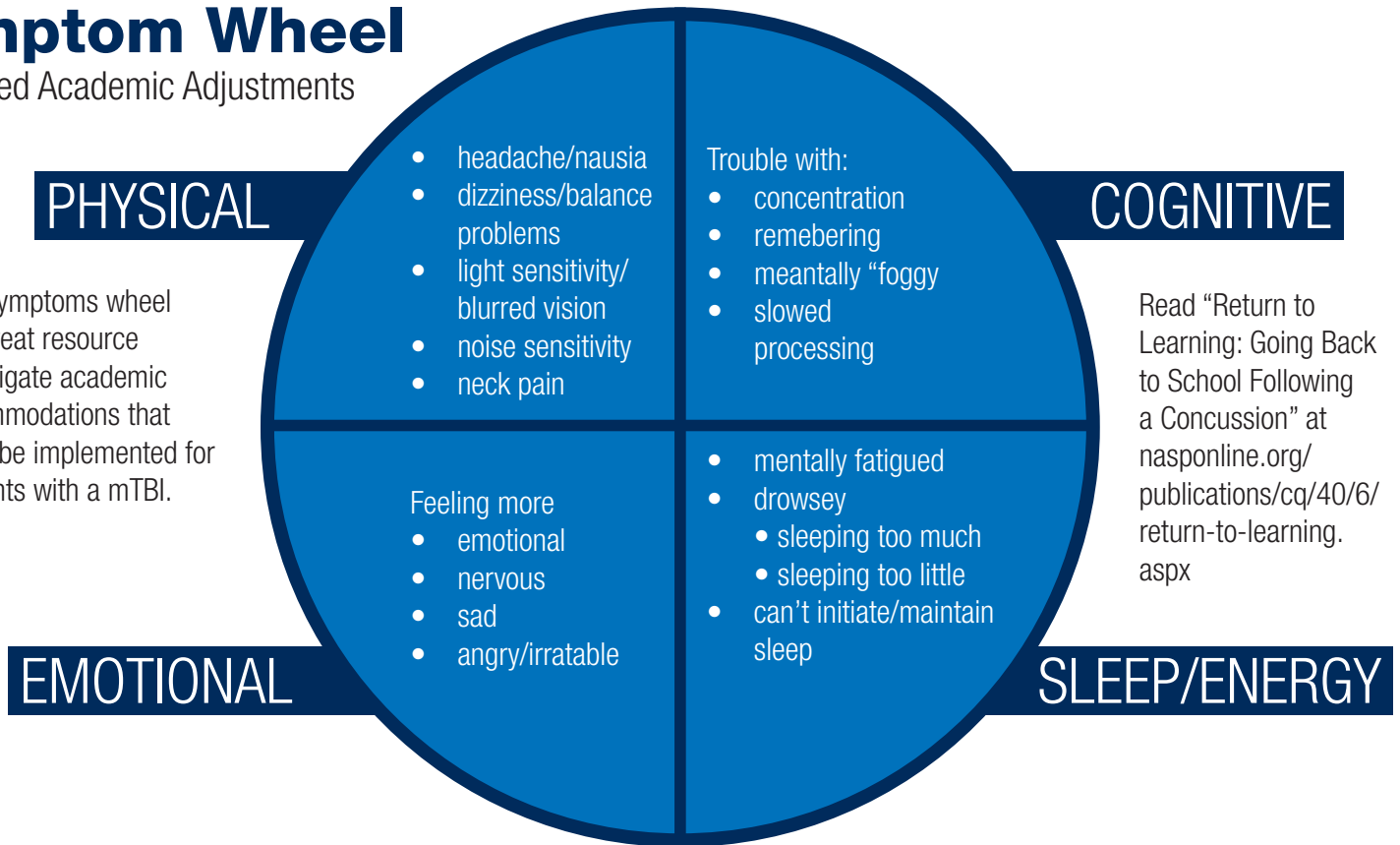
Get Schooled on Concussions (GSOC)

GSOC is an online resource that is geared towards teachers. The creators of this resource, Dr. Karen McAvoy and Dr. Brenda Eagan-Johnson, know that teachers can play one of the most important roles in getting students back into the classroom. GSOC offers free printable tip sheets for educators on how to make accommodations in the classroom in order to most benefit their students and videos on how to use the Teacher Acute Concussion Tool (TACT). In order to access TACT you would need a subscription, but do not worry- the TBI team here at the WVU CED are working hard to implement this resource across the state!

Symptom Wheel

Suggested Academic Adjustments

This symptoms wheel is a great resource to navigate academic accommodations that could be implemented for students with a mTBI.



PHYSICAL:

- “Strategic Rest” scheduled 15 to 20 minute breaks in clinic/ quiet space (mid-morning; mid-after- noon, and/or as needed)
- Sunglasses (inside and outside)
- Quiet room/environment, quiet lunch, quiet recess
- More frequent breaks in classroom and/or in clinic
- Allow quiet passing in halls
- REMOVE from PE, physical recess, & dance classes without penalty
- Sit out of music, orchestra and computer classes if symptoms are provoked

EMOTIONAL:

- Allow student to have “signal” to leave room
- Help staff understand that mental fatigue can manifest in “emotional meltdowns”
- Allow student to remove him/her- self to de-escalate
- Allow student to visit with supportive adult (counselor, nurse, advisor)
- Watch for secondary symptoms of depression and anxiety usually
- due to social isolation and concern over “make-up work” and slipping grades. These extra emotional factors can delay recovery

COGNITIVE:

- REDUCE workload in the class- room/homework
- REMOVE non-essential work
- REDUCE repetition of work (i.e. only do even problems, go for quality not quantity)
- Adjust “due” dates; allow for extra time
- Allow student to “audit” classwork
- Exempt/postpone large test/projects; alternative testing (quiet testing, one-on-one testing, oral testing)
- Allow demonstration of learning in alternative fashion
- Provide written instructions
- Allow for “buddy notes” or teach- er notes, study guides, word banks
- Allow for technology (tape record- er, smart pen) if tolerated

SLEEP/ENERGY:

- Allow for “Pacing” – 5 to 10 min- ute eye/brain/water rest breaks
- in the classroom (i.e. eyes closed, head on desk) after periods of mental exertion
- Allow student to start school later in the day
- Allow student to leave school early
- Alternate “mental challenge” with “mental rest”

Read “Return to Learning: Going Back to School Following a Concussion” at nasponline.org/publications/cq/40/6/return-to-learning.aspx

Meet Kaydance Martin

and Caregiver Lisa Martin

At the age of 3, Kaydance Martin was in a car accident. This accident has made a lasting impact on Kaydance and her family. Like many individuals with a TBI, Kaydance did not receive a TBI diagnosis until some time had passed after her injury. Kaydance's grandmother and caregiver Lisa Martin noticed that Kaydance was experiencing difficulties in her second grade class. Kaydance became forgetful and easily distracted, leading to her also becoming more easily agitated. This led the family to fight for an Individualized Education Plan (IEP) for Kaydance.

At the age of 6, Kaydance began receiving resource facilitation through the TBI program. The TBI team's social worker, Michelle Earl has been a major support and advocate for Kaydance and her family. Michelle helped the family obtain an IEP for Kaydance that provides accommodations to support her return to learn post TBI. Kaydance was also able to get a computer, through our Funds For You (FFY) program to help with her schoolwork and provide fun brain training games. FFY also has supported Kaydance by paying for violin lessons. These provide Kaydance with an opportunity to be creatively stimulated. Our program will continue to support Lisa and Kaydance to the best of our abilities, working to ensure that her education provides the necessary supports and accommodations throughout her learning. Lisa says that they really appreciate all the help Michelle has given them, especially her help in navigating funding opportunities and resources, these things mean a lot to Lisa and Kaydance.



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