

Return to Learn Workforce Competencies

Introduction

In 2018, the Administration for Community Living awarded TBI Partnership Grants to 24 states with the overarching goal of creating and strengthening a system of services and supports that maximizes the independence, well-being, and health of people with TBI across the lifespan, their family members, and support networks.

To support this goal, grantees were charged with helping to inform and create a national, culturally competent, person-centered training infrastructure for TBI service professionals. Specifically, the development of workforce training competencies were intended to provide guidance on the knowledge, skills, and abilities needed among staff serving persons with TBI across the lifespan and across different domains (e.g., educational, vocational rehabilitation, criminal/juvenile justice settings).

The competencies are intended to be used as a comprehensive set of proficiencies that specifically address the training needs of professionals, paraprofessionals, and others (e.g., police officers, educators, child welfare professionals, etc.) who serve individuals with brain injury. These competencies have been developed with the knowledge that regulations and guidance vary from state to state and are intended to be used in conjunction with each state's laws.

Purpose: The purpose of the Return-to-Learn, Return-to-Play (RTL/P) competencies is to provide the knowledge, skills, and abilities educational personnel need to serve students K-12 who have been identified as having a traumatic brain injury (TBI). These competencies are not intended to encompass the full range of job duties related to working with these students but to broadly reflect current research and practice in the field.

Contributors:

Grantee states: Project staff with expertise in the area of RTL/P participated in the development of the competencies and were from the following states: Oregon, Pennsylvania, Virginia, West Virginia, Tennessee.

Technical assistance: Project staff from ACL's technical assistance center - Grant Thornton - provided technical support, including conducting initial literature review.

Subject matter experts: 14 subject matter experts in the area of RTL/P reviewed the final set of competencies for relevance and provided feedback. SME backgrounds covered the range of sub-specialties represented by the competencies. Their roles included: a Clinical Psychologist and Certified Counselor serving as a School Psychologist, State Administrator, Speech Language Pathologist, Neuropsychologist, Department Chair - Special Education, School Nurse, Athletic Trainer in Secondary School, School Psychologist, Licensed Clinical Social Worker, CEO Concussion Based Non-Profit, Child Psychiatrist, Brain Injury Consultant/Trainer, School Administrator, School Psychologist, and a Researcher and University Faculty.

Development and evaluation processes:

The RTL/P competency development process took place over the course of 18 months and was comprised of 5 primary activities:

Activity #1: Literature review and initial competency development

- Project staff from CBIRT/University of Oregon and Grant-Thorton conducted a broad review of the literature to determine relevant categories for the competencies.
- The literature review looked for publications that identify the essential components of an educational infrastructure that support students with traumatic brain injury across the range of injury severity as well as gaps in care and current knowledge about TBI among educators. Publications included the *CDC Report to Congress about Brain Injury in Children* and two white papers: one sought to identify promising practices for return after TBI and the other to build the capacity of states to support students with mild traumatic brain injury (mTBI)/concussion.
- An initial draft of these competencies was drafted based on this literature.
- Melissa McCart, DEd, of CBIRT/UO reviewed and refined this initial draft.
- This following draft was reviewed and refined by Julie Myers, MPH, Public Health Program Administrator, Pennsylvania Department of Health, Bureau of Family Health and Brenda Eagan-Johnson, EdD, CBIST, State Project Director for BrainSTEPS, in Pennsylvania.
- Competencies were updated to reflect these changes.

Activity #2: Iterative internal review of competencies among internal SME of grantee states:

- The updated competencies were reviewed by internal SMEs/ACL TBI State Partnership grant project staff representing Oregon, Pennsylvania, Virginia, West Virginia, and Tennessee. Competencies were updated twice with each round of review until the internal review group determined there were no further changes.

Internal SME & relevant background:

- Julie Myers: MPH, Public Health Program Administrator, Pennsylvania Department of Health, BrainSTEPS and Safety in Youth Sports Program Administrator
- Amanda Acord-Vira: EdD, OTR/L, CBIS, Associate Professor, Division of Occupational Therapy, West Virginia University
- Miranda Talkington: LGSW, CBIS, TBI Program Manager, West Virginia University Center for Excellence in Disabilities
- Paula Denslow: CBIS, Director, Brain Links, Tennessee Disability Coalition
- Ashley Bridgman: MS, NPAS, SRAS, Traumatic Brain Injury Program Director, Tennessee Department of Health
- Melissa McCart: Ed.D, Center on Brain Injury Research and Training, University of Oregon, previously a school administrator and special education teacher
- David Kracke: JD, Brain Injury Litigator 1990 to 2018; Policy and legislative expert; Oregon's Brain Injury Advocate Coordinator, Center on Brain Injury Research and Training, University of Oregon
- Donna Cantrell: MEd, Program Specialist, Federal Traumatic Brain Injury Act Grant, Brain Injury Services Coordination Unit, Staff, Virginia Brain Injury Council, Virginia Department for Aging & Rehabilitative Services

Other:

- Megan Jones, administrative assistant

- Laurie Powell, facilitator

Activity #3: External SME review:

- The updated competencies were then uploaded in Qualtrics then disseminated to SMEs identified by internal group members as experts in their respective fields related to RTL/P (e.g., athletic trainers, psychologists, coaches)
- 14 of the 17 identified SMEs reviewed and commented on the workforce competencies.

Activity #4: Finalize & categorize competencies:

- The internal SME's met over 3 meetings to review the findings of the external SMEs, modify the competencies in response to this feedback, then develop categories of key staff/provider roles to which the competencies should be assigned.

Activity #5: Competency adherence tool development

- Based on the established categories, a program of self-assessment checklists was developed, including examples of competency implementation.

Competencies

I. Definitions:

- Knowledge: essential information needed to serve this population
- Abilities/Skills: practical application of essential knowledge
- Competence: applying skill successfully or efficiently
- Confidence: one's sense of self-efficacy performing the skill

II. Abbreviations:

- TBI: Traumatic Brain Injury
- RTL: Return to Learn
- RTP: Return to Play

III. Competencies: The following competencies pertain to a range of positions working in or related to educational settings. This includes:

- School Administrators
- Athletic Trainers, Athletic Directors, and Physical Education Teachers
- Coaches and Referees
- Recess Monitors
- Community Mental Health Care Professionals and Social Workers
- School Psychologists and School Counselors
- Community Physical Health Care Professionals
- Pediatricians and Concussion Clinic Health Care Professionals
- School Nurses
- Educators and Special Teachers (Art, Band, Music, Home Economics, Home School)
- Special Educators
- Parents, Guardians, and Caregivers
- Students

Note: Not all competencies are applicable to all workforces outlined

1. Understand what TBI is and how it impacts children's education (birth-3, pre-K, K-12, and

transition to adulthood -including post secondary/ trade education).

2. Understand state concussion laws and laws that impact academic services such as Americans with Disabilities Act (ADA), Individuals with Disabilities Education Act (IDEA), Individualized Education Program (IEP) and Section 504.
3. Ability to educate students about reporting TBIs and TBI risks, signs and symptoms.
4. Have awareness of how RTL/P is comprehensively managed and tracked in your school/district and have access to annual training and tools for management for coaches, athletic trainers and educators.
5. Knowledge of how TBI is managed in the school/district.
6. Ability to recognize emergency symptoms and/ or danger signs immediately following TBI, including concussion, and when emergency transport/care is needed.
7. Ability to determine when a child/student can be returned to play after a blow to the head or body.
8. Use validated tools during sideline evaluation for possible concussion by qualified professionals.
9. Recognize when a child/student who has sustained a TBI requires non-emergency care from appropriate health care professionals.
10. Recognize how symptoms of TBI can impact learning and other activities.
11. Understand and utilize evidence-based screening tools for assessing TBI signs, symptoms, behaviors, and impacts.
12. Recognize when a child/student who has sustained a TBI requires academic, social, and/ or behavioral supports and provide supports tailored to the student's symptoms as needed.
13. Be aware of and understand the relationship between TBI and behavioral health, including new and pre-existing conditions. Students with TBI may be at an increased risk for mental health crisis, including depression, anxiety, and suicide.
14. Understand the role of the school healthcare provider and the need to provide/coordinate appropriate medical and behavioral health services to children with TBI.
15. Recognize the need for collaboration and communication between parents/guardian, physicians, school nurses, school counselors, athletic trainers, and other appropriate school personnel, to monitor the student recovery following TBI.
16. Facilitate gradual return to learn, return to play and other activities for students while also monitoring recovery.
17. Monitor and document student progress and communicate across domains (i.e, medical, educational, athletic, and home).
18. Assess recovery relative to pre-injury performance capabilities.
19. Perform assessments to evaluate the impact of TBI on school activities and to identify the student's

strengths and weaknesses within the educational setting in order to plan service provisions.

20. Be aware of and understand your state's regulations and/or laws as they apply to these competencies.

IV. Self Assessments:

- All Roles
- School Administrators
- Athletic Trainers, Athletic Directors, and Physical Education Teachers
- Coaches and Referees
- Recess Monitors
- Community Mental Health Care Professionals and Social Workers
- School Psychologists and School Counselors
- Community Physical Health Care Professionals
- Pediatricians and Concussion Clinic Health Care Professionals
- School Nurses
- Educators and Special Teachers (Art, Band, Music, Home Economics, Home School)
- Special Educators
- Parents, Guardians, and Caregivers
- Students

Literature Review

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