TBI Tuesdays

Return to Learn: Equal Access to Education for Students with Brain Injury

March 23, 2021

TBI TARC is supported by contract number HHSP233201500119I from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C. 20201
Welcome to Today’s TBI Tuesday Session

Thom Campbell
TBI Team Lead
Thom.Campbell@acl.hhs.gov
Webinar Logistics

• Participants will be in listen-only mode during the webinar. Please use the chat feature in Zoom to post questions and communicate with the hosts.

• During specific times in the webinar, we will have opportunity to respond to questions that have been entered into chat.

• The webinar will be live captioned in English.

• The webinar will also have an American Sign Language (ASL) interpreter.

• This live webinar includes polls and evaluation questions. Please be prepared to interact during polling times.
Feedback and Follow-Up

• After the webinar, you can send follow-up questions and feedback to tbitarc@hsri.org
  (Please note: This email address will not be monitored during the webinar.)

• A recording, including a pdf version of the slides, will be available on the ACL website (acl.gov)
**Who’s Here?**

“In what role(s) do you self-identify? Select all that apply.”

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<table>
<thead>
<tr>
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<tbody>
<tr>
<td>1.</td>
<td>Person with a traumatic brain injury (TBI) or other disability</td>
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<td>2.</td>
<td>Family member or friend of a person with a TBI or other disability</td>
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<td>3.</td>
<td>Self-advocate / advocate</td>
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<td>4.</td>
<td>Peer-specialist / peer-mentor</td>
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<td>5.</td>
<td>Social worker, counselor, or care manager</td>
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<td>6.</td>
<td>Researcher / analyst</td>
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<td>7.</td>
<td>Service provider organization employee</td>
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<tr>
<td>8.</td>
<td>Government employee (federal, state, tribal, or municipal)</td>
</tr>
</tbody>
</table>
What we will cover

Part 1

- Overview of Return to Learn/Return to Play Workgroup
- Policy and best practices in Return to Learn
- Academic supports for students after brain injury participating in online learning
- Lived experience: Pennsylvania’s BrainSTEPS Program
What we will cover

Part 2

Break

Part 2
- To legislate or not to legislate
- Discussion
Meet Our ACL State Speakers

Julie Myers, MPH
Public Health Program Administrator
Pennsylvania Department of Health

Karen McAvoy, PsyD
Clinical and School Psychologist
REAP and Get Schooled on Concussions

Dr. Brenda Eagan-Johnson
Program Director
BrainSTEPS

Hillary McClain Teears
Clinical Instructor
University of Pittsburgh School of Dental Medicine

David Kracke, JD
Brain Injury Advocate/Coordinator
Center on Brain Injury Research and Training
OVERVIEW:
RETURN TO LEARN WORKGROUP
Terminology

• **Return to Play** – covers all activities related to school athletics reentry (should include sports and sports-related clubs and activities, gym class, and recess)

• **Return to Learn** – covers all activities related to academic school reentry

• **Return to School** – umbrella term that encompasses both return to play and return to learn; covers all activities related to school reentry
Overview

• **Participating States:** Missouri, Oregon, Pennsylvania, Utah

• **Purpose:** To provide mentorship in Return to Learn and to develop Return to Learn products

• **Products:**
  • Return to Learn Workforce Competencies
  • Return to Learn Toolkit
Sample Products
(slide 1 of 4)

BrainSTEPS (Strategies Teaching Educators, Parents, and Students)

Return to Learn After Concussion: Recommended Protocol

brainsteps.net/_orbs/about/BrainSTEPS.RTL.CMT.Protocol.11.2017.pdf
### Get Schooled on Concussions: Points of Vulnerability

<table>
<thead>
<tr>
<th>Points of Vulnerability</th>
<th>Yes/No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identification:</td>
<td></td>
<td>Identification: What does your law say about who should be educated about identification of concussion?</td>
</tr>
<tr>
<td>User: What does your law say? Who is required to get “education” about concussion in your state?</td>
<td></td>
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<tr>
<td>Do other supervisors of sports (not covered by your RTP legislation) also get concussion identification training?</td>
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<tr>
<td>Do you have Athletic Trainers? For what sports? For what levels? Can ATs help students with concussion in other sports? Levels?</td>
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<tr>
<td>Do you have School Nurses and/or Health Technicians?</td>
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<tr>
<td>Do you have a school or district policy on concussion identification/education for your school nurses or health technicians?</td>
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<tr>
<td>Do your PE teachers get training on concussion identification? If yes, how often and how?</td>
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<td></td>
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<tr>
<td>Do your playground supervisors get training on concussion identification? If yes, how often and how?</td>
<td></td>
<td></td>
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<tr>
<td>Do you have other frontline staff (that get training on concussion identification?) If yes, how often and how?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do your teachers get training on concussion identification? If yes, how often and how?</td>
<td></td>
<td></td>
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<tr>
<td>Other:</td>
<td></td>
<td></td>
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<tr>
<td>Notification INTO the school and DOWN to the staff:</td>
<td></td>
<td>What does your law say about who should be notified of the concussion and how communication should flow into a school/district from outside of a school/district?</td>
</tr>
<tr>
<td>Law: What does your law say about notification of a concussion?</td>
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<tr>
<td>Does your school/district have a process for coaches to notify someone in the school about a concussion? Who?</td>
<td></td>
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Sample Products from Toolkit

Get Schooled on Concussion: Points of Vulnerability

Available for download at getschooledonconcussions.com
Sample Products
(slide 3 of 4)

Sample Products from Toolkit

Traumatic Brain Injury Classroom Tips for Teachers

cdc.gov/headsup/pdfs/schools/tbi_classroom_tips_for_teachers-a.pdf
Sample Products

Sample Products from Toolkit

Draft: Webinar Sharing Form
Owner of R*E*A*P & Partner with NASHIA on R*E*A*P: Remove/Reduce*Educate*Adjust/Accommodate/Pace

Co-Owner of GetSchooledOnConcussions.com
Karen@GetSchooledOnConcussions.com
303-818-8765
Establishing Consensus for Essential Elements in Returning to Learn Following a Concussion

### National Organizations who endorse the 13 Return to Learn consensus statements

<table>
<thead>
<tr>
<th>National Organization</th>
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<tbody>
<tr>
<td>American Academy of Pediatric Neuropsychology</td>
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<tr>
<td>American Medical Society for Sports Medicine</td>
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<tr>
<td>Brain Injury Association of America</td>
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<tr>
<td>Defense and Veteran's Brain Injury Center</td>
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<tr>
<td>High School RIO: Reporting Information Online</td>
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<tr>
<td>National Athletic Trainers’ Association</td>
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<td>National Association of School Nurses</td>
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<tr>
<td>National Association of School Psychologists</td>
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<tr>
<td>National Association of State Head Injury Administrations</td>
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<tr>
<td>National Federation of State High School Associations</td>
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<tr>
<td>North American Brain Injury Society</td>
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<tr>
<td>Unites States Brain Injury Alliance</td>
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</tbody>
</table>

### National Organizations who took part in the Delphi Process: Reached consensus on the 13 statements and gave support

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>American Academy of Pediatrics</td>
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<tr>
<td>American Physical Therapy Association</td>
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<tr>
<td>American Academy of Neurology</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Table 3. National Collaborative on Children’s Brain Injury Concussion Return to Learn 13 Consensus Statements</th>
</tr>
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<tbody>
<tr>
<td>• Students recovering from a concussion often need an initial period of relatively greater cognitive and physical rest, the timing and specific nature of which will vary from student to student.</td>
</tr>
<tr>
<td>• An estimated 70% of students recover from a concussion in 28 days with a gradual reduction of symptoms.11 This supports a gradual return to social and cognitive activity at home and school over the first 4 weeks of recovery. The speed of re-introduction will vary and must be individualized.</td>
</tr>
<tr>
<td>• Numerous positive social and emotional benefits are gained by being at school, even during recovery from a concussion. Unless contraindicated by a serious medical complication, a student with a concussion should return to school/learn even before symptoms are 100% resolved, provided the student can manage fluctuating symptoms, and the school concussion management team has received education and resources to support the student in the educational setting.</td>
</tr>
<tr>
<td>• A concussion management team should include representatives from school academic, school physical/health services, medical, and family/student domains who work collaboratively to develop and adjust an individualized Return to Learn plan.</td>
</tr>
<tr>
<td>• A family is advised to seek out medical evaluation, specifically, a timely medical evaluation, treatment, and clearance for each concussion (regardless of the age of the student or the mechanism of injury).</td>
</tr>
<tr>
<td>• Academic adjustments written into the Return to Learn plan are best overseen and directed by school professionals with dedicated expertise and knowledge of educational law, policy, and curriculum, guiding a collaborative Return to Learn process among the members of the concussion management team.</td>
</tr>
<tr>
<td>• Progress monitoring should include symptom monitoring, no less than one time per week.</td>
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<tr>
<td>• Progress monitoring should include academic monitoring, no less than one time per week.</td>
</tr>
<tr>
<td>• Schools have existing educational safeguards to support all students who struggle academically, medically, psychologically, and socially at school. Concussion can be included and managed using the existing educational safeguards.</td>
</tr>
<tr>
<td>• Schools should provide increasing tiers of academic support for the students with concussions that do not resolve in a typical timeframe.</td>
</tr>
<tr>
<td>• Schools may apply their existing tiers of support for students with concussion and need not delay or postpone academic supports while awaiting community health care input if medical input is not timely or available.</td>
</tr>
<tr>
<td>• Data from a neuropsychological evaluation is not required, but can be helpful and should be considered and may be incorporated into a Return to Learn plan if available.</td>
</tr>
<tr>
<td>• Existing educational safeguards exist for students, although they are little known and underutilized for concussion. They are prompt, flexible, and systematic for all concussed student athletes and non-athletes with academic needs. Return to Learn can be robust, widespread, systematized, and sustainable if embedded into existing educational frameworks.</td>
</tr>
</tbody>
</table>

Cognitive Rest

1. Students recovering from a concussion often need an initial period of relatively greater cognitive and physical rest, the timing and specific nature of which will vary from student to student.

2. An estimated 70% of students recover from a concussion in 28 days with a gradual reduction of symptoms. This supports a gradual return to social and cognitive activity at home and school over the first 4 weeks of recovery. The speed of re-introduction will vary and must be individualized.

3. Numerous positive social and emotional benefits are gained by being at school, even during recovery from a concussion. Unless contraindicated by a serious medical complication, a student with a concussion should return to school/learn even before symptoms are 100% resolved, provided the student can manage fluctuating symptoms and the school concussion management team has received education and resources to support the student in the educational setting.
Concussion Management Team Composition

4. A concussion management team should include representatives from school academic, school physical/health services, medical, and family/student domains who work collaboratively to develop and adjust an individualized Return to Learn plan.

5. A family is advised to seek out medical evaluation, specifically a timely medical evaluation, treatment, and clearance for each concussion (regardless of the age of the student or the mechanism of injury).

6. Academic adjustments written into the Return to Learn plan are best overseen and directed by school professionals with dedicated expertise and knowledge of educational law, policy, and curriculum, guiding a collaborative Return to Learn process among the members of the concussion management team.

7. Progress monitoring should include symptom monitoring, no less than one time per week.

8. Progress monitoring should include academic monitoring, no less than one time per week.
9. Schools have existing educational safeguards to support all students who struggle academically, medically, psychologically, and socially at school. Concussion can be included and managed using the existing educational safeguards.

10. Schools should provide increasing tiers of academic support for students with concussions that do not resolve in a typical timeframe.

11. Schools may apply their existing tiers of support for students with concussion and need not delay community or postpone academic supports while awaiting community health care input if medical input is not timely or available.
12. Data from a neuropsychological evaluation *is not required* but can be helpful, should be considered, and may be incorporated into a Return to Learn plan if available.
13. Existing educational safeguards exist for students. They are prompt, flexible, and systematic for all concussed student athletes and non-athletes with academic needs. Return to Learn can be robust, widespread, systematized, and sustainable if embedded into existing educational frameworks.
1. Students recovering from a concussion often need an initial period of relatively greater cognitive and physical rest, the timing and specific nature of which will vary from student to student.

2. An estimated 70% of students recover from a concussion in 28 days with a gradual reduction of symptoms. This supports a gradual return to social and cognitive activity at home and school over the first 4 weeks of recovery. *The speed of re-introduction will vary and must be individualized.*

3. Numerous positive social and emotional benefits are gained by being at school, even during recovery from a concussion. Unless contraindicated by a serious medical complication, a student with a concussion should return to school/learn even before symptoms are 100% resolved, provided the student can manage fluctuating symptoms and the school concussion management team has received education and resources to support the student in the educational setting.

... as symptoms become tolerable, short-lived, and/or amenable to rest and intervention, the student may return to school, often with the use of supplemental academic adjustments.

Return to School (RTS)

Defined as:
- The process of the student physically walking back into a school setting. The decision to send a child to school on any given day is directed by the parent, often with input from a healthcare provider and is dependent upon the student’s ability to manage symptoms well enough to be physically and cognitively present in the classroom to listen and learn.
- Audience = parents and healthcare professionals

Return to Learn (RTL)

Defined as:
- The process by which educators help students with concussion maximize learning while minimizing symptom flare-ups. A successful RTL plan is directed by educators, especially general education teachers, who have knowledge and skill in differentiated instruction to meet the needs of all students regardless of medical, psychological, learning, behavioral or social conditions.
- Audience = Educators, primarily general education/classroom teachers
Return to School & RTL are different audiences that require different messages

R2S audience = Parent & HCP

RTL audience = Teachers and Related Service Providers

Barriers:

• Requires educator-specific language and materials

• If the majority of recovery is within the first 28 days, materials need to be specific to classroom teachers to empower them to direct RTL themselves, immediately, nimbly, flexibly and independently!
Concussion Management Team Composition

4. A concussion management team should include representatives from *school academic*, *school physical/health services*, *medical*, and *family/student domains* who work collaboratively to develop and adjust an individualized Return to Learn plan.

5. A family is advised to seek out medical evaluation, specifically a timely *medical evaluation, treatment, and clearance* for each concussion (regardless of the age of the student or the mechanism of injury).

6. Academic adjustments written into the *Return to Learn plan* are best overseen and directed by school professionals with dedicated expertise and knowledge of educational law, policy, and curriculum, guiding a collaborative Return to Learn process among the members of the concussion management team.
✓ An Inter-disciplinary Team approach that sets the stage that every team has an equal & important role
✓ A great jumping off point – a way to get all teams to the table
✓ All team roles are spelled out and understood by all other teams
✓ RTP & RTL
✓ Color coded
States that have customized REAP:

1. NASHIA
2. Colorado
3. Colorado 2013 version translated into Spanish
4. New York
5. Florida
6. New Jersey
7. Washington
8. Nebraska
9. Iowa
10. Alabama
11. North Dakota
12. Wyoming
13. South Carolina
14. West Virginia
15. Hawaii
16. Rhode Island
17. Arkansas
Tools For Your Trade:
NASHIA Partners with Karen McAvoy, PsyD,
Brain Injury Educational Consulting, LLC
 Ft Collins, CO

Is your state:
• Looking for a comprehensive resource on concussion management?
• Working to establish partnerships with medical providers, schools, youth and families around concussion management?
• Seeking training or consultation on concussion management?

nashia.org
Concussion management is more than Return to Play legislation for athletes!

Education/Identification of concussion & Removal from Play (RTP Legislation)

Return to School

Notification and Communication across all teams

Return to Learn

Return to Play for athletes (RTP Legislation)

All students must return to school and return to learn even if they do not return to play.
RTL cannot be ROBUST or SUSTAINABLE if predicated on sports &/or medical direction

What we want: Inter-disciplinary Teams
Each team with equal & distinct roles
Each team determines their own policy & procedures

What we have:

Family: Support & Management
School: RTP
Medical: Dx&Tx
Sports: RTP
Family: Support & Management
School: RTP
Medical: Dx&Tx

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7. *Progress monitoring* should include symptom monitoring, no less than one time per week.

8. *Progress monitoring* should include academic monitoring, no less than one time per week.
9. Schools have existing educational safeguards to support all students who struggle academically, medically, psychologically, and socially at school. Concussion can be included and managed using the existing educational safeguards. **MTSS or RTI**

10. Schools should provide increasing tiers of academic support for students with concussions that do not resolve in a typical timeframe. **MTSS or RTI**

11. Schools may apply their existing tiers of support for students with concussion and need not delay community or postpone academic supports while awaiting community health care input if medical input is not timely or available.

40+% of students receive concussion in non-sports related mechanism; not under RTP Legislation


If research says 70% of students (between the ages of 5 years and 18 years) will recover from a concussion within 28 days, then ...

Return to Learn supports need to be quick, nimble and fall within the purview of general education classroom teachers to apply and lift supports as they see fit.

Source: Permission granted from GetSchooledOnConcussions.com©
School-Based and School-Directed RTL

Tier 3
IDEA

Tier 2
Targeted Interventions

Tier 1
General Education

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Return to Learn

Making concussion manageable in the classroom

✔ Kid Tested ★ Teacher Approved™

GetSchooledOnConcussions.com
Complete Return To Learn (RTL) Educational Resources

Being educators ourselves, we know what educational materials are needed for your classroom teachers and related service providers.

Return to LEARN is the purview of the educator

Videos
- How to use the TACT
- The three common effects of concussion in the classroom
- What to do when the concussion does not resolve within 4 weeks?

Tip Sheets
- Lessons for the classroom teacher
- Lessons for the related service provider

Teacher Acute Concussion Tool (TACT)
- Train your classroom teachers how to handle a concussion in the classroom “just in time” – when they get notified of a student in their classroom with a concussion – NO advanced or “face-to-face” training needed

RTL Lesson Plan Booklets
- Tier 1 – for the Classroom Teacher
- Tier 2 – for the Related Service Provider
3 Common Effects of Concussion in the classroom... in this order!

1. Mental Fatigue
   School Impacts: Symptom Management
   • Attendance
   • Instruction

2. Slowed Processing Speed
   School Impacts: Workload Management
   • Removal of non-essential work
   • Reduction of semi-essential work
   • Populate the Grade Book with adjusted work to keep anxiety at bay
   • Opt for removal and reduction instead of extension and postponement

3. Short-Term Memory
   School Impacts: Accountability for tests, grades and mastery of material
   • How to hold student accountable for work = grades
   • Is it OK to test/assess?
   • “Fair Testing”
   • “Alternative Appraisals”
What the teacher hears...

Student attends school (with some symptoms but I can make them comfortable in the classroom) to hear instruction.

What work is reasonable given they don’t feel 100% and what can they learn and produce during this recovery?

How can I assess them, give them a grade and check their mastery in order to advance to next level?

I have students with ADHD that have slow processing speed; I have students with LD that have memory issues … I can handle concussions!
Teacher Acute Concussion Tool (slide 1 of 4)

- **TACT for Teacher Training and/or “just-in-time” training**
- **30+ Tip Sheets available for download**
- **Videos available for download**
The TACT questions take less than 5 minutes to complete

Elementary school teachers – answer 7 questions with student in mind

Middle/high school teachers – answer 8 questions with student in mind

Teachers are asked to answer “how,” “what” and “when” you teach & “how much reading or computer” you use in their lessons
Within minutes, an email will appear in each teacher’s inbox. The TACT delivers RTL guidance via email … face-to-face training not required; advanced training not required

Email is customized based upon teacher’s answers on the TACT that will give ideas and attached Tip Sheets on how to adapt in each classroom when a student with a concussion returns to the classroom...

- A concussion is an energy crisis (brain running on empty) that leads to mental fatigue which leads to symptoms of headaches, dizziness, tiredness, difficulty concentrating, irritability, etc. Flaring of symptoms is the biggest contributor to truancy, missed instruction from the classroom (due to being in the school clinic) and/or inability to learn due to pain. Your 1st goal in supporting a student with a concussion back into your classroom is to help your student manage symptoms so they can be physically and cognitively present in class, all day, every day, so they can hear instruction.

Mental Fatigue Strategies:
- “Pace” their energy - allow frequent 5 to 10 minute eye/brain/water/bathroom breaks IN the classroom after periods of mental exertion and/or
- “Strategic Rest Breaks” - a proactive 20 minute rest break in the school clinic 1X mid-morning and/or 1X mid-afternoon

If you teach this student in both morning and afternoon classes, encourage your student to pace energy so they can stay at school all day, if possible. Being able to attend school and hear instruction is a necessary 1st step before adjustment of workload can happen.

Attachments:
- Mental Fatigue Strategies
Classroom RTL guidance continues automatically, via follow-up emails, for 3 additional weeks...including additional Tip Sheets.

TACT Week 2 - Follow up #1

You identified your student had a concussion on July 2nd. Last week you filled out the TACT to help you get started supporting a student with a concussion in your classroom. Usually concussions get better with time so hopefully your student is beginning to feel better each day, each week. As you enter week 2, remember that symptoms tend to subside (as energy is better managed by the student) and it is permissible to add in more activities and academics. The primary goal in week 2 is to continue to help your student manage symptoms (aka energy) well enough to be physically and cognitively comfortable enough to be at school, ideally, everyday, full days. To hear classroom instruction (including Fatigue Strategies). Once available to hear instruction, you can strike a nice balance between:

- REMOVING non-essential work
- REDUCING semi-essential work
- Focus precious limited energy on a reasonable amount of essential work throughout recovery

Opt for REMOVING and REDUCING work rather than EXTENDING and POSTPONING work (due to Slowed Processing Speed Strategies). If you are already doing so, it may be wise to continue exempting this student from tests and quizzes for a week or 2 more (due to Short Term Memory Strategies) but do begin to creatively grade "adjusted" work. As you approach week 3, review the Tip Sheet on "Fading Academic Adjustments" and start trying to "dip their toes in water". If your student is not showing steady improvement (as evidenced by fewer symptoms with increased social, academic and technology activities), be sure to share your concerns with the RTL facilitator and/or the Student Assistance Team at your school.

- Fading Academic Adjustments
- What to do about Missed Instruction
- What To Do About Work Output

Thank you, the TACT Team.
RTL Teacher Empowerment in 2 ways...

<table>
<thead>
<tr>
<th>Whole Staff Teacher Training</th>
<th>“Just-in-Time” Training</th>
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<tbody>
<tr>
<td>GetSchooledOnConcussions video (15 minutes) + TACT (5 minutes)</td>
<td>And/Or</td>
</tr>
<tr>
<td>Train your whole staff on RTL in 20 minutes</td>
<td>When a student with a concussion comes to the attention of the school – Send link to all teachers of that student to complete TACT “just-in-time”</td>
</tr>
<tr>
<td></td>
<td>Get 4 weeks of email guidance again around particular student – AT THE TIME of the concussion</td>
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</tbody>
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Participating States

Is Your State Schooled on Concussions?

If you are an educator working in a public or private school within any of the 10 states highlighted on the map below, you have unlimited, FREE access to all of the Get Schooled on Concussions tip sheets, videos, and use of the Teacher Acute Concussion Tool (TACT).

Click on your state to locate the organization providing this resource subscription to all schools within your state. Your state’s organization will then send you the required link and password access. You must use your school email address when registering.

If you are an educator in a state without a subscription plan, contact us now to find out how easy it is to obtain these resources for your school.

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School-Based and School-Directed RTL

**Does your RTL resource check the boxes?**

- Is it geared toward educators (RTL), not parents or HCP's (return to school)?
- Does it allow independence from sports & medical direction?
- Does it fit into a MTSS or RTI model?
- Is there specific language to Tier 1 classroom teachers?
- Is there specific language to Tier 2 Related Service Providers?
- Is the emphasis on immediate support in Universal Tier 1?
- Is delivery of guidance to teachers easy, quick, relevant?
- Is training to classroom teachers sustainable?
- Is there an inter-disciplinary team approach?
- Is there symptom progress-monitoring?
- Is there academic progress-monitoring?
- Is RTL school-based and school-directed?
- Is it applicable to athletes and non-athletes?
- Is it applicable to those who do not seek out medical evaluation or treatment?
- Is it applicable to all grades?

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COKidswithbraininjury.com

GetSchooledOnConcussions.com

- Protracted Recovery
- 504 Plans

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REAPconcussion.com

GetSchooledOnConcussions.com

- Protracted Recovery
- 504 Plans

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13. Existing educational safeguards exist for students. They are prompt, flexible, and systematic for all concussed student athletes and non-athletes with academic needs. Return to Learn can be robust, widespread, systematized, and sustainable if embedded into existing educational frameworks.

Questions?
Karen McAvoy, PsyD
Karen@GetSchooledOnConcussions.com

ACADEMIC SUPPORTS FOR STUDENTS AFTER BRAIN INJURY PARTICIPATING IN ONLINE LEARNING
Presented by...

Dr. Brenda Eagan-Johnson
BrainSTEPS Project Director
eagan-johnson@biapa.org
724.944.6542
www.brainsteps.net
Objectives

• We will discuss the BrainSTEPS Program
• How students can be academically supported during online learning based on their individual signs & symptoms of brain injury.
Overview of BrainSTEPS (slide 1 of 2)

Created in PA by:
PA Department of Health – 2007

Unique funding partnership:
PA Department of Health;
PA Department of Education, Bureau of Special Education

Implemented by:
Regional educational Intermediate Units

Under direction from:
Brain Injury Association of Pennsylvania

Adopted the BrainSTEPS Model in 2016:
Colorado Dept of Ed
Overview of BrainSTEPS (slide 2 of 2)

- Support for students with **ALL Types & Severities** of Acquired Brain Injury
  - 10% nonTBI
  - 10% TBI moderate/severe
  - 80% concussions

- **30** BrainSTEPS Brain Injury Consulting Teams cover the state of Pennsylvania

- **300+** Brain Injury Consultants
  - Educational professionals
  - Medical & Rehab professionals
  - Family members
BrainSTEPS Premise

If brain injury related educational supports:

✔ Are immediately frontloaded upon return to school,
✔ Include validated instructional practices,
✔ Are monitored *(phased out, continued, or increased)* over time.

Students with Brain Injury:

✔ Will receive appropriate levels of support based on need/changing needs over time,
✔ Not experience academic failure,
✔ Remain in school & graduate.
COVID-19, Online Learning, & ABI

Common student difficulties after brain injury during online learning (but not all!):

- **Visual scanning**
  - Searching/scanning for visual information

- **Visual attention**
  - Mentally focusing on what is on the screen

- **Visual memory**
  - Difficulty recognizing, encoding, recalling visual information

- **Cognitive fatigue**
  - A decrease in cognitive energy that occurs from focusing on sustained cognitive demands (e.g., schoolwork, learning), independent of sleepiness.
My daughter has a horrible time with online school. She has to simultaneously navigate the school’s course website, Dropbox, the online course schedule, & then Zoom for group projects. Throw in having to figure out how to open a word documents to type notes, download power point slide handouts, print them out, remember where all the microphone & video camera buttons are, quickly mute and unmute herself to speak, & make sure she is still participating enough in online chats for class participation grades in every class is just too much after a brain injury!

- Parent
Teachers implemented academic supports

“Removing the physical presence of a teacher to guide & support learners can have an impact on how students learn, especially those with learning disabilities.”

Virtual Learning Environment

Parents/Family are now responsible for monitoring/cueing/reinforcing (if needed)

1. What are the supports schools typically provide to students after brain injury?

2. How can those supports be adjusted to fit online learning needs of students?

3. How can parents learn about these supports?
The physical activity & cognitive demands of attending in-person school can trigger symptoms (lights, sounds, movements).

However:
At home, students have more control over environmental symptom triggers.
Online learning may result in increased cognitive fatigue due to screen time.

- Quick brain breaks can be beneficial.
- Schedule breaks automatically into the day.
- Student can use a timer.
- Discourage daytime napping.
In Person vs. Online Learning: Flexibility

Flexible Scheduling at Home:

- Half day versus full day
- Rearranging courses to a time when student is more alert can be difficult if a class is only offered in-person 1 time per day
- Online provides much more flexibility for all coursework, repeating classes, credit recovery courses, etc.
Online learning may decrease student mental health issues.

**Positives:** For some students when home & online, more focused effort can go toward learning rather than exerting cognitive effort worrying about school bullies or other school-related anxieties.
Brain Injury & Virtual Learning
(slide 2 of 5)

• Ensure parents, school counselor, school psychologist are aware of red flag signs to look for regarding depression, anxiety, suicidal ideation...

• School staff can use screening tools virtually

• School staff can schedule private online sessions or phone calls to frequently check in with the student post-brain injury

• Keep in regular communication with parents
• Online learning may be difficult due to active brain injury signs & symptoms during synchronous real-time discussions & question/answer periods via chat feature due to (for example) the physical process of typing or slowed mental processing.

• **Asynchronous** activities may be best during the initial days of recovery.
• Teachers can provide questions prior to being asked so the student can prepare an answer & have it typed out or written out before virtual class begins.

• The student can use their computer microphone to speak the answer instead of typing, or the student can use text-to-speech software.

• Teachers should provide checks for understanding & regular reinforcement of new concepts. Don’t rely on the student to tell you they don’t understand.
• For new key learning content, teachers may be willing to **pre-record a parent lesson or meet directly with the parent to pre-teach them the skill**, so the parent who assists their child at home can be better prepared for that day’s online lesson.

• Teachers may also be able to record their online class sessions so the student can review repeatedly, as needed.
Use Worked Examples

• *Step by Step Cueing System*

• Extremely beneficial to all students, regardless if they have experienced effects from a brain injury
  ▪ Scaffolding process
  ▪ Reduces cognitive load for working memory
  ▪ Efficient for students learning a new task or how to solve a problem
Virtual self-advocacy skills –

Encourage students to ask themselves the following questions each day when participating in online learning:

1. Do I understand what I just learned? If not...
   +
2. How can I contact the teacher for help?

Role play the question/answers with them.
Help the student organize his or her computer desktop screen.

• Most students have never been taught how to organize documents on a computer.
  – Where to save a file. How to create a folder. Where the folder should be located.

• An organized desktop & computer filing storage system is something that needs to be taught to all students
  – How to use & organize folders, files, tags, etc.
BrainSTEPS Online Learning Supports

1. 37-minute BrainSTEPS Brain Injury, Online Learning Supports for School Staff:
   youtube.com/watch?v=kVioDG2nW0E

2. BrainSTEPS Guidance Document with suggestions for online brain injury academic supports: tinyurl.com/covidmtbi

3. Accompanying video that supports the document:
   youtu.be/uNeLVNypQEo
Pennsylvania
Brenda Eagan-Johnson, Ed.D., CBIST
BrainSTEPS Project Director
Phone: 724-944-6542
Email: eagan-johnson@biapa.org
DECLAN’S STORY
WE CAME TO SWIM BEFORE EAR TUBE SURGERY
AUGUST 11, 2016
A DAY WE WILL NEVER FORGET
NEXT SEVERAL WEEKS AT CHILDREN’S HOSPITAL
REHAB AT CHILDREN’S HOME – APPROX. 6 WEEKS
Then:

- Age 3 (8/11/2016)
- Craniectomy
- Cranioplasty
- Severe TBI
He is well aware of these scars

• We grow our hair out to cover these up
DECLAN’S RETURN TO SCHOOL POST-TBI

- Age 5
- Kindergarten
- Public School in Southwestern PA
- Issues for Declan at school
  - Impulsiveness
  - Teacher’s inability to teach him
  - Seizures at school
  - Frequent dizziness due to meds
Frequent EEGs
Headaches
Seizures
Emotional
Blurry vision
Noise sensitivity
Side effects of medicine
LIMITED ACTIVITIES
FREQUENT OCCURRENCES

- Unpredictable
- Hospital stays
- Ambulance calls
- Occurs often at school
- Causes him to miss school
- Causes parent to miss work
Another day of not feeling well…

This is his life…
-FALLING AT SCHOOL FROM BEING DIZZY
-SEIZURES IN THE MIDDLE OF KARATE
• Declan and I got connected to BrainSTEPS through a referral from the school
• BrainSTEPS helped:
  • Organize all of our facts;
  • Teach the teachers how to help Declan learn;
  • Stay on top of the teachers;
  • Advocate for services for him:
    • Talk to text features
    • Push for more services
    • Stay on top of IEP
• Natalie and Brenda attend every school meeting;
  • She has no problem telling the team they are wrong,
  • Advocated for services that would be beneficial for him not hold him back (as the school was suggesting)
Declan would not have made it as far as he has without the guidance and expertise of Brenda and Natalie. There has been many times where I am so overwhelmed, I can’t hold myself together. I have been blessed to have a team that never gave up on him like everyone else has. I can’t thank my BrainSTEPS team enough.
FIRST DAY OF 2ND GRADE
WE DO HAVE SOME SPECIAL MOMENTS...
BREAK

Up Next:

• Facilitated Discussion – To Legislate or Not to Legislate

• Open Discussion / Questions and Answers
March 30, 2021, 1:00 – 4:00pm (ET)
"Justice for All: Serving Individuals with Brain Injury Across the Justice System." Register for the session.

April 6, 2021, 1:00 - 4:00pm (ET)
"Maximizing the Effectiveness of Advisory Boards Through Full Participation." Register for the session.
TO LEGISLATE OR NOT TO LEGISLATE?
Table 3  Change from baseline helmet use in studies evaluating the effectiveness of legislation on helmet use in cyclists

Legislation increased helmet use among cyclists, particularly younger age groups and those with low pre-intervention helmet wearing proportions. These results support legislative interventions in populations without helmet legislation.¹

Implementation of Max’s Law in Oregon High Schools

Results from a Survey of High School Athletic Directors
Max’s Law Mandates

<table>
<thead>
<tr>
<th>Training</th>
<th>Annual training for coaches in recognizing the symptoms of concussion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Removal</td>
<td>Removal of student athletes suspected of having a concussion from competition or practice</td>
</tr>
<tr>
<td>Clearance</td>
<td>Evaluation and clearance by an eligible medical provider before returning to competition or practice</td>
</tr>
</tbody>
</table>
Percentage of Sample High Schools that Require and Implement Max’s Law Protocols

- Required: Annual training of coaches
- Required: Immediate removal of athlete with suspected concussion
- Required: Clearance by health care provider
- Implemented: Annual training of coaches
- Implemented: Immediate removal of athlete with suspected concussion
- Implemented: Clearance by health care provider
- Documented: Coach training
- Documented: Concussions
Why do we need legislation?

Max’s Law’s return to play mandates have been nearly universally implemented in Oregon high schools.

Without a return to school mandate, only 21% of schools surveyed had an active concussion management team.

Oregon Health Authority. (2019). Implementation of Max’s Law in Oregon High Schools: Results from a Survey of High School Athletic Directors.
Oregon HB 4140 (2020)

• Broad support from variety of stakeholders
• Effective date January 1, 2021
• Requires the Oregon Department of Education to develop a form for public education programs to use when students have been diagnosed with concussion or other brain injury
• This form facilitates schools in providing immediate, appropriate accommodations for students with brain injury
Return to Learn: To Legislate or Not to Legislate? Pennsylvania’s Experience

Dr. Brenda Eagan-Johnson
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"Return-to-Learn": Academic Reentry for Student Athletes Recovering from Sports-Related TBI

Return-to-Learn as a Public Health Problem

Sports-related concussion, a type of traumatic brain injury (TBI), has received much attention over the past few years. The potential impact on child and adolescent health is significant and nationwide, because so many young people participate in youth and school sports in the United States. For example, the National Federation of State High School Associations reported that participation in high school sports exceeded 7.7 million in 2012-2013, increasing for the 24th consecutive year. Participation in recreational sports is more difficult to ascertain, but estimates hover around 25 million Americans aged 6 to 17.

For people ages 15 to 24, sports are the second leading cause of traumatic brain injuries, behind motor vehicle crashes. Even a single concussion can result in confusion and a decline in memory processes and cause persistent physical symptoms such as dizziness, headaches, and nausea for the days following the injury. Neuropsychological testing to assess post-concussion recovery has mainly focused on college and professional athletes, and not younger ones, but early research has found pronounced memory decline lasting at least seven days in high school athletes who suffered one concussion without losing consciousness.

These effects seem to be more pronounced in younger athletes; concussed high school athletes have been shown to experience longer memory dysfunction and prolonged recovery times as compared with college athletes. Recently concussed young athletes have also been found to perform more poorly on tests measuring attention, concentration, processing speed, and mental flexibility compared with young athletes with no history of concussion or a history of one concussion. The same study found that young athletes with two or more previous concussions that reported no physical or mental symptoms were indistinguishable from those who had experienced a concussion within the past week, supporting the proposition that the cognitive effects of concussion in otherwise healthy young athletes linger.
Informal Return-to-Learn Approaches

Some states have addressed academic reentry outside the legislative or regulatory realm. One such example is Pennsylvania, which has established the BrainSTEPS program. The BrainSTEPS program is jointly funded by the Department of Health, the Department of Education and the Bureau of Special Education, and establishes a return-to-learn protocol utilizing school based academic Concussion Management Teams (CMTs). CMTs consist of one academic monitor and one symptom monitor who may increase or fade school adjustments depending on how the student is doing. While such programs do not carry the force of law, their implementation and cooperation among collaborative parties may be enhanced by the parties’ shared understanding of purpose and organizational capabilities and infrastructure. That is, because the joint partners themselves developed the program and protocol and understand their organizations’ capabilities and structure, they are unlikely to encounter difficulties with implementation.
Return to Learn
Concussion Management Team (RTL CMT)

• Ancillary BrainSTEPS Model to build school internal capacity to manage concussions for initial 4-6 weeks

*Trained over 3,000 RTL CMTs since 2013
Return to Learn Process of Support for Concussion

BrainSTEPS
@ 4-6 Weeks Post Concussion

RTL CMT

REFERRAL

Athletic Trainer/Coach/AD

Concussed Student

Parents

Medical Professional

School Team
BrainSTEPS: RTL CMT Training

• 5.5 hour, asynchronous, online, interactive 7-module course

• 3 resource tools are provided to CMTs to implement the protocol:
  1. State Department of Education endorsed BrainSTEPS: Return to Learn Concussion Protocol
  2. Protocol Implementation Checklist
  3. Concussion RTL Monitoring Toolkit
Take the Official BrainSTEPs Interactive Video Course:
Return to Learn Concussion Management Team Training

A nationally recognized model for brain injury school-based educational consulting, delivering training to thousands of educational professionals for over a decade. Earn up to 6.5 professional development credit hours in Colorado and Pennsylvania.

About the Course
This course is designed to train members of the school building's Return to Learn Concussion Management Team (CMT) how to manage student concussions for the initial 4-6 weeks post concussion. CMT members will learn how to monitor a student's academics and post-concussion symptoms while gathering appropriate data to justify educational decisions. Second, CMT members will learn how to ensure concussed students receive appropriate educational supports during the initial 4-6 weeks post concussion to promote faster recovery. School staff serving on the CMT will learn how concussion affects learning and strategies they can employ to help students remain in school throughout the recovery process.

Course Outline

- Introduction to the Return to Learn CMT Training
  Presented by Janet Tyler, Ph.D., CBIST
  15 M

- Concussions: What You Need to Know From a Medical Perspective
  Presented by Mark Halstead, MD
  45 M

- Concussions: What You Need to Know From an Educational Perspective
  Presented by Brenda Eagan Brown, MEd, CBIS
  20 M

- Academic Planning for the Return to Learn Concussion Management Team - Part 1
  Presented by Brenda Eagan Brown, MEd, CBIS
  50 M

- Academic Planning for the Return to Learn Concussion Management Team - Part 2
  Presented by Brenda Eagan Brown, MEd, CBIS
  67 M
Expanding Concussion Laws Not Necessary for Return to Learning After Concussion

Mark E. Halstead, MD, Karen McAvoy, PsyD, Brenda Eagan Brown, MEd, CBIS

The concept of returning to learning (RTL) after a concussion is relatively new in the history of concussion management. McGrath, in 2010, was 1 of the first to publish the idea of providing for academic support to student athletes recovering from a concussion.¹ The American Academy disorder, learning disabilities, autism, and diabetes, as well as concussions. With attention deficit disorder, for example, a physician may conduct an evaluation and receive input from teachers before prescribing medication and other treatment, but the day-to-day adjustments and accommodations

Why?

• Educational support frameworks currently exist to aid students with medical disabilities who rise to the level of more intensive intervention.

Instead:

• Educate general education teachers about concussions, specifically on how to make short-term academic adjustments in the general education classroom to impact the majority of students with concussions that resolve within several weeks.

• Although it is true that legislation comes with an increase in public awareness, for RTL it may be more appropriate to use time and funding to enhance existing educational resources.
Establishing Consensus for Essential Elements in Returning to Learn Following a Concussion

Karen McAvoy, PsyD¹, Brenda Eagan-Johnson, EdD, CBIST¹, Rosalee Dymacke, PhD¹, Stephen Hooper, PhD¹, Melissa McColl, DEd¹, Janet Tyler, PhD, CBIST¹

ABSTRACT

BACKGROUND: Returning to learn following a concussion is the process of managing a student's recovery during the school day by implementation of academic supports with varying intensity. Due to a lack of consensus or even guidance on Return to Learn, this paper set out to establish cross discipline consensus on some essential elements of Return to Learn using a Delphi method.

METHODS: Sixteen national organizations participated in a Delphi process to reach consensus on overarching themes of Return to Learn focused on: returning a student to school, composition of the school-based concussion management team, progress-monitoring, educational safeguards, neuropsychological testing, and legislation. Two rounds of questionnaires were disseminated via email using a Delphi process. Consensus was established during round 2.

RESULTS: Twelve national organizations were able to reach consensus and endorse 13 essential elements of Return to Learn following a concussion.

CONCLUSIONS: There continues to be limited research on concussion Return to Learn leading to confusion in the field. In this paper, we demonstrate consensus on a number of essential elements, from a wide variety of professional disciplines who participate in the care of students following a concussion, as a starting place for some guidance on Return to Learn.

Keywords: concussion; traumatic brain injury; return to learn; return to play; interdisciplinary team; section 504; individual health care plan.


Received on July 18, 2019
Accepted on March 30, 2020
The PROS of enacting Return to Learn legislation include:

1. Increased awareness of concussion & resulting learning impacts among educators

2. Potentially improved and more consistent communication among school, family, and health care providers who serve on the concussion management team

3. Higher school accountability for RTL academic supports at school
The drawbacks of enacting RTL legislation:

1. May be interpreted to apply only to sports-related concussions if Return to Learn language is written into current or existing Return to Play legislation;

2. Does not provide the ability to direct specific Return to Learn guidelines toward school districts which exert local control;

3. Does not account for the varying needs and resources of districts;
The DRAWBACKS of enacting RTL legislation:

4. May not be necessary in light of already existing federal educational laws requiring districts to support all students regardless of medical diagnosis (even temporary);

5. Does not include funding for school personnel training; and

6. Could increase the potential for litigation.
In Conclusion

- **Schools are required by federal law to support struggling students.**

- Although RTL legislation may help align all schools within a state into doing something to create a plan for RTL concussion management, the biggest missing piece continues to be (typically) a lack of funding for training to meet the requirements of the legislation.

- To change the culture and function of a school infrastructure, it requires more than just legislation. It requires a commitment to training.
Real-Time Evaluation Questions

• Please take a moment to respond to these seven evaluation questions to help us deliver high-quality TBI TARC webinars

• If you have suggestions on how we might improve TBI TARC webinars, or if you have ideas or requests for future webinar topics, please send us a note at TBITARC@hsri.org
March 30, 2021, 1:00 – 4:00pm (ET)
"Justice for All: Serving Individuals with Brain Injury Across the Justice System." Register for the session.

April 6, 2021, 1:00 - 4:00pm (ET)
"Maximizing the Effectiveness of Advisory Boards Through Full Participation." Register for the session.
The Traumatic Brain Injury Technical Assistance and Resources Center (TBI TARC) is an initiative from the Administration for Community Living that helps TBI State Partnership Program grantees promote access to integrated, coordinated services and supports for people who have sustained a TBI, their families, and their caregivers. The Center also provides a variety of resources to non-grantee states, people affected by brain injury, policymakers, and providers.

Thank You.
MEET THE PRESENTERS
Julie Myers, MPH is the Program Administrator for the Bureau of Family Health's Traumatic Brain Injury programs. She is involved in several grant projects involving education and training for TBI, school reentry, and neuroresource facilitation. She serves on the Board Logistics and Support Team for Pennsylvania's Traumatic Brain Injury Advisory Board. She is a graduate of Penn State College of Medicine with a master of public health in Health Systems Organization and Policy.
Karen McAvoy, PsyD, is dually credentialed as a clinical and school psychologist. Her career has spanned positions in Pediatric Psychology (with the Children’s Hospital Colorado and Rocky Mountain Hospital for Children) to positions in School Mental Health (with Cherry Creek School District and the Colorado Department of Education). Dr. McAvoy is the author of REAP (Remove/Reduce* Educate*Adjust/Accommodate and Pace) – a community-based inter-disciplinary team approach to concussion management. She is also the co-founder and owner of GetSchooledOnConcussions.com, a website and training curriculum empowering educators to direct Return to Learn efforts for students with concussion at school. Currently, Dr. McAvoy continues to serve as a consultant to the Colorado Department of Education where she provides trainings to educators on the impact of neurologically-based disorders on learning and behavior. She also directs the Concussion and Neurological Health Center with Berkana Rehabilitation Institute in Ft Collins, Colorado.
Dr. Brenda Eagan-Johnson, Ed.D., CBIST, has over two decades of experience in the field of pediatric brain injury, education, and neuro-developmental issues in children. Dr. Eagan-Johnson is instrumental in the creation, ongoing development, and daily oversight of the nationally recognized Pennsylvania statewide child and adolescent brain injury school consulting program, BrainSTEPS – Brain Injury School Re-Entry Consulting Program. She also serves as a consultant for a Centers for Disease Control and Prevention–funded study related to BrainSTEPS outcomes. Through her work, Dr. Eagan-Johnson regularly trains medical, rehabilitation, and school staff on the identification, symptoms, and educational treatment methods to improve cognitive, executive function, behavioral, social, and communication skills, as well as transition strategies, for students who sustain acquired brain injuries.

Dr. Eagan-Johnson received her master’s degree in transition special education specializing in pediatric traumatic brain injury from George Washington University, where she has served as an adjunct instructor since 2015. She holds a doctor of education degree in Mind, Brain, and Teaching (educational neuroscience) from Johns Hopkins University. Dr. Eagan-Johnson has three teaching certifications and serves on three national advisory boards. Additionally, she has held a Certified Brain Injury Specialist certification since 2008. Dr. Eagan-Johnson is published in pediatric brain injury, regularly presents at the national and international levels, and has received multiple awards for her work. She was the co-lead for the first Concussion Return to Learn Consensus for the National Collaborative on Children’s Brain Injury, which is endorsed by 12 national organizations. Spearheading development and creation of Pennsylvania’s Return to Learn Concussion Management Team Model, now endorsed by two State Departments of Education, Dr. Eagan-Johnson has trained over 2,800 school-based concussion teams since 2013. Her brother sustained a severe TBI when they were teenagers, which is where her passion in the field began.
Hillary McClain Teears is a clinical instructor in the Department of Periodontics and Preventive Dentistry at the University of Pittsburgh School of Dental Medicine. Ms. McClain Teears is a mother to 4 young boys, 2 biological and 2 stepsons, all of whom live with her and her husband full time. Her biological 8-year-old son is a survivor of a severe traumatic brain injury. She discusses her experiences with her son's school following his TBI and the valuable support she received from the BrainSTEPS Program.
Dave Kracke, JD, is the Oregon Brain Injury Advocate/Coordinator. David has been a member of the Oregon State Bar for 28 years. He has an extensive background working with private and public stakeholder groups in the realm of legislative and policy initiatives. He is a recognized legislative and policy expert in TBI. David served as a lead author and legislative advocate for the stakeholder-informed efforts to pass concussion-response education laws, including Oregon Revised Statute (ORS) 336.485, ("Max’s Law"), one of the nation’s first enacted laws establishing concussion protocols for concussed high school athletes and ORS 417.875, ("Jenna’s Law), a companion law to Max’s Law which provided statewide concussion protocols for all youth athletes in the state of Oregon regardless of league affiliation. In 2020, David and Melissa McCart from CBIRT led the successful effort to require immediate temporary academic accommodations for concussed students returning to school.

David’s position at CBIRT is the first step toward establishing a permanent Brain Injury Advocate-Coordinator Director for the state of Oregon.