

BrainSTEPS

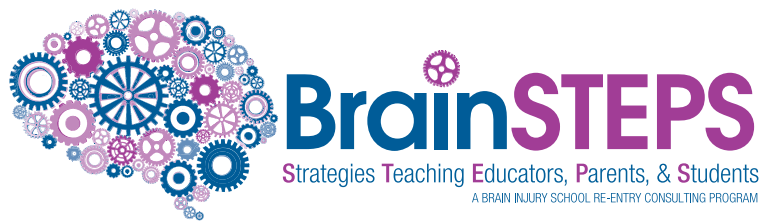
Strategies Teaching Educators, Parents, & Students

A BRAIN INJURY SCHOOL RE-ENTRY CONSULTING PROGRAM

*A National Model for Concussion and
Traumatic Brain Injury School Re-Entry Programs*

Return to Learn After Concussion: Recommended Protocol





Steps to Register

School-Based Teams and Team Members for the Return to Learn Concussion Management Team (CMT) Training Course

STEP 1: One person from the school building (typically the administrator) must go to www.brainsteps.net and click on the appropriate state's orange button:

"Concussion Management Team Registration"

- Enter the names of each individual team member who will be serving on the CMT
- If a school building has more than one CMT, this form will need to be filled out separately for each team.
- Each separate school-based CMT must consist of at least 1 Academic Monitor and 1 Symptom Monitor per team.
- Team members will not be approved for the training course unless their name is on this CMT list.
- The CMT training course is intended to provide training and processes specific to CMT members so they understand how to monitor and academically support students following a concussion.
 - The course is not intended for district wide-in-services.
 - The course must be viewed individually.

STEP 2: Next, each individual team member must register themselves at concussions.brainsteps.net to register to view the online 5.5 hour interactive *Official Return to Learn CMT Training Course*.

STEP 3: Within a few days, the BrainSTEPS Program will cross-check each team member's name with the school provided list of CMT members from STEP 1.

- An automated email will be sent to each CMT member at your school when their account has been approved.
- The CMT team members can then return to concussions.brainsteps.net to log in and begin the course.

Return to Learn Protocol: Purpose

A concussion is a mild form of traumatic brain injury (mTBI), caused by a bump, blow, or jolt to the head, which can induce an altered state, including physical and cognitive abilities. It may or may not include loss of consciousness; however, typically, there is no loss of consciousness. Concussion is a functional rather than a structural disturbance that may need short-term or long-term management. In the hours and days post-concussion, neurometabolic chemical changes take place within the brain at the cellular level, resulting in physical, cognitive, and/or emotional symptoms. Activities associated with academics can significantly increase symptoms, even when the student has begun to recover.

- ▶ **It is important during this initial (acute) time period, that concussed students do not push through school work with high cognitive activity levels.**
- ▶ Therefore, schools should immediately implement informal and flexible academic adjustments for all returning students (athletes and nonathletes) following a concussion.

Following a concussion:

- ▶ Cognitive and physical rest are typically recommended for the first few days, followed by the prompt return to school, which can occur initially with half-day attendance or full-day attendance, depending on symptom presentation and severity.
- ▶ Clearance to return to “cognitive activity” from a health care provider is not required.
- ▶ Clearance to “return to school” from a health care provider is not required.
- ▶ Homebound is contra-indicated for the great majority of students following concussion, although in a small number of cases it may be medically necessary due to symptom severity. In these rare cases, the school should work closely with the health care provider. The health care provider can determine what is medically impacting recovery, and the school can determine what academic adjustments/supports can be put in place to assist with the return to school.

Physical symptoms (e.g., headache, dizziness, light/noise sensitivity) may heal faster than cognitive symptoms (e.g., attention, memory, concentration). The majority (70 percent) of student concussions resolve within the first month, but for a small percentage, the effects of a concussion may linger for several weeks, months or longer.

The purpose of this Concussion Return to Learn Protocol is to assist local educational agencies (LEAs) in understanding the importance of monitoring a student’s return to academics following a concussion. The Return to Learn Protocol is voluntary and may be used at the discretion of the LEA. A referral to the BrainSTEPS Program should be made if a student is 4 to 6 weeks post-concussion and is still experiencing symptoms, or if the student’s classroom performance or attendance has been impacted. Concussion referrals to BrainSTEPS can be made earlier if:

- ▶ A student has a concussion that is not progressively resolving during the first few weeks, or
- ▶ A student has a history of any of the following “concussion modifiers”:
 - Past concussion(s)
 - Migraine headaches
 - Anxiety, depression, or other mental health issues
 - Attention disorders
 - Learning disabilities
 - Sleep disorders

BrainSTEPS can:

- ▶ Assist schools with implementation of the Concussion Return to Learn Protocol
- ▶ Train staff at the district, school, or classroom level on the effects of concussion
- ▶ Provide consultation to school personnel for referred students at 4 to 6 weeks post-concussion and beyond
- ▶ Provide symptom specific individualized academic adjustments utilizing the *BrainSTEPS Brain Injury Supports Framework*

- ▶ Assist in ongoing determination of academic adjustments until the concussion resolves
- ▶ Facilitate communication between family, student, medical, and educational entities
- ▶ Provide annual opportunities to ensure the school's Concussion Management Teams (CMTs) are up-to-date on the latest concussion research
- ▶ Monitor all BrainSTEPS students annually until graduation due to new learning issues that may emerge over time as the brain matures and develops, even if the student has thought to be recovered from their concussion

BrainSTEPS promotes an **interdisciplinary team approach** to concussion management that includes the school, family, student, and health care provider.

- ▶ It is best practice that all students who experience a concussion are medically evaluated by a health care provider with experience in managing concussions.
- ▶ However, many students (nonathletes) are either never seen by a health care provider, or are initially diagnosed and then never return for follow-up.

Regardless, all students with concussions need to be academically managed during the school day to potentially promote faster recovery.

LEAs utilizing this Return to Learn Protocol must designate at least two professionals within an individual school building or within each individual grade level who will monitor the student and resulting educational impacts following the concussion.

These two individuals serve as the Academic Monitor and Symptom Monitor for the Return to Learn Concussion Management Team (CMT). Together, the CMT promotes information flow between the school team, family, student, and health care provider.

The CMT will receive an invaluable electronic **Concussion Return to Learn Monitoring Toolkit** to promote consistent student concussion management.

Initial 4 to 6 Weeks Post-Concussion: LEA Responsibilities

1. The LEA learns that a student has sustained a concussion.
 2. The Academic Monitor and Symptom Monitor of the Concussion Management Team (CMT) are notified.
 3. The CMT Monitors ensure proper privacy authorization documents are signed by the parent/guardian so the school can communicate with health care providers who may or may not be involved in student care at this point in time.
 4. The CMT Monitors will:
 - Notify the student's educators, alerting them of:
 - the concussion
 - the student's need for initial cognitive and physical rest
 - the student's specific symptoms
 - symptom-based academic adjustments required to alleviate cognitive over-exertion so the brain can recover
- It is important to note: All academic adjustment/accommodation decisions following a concussion are the responsibility of the school team. If health care provider input is available, it should be taken into consideration. Final decisions are determined by the school, based on student need and the presenting school-day symptoms, as collected by the monitoring tools.*
- Notify the coach, the athletic director, and the athletic trainer, if the student is an athlete
 - Notify appropriate school staff that the student must be excused from physical education class, sports, and physical activity during recess until determined by a medical provider
 - With parent permission and if available, share any medical information with relevant school staff

5. The CMT Symptom Monitor will utilize the *BrainSTEPS CMT Student Symptom Severity Monitoring Tool* to monitor the student's physical, thinking/remembering, and emotional symptoms. Initially, symptoms should be monitored weekly via student interview.
6. The CMT Academic Monitor will monitor the student's weekly in-class performance, both academically and behaviorally, by initially having all relevant teaching staff complete the *BrainSTEPS: CMT Academic Monitoring Tool* weekly.
7. The Academic Monitor, the Symptom Monitor, and anyone else serving on the Return to Learn CMT will meet weekly to review results of the *Symptom Severity Monitoring Tool* and the *Academic Monitoring Tool*. They will determine whether further academic adjustments should be made or if the concussion symptoms and learning impacts have resolved and CMT monitoring and academic adjustments are no longer needed.
 - All updates will be shared with the student's teachers, related professionals, and parents/guardians.
 - Parents/guardians should be involved in providing input on symptoms occurring at home.
 - Academic adjustments for classwork should be provided during this time.
8. It is recommended that the CMT offer support and educational resources about concussions to the student's parents. Information can be found at www.bainsteps.net.

Between 4 to 6 Weeks Post-Concussion: BrainSTEPS Referral

1. If the student remains symptomatic or there has been a notable change in student performance or attendance, the CMT will initiate a formal referral to the BrainSTEPS Program at www.brainsteps.net to make an online student referral. BrainSTEPS serves as a second, more intensive, layer of support for students in Pennsylvania schools, following a concussion.

BrainSTEPS will work with the CMT, school team, parent/guardian, and student to determine appropriate academic adjustments until the symptoms impacting education resolve.

2. The CMT will schedule a meeting, including all relevant parties (CMT Monitors, school team, parent/guardian, student, BrainSTEPS, and health care provider, if applicable). The following will be shared by the CMT with BrainSTEPS prior to the meeting:
 - Results from all weekly *CMT Academic Monitoring Tools* collected by the Academic Monitor to date.
 - Results from all weekly *CMT Student Symptom Severity Monitoring Tools* collected by the Symptom Monitor to date and any health care provider information.
 - Current academic adjustments the student is receiving
3. BrainSTEPS will collaborate with the CMT, school team, parent/guardian, and student to create an individualized *BrainSTEPS Brain Injury Supports Framework* during this meeting.
 - During the initial BrainSTEPS Brain Injury Supports Meeting, a follow-up meeting within 1 month should be scheduled to review, modify, continue, or conclude academic adjustments.
 - Following the meeting, the BrainSTEPS consultant will provide the CMT with a finalized copy of the *BrainSTEPS Brain Injury Supports Framework*, which the school CMT will, in turn, provide to relevant school staff and parents/guardians.

4. The Symptom Monitor will continue to monitor the student's symptoms weekly using the *CMT Student Symptom Severity Monitoring Tool*.

The Symptom Monitor will provide copies of the *Symptom Monitoring Tool* to BrainSTEPS prior to any formal review of the *BrainSTEPS Brain Injury Supports Framework*.

5. The Academic Monitor will continue to monitor the student's academics weekly using the *CMT Academic Monitoring Tool*. The Academic Monitor will provide copies of the *CMT Academic Monitoring Tool* to BrainSTEPS prior to any formal review of the *BrainSTEPS Brain Injury Supports Framework*.
6. The CMT should alert the parent that, if a student is not progressing towards recovery by the 4-week mark, it is best practice for the student to be seen by a health care provider who can determine what may be medically and/or psychologically impeding recovery.

Once this has been medically identified, BrainSTEPS and the LEA can determine what academic adjustments may help support the student during the school day.
7. By 4 weeks, if not recovered, the student should be screened by the school psychologist for anxiety and depression.

If Symptoms Persist Beyond 6 to 8 Weeks Post-Concussion

In some cases, it may take several months for recovery to occur. If the student continues to be symptomatic, the CMT, BrainSTEPS, and school personnel should consider whether the student's academic or behavioral needs warrant ongoing academic adjustments, or if an evaluation should be conducted by the LEA to determine the need for more formal intensive accommodations and/or modifications.

- ▶ **There is no set time frame for when this should occur. Instead, it should always be based on individual student need.**
- ▶ **If a referral for a multipurpose evaluation is not deemed necessary**, then continued monitoring by the CMT and regular review of the *Brain Injury Support Framework*, in partnership with BrainSTEPS, should continue.
- ▶ The school CMT will continue to invite the BrainSTEPS consultant to meetings held about the student's concussion.

Academic and symptom monitoring data can help drive educational decisions. There is not a firm timeline for when academic and symptom monitoring should cease. After the first 1 to 2 months of weekly monitoring, if the student's recovery has plateaued, monitoring can be phased out. The CMT should make the final decision.

- ▶ **If further formal educational supports are thought to be necessary**, a referral for a multipurpose evaluation should be made to the appropriate individual at the LEA level.
- ▶ In a rare, small percentage of cases, concussions may result in permanent learning issues requiring more intensive supports. Following a multipurpose school evaluation:
 - BrainSTEPS can assist the school in creating an appropriate formal educational plan.
 - CMT academic and symptom monitoring can cease if it is determined that the student is no longer progressing toward recovery and formal, long-term academic supports are required.

When Concussion Symptoms Resolve

If the symptoms impacting education completely resolve, there should be a meeting held by the CMT to conclude the implementation of the *BrainSTEPS Brain Injury Supports Framework* or more formal accommodation agreement.

- ▶ CMT monitoring will end.
- ▶ All relevant school staff, as well as the student and the student's parent/guardian will be notified by the CMT.
- ▶ The CMT will ensure that the concussion has been noted in the student's educational file.
- ▶ BrainSTEPS will send an annual check-in online survey to the parents and school for all referred students until graduation.

To make a BrainSTEPS student referral: www.brainsteps.net.

For more information about BrainSTEPS, or how to form a Return to Learn Concussion Management Team, contact:

Pennsylvania: (The original BrainSTEPS model)

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