

## Table of Contents

<b>OVERVIEW</b> .....	<b>1</b>
STEPS IN IMPLEMENTING THE MODEL .....	1
<i>Step 1: Conduct Needs Assessment</i> .....	2
<i>Step 2: Recruit Team Members</i> .....	2
<i>Step 3: Deliver Trainings</i> .....	2
<i>Step 4: Provide Mentorship and Ongoing Support to Teams</i> .....	2
RESOURCES NEEDED .....	3
LESSONS LEARNED .....	3
<i>Advantages of the TBI Resource Team Model</i> .....	3
<i>Barriers to Team Effectiveness</i> .....	4
<b>TECHNICAL DESCRIPTION</b> .....	<b>5</b>
PURPOSE AND GOAL OF THE MODEL .....	5
HISTORY OF THE MODEL .....	5
DESCRIPTION OF THE MODEL .....	6
NEEDS ASSESSMENT.....	7
RECRUITMENT OF TEAM MEMBERS .....	7
TRAINING .....	8
LESSONS LEARNED.....	8
<i>Common Ground (lessons experienced by all three States)</i> .....	8
<i>Individual Lessons from States</i> .....	10
CURRENT PROJECTS .....	10
COMMITMENT.....	11
MAINTAINING THE MODEL .....	12
<b>BIBLIOGRAPHY</b> .....	<b>13</b>
<b>APPENDIX A: IMPACT OF THE TBI RESOURCE TEAM MODEL</b>	
<b>APPENDIX B: SAMPLE BUDGET</b>	

## **Building Capacity of Educators to Serve Students with TBI: A Regional Team Approach *Overview***

Traumatic brain injury (TBI) was established as a category of disability under the Individuals with Disabilities Education Act in 1990. Since then, with increasing numbers of students with TBI reentering school after their injuries, or entering school after experiencing TBI in early childhood, educators in every State have become aware of the unique needs and challenges these students present. However, few educators feel prepared to meet these students' needs. Most teachers do not receive pre-service training on the effects of TBI on school performance and very few graduate programs in special education provide training in TBI.

Among the issues for which educators seek information and direct assistance are:

- € establishing eligibility for special education services;
- € health and medical issues in school settings;
- € behavior management;
- € social adjustment;
- € determining appropriate academic expectations;
- € identifying effective accommodations;
- € employing appropriate instructional strategies; and
- € planning for transition.

In Iowa, Kansas, and Oregon, assistance in these areas is provided by interdisciplinary regional teams of educators coordinated by the State Departments of Education (DOE). Originally supported by Federal funds, these States trained members of regional teams to be not only knowledgeable about TBI issues but also experienced in providing in-service training and direct consultation to their fellow educators. The teams have bridged a gap in State supported services to the emerging population of students with TBI. The success of the TBI resource team model has led to interest in other States. Currently, Tennessee, Arizona, and Hawaii are training team members.

<b>State</b>	<b>Start Date</b>	<b>Source of Original Funding</b>	<b>Number of Trained Team Members</b>
Kansas	1987	Federal	205
Iowa	1989	Federal	100
Oregon	1993	Federal	125
Tennessee	2001	Federal	90
Arizona	2002	Federal	in progress
Hawaii	2002	State	in progress

### **Steps in Implementing the Model**

The model calls for careful selection of team members, intensive training over a period of several months, long-term mentoring, and on-going support. This comprehensive approach is designed to assure that training will carry over into classroom practices that have a positive impact on

students. Each step is described below.

### **Step 1: Conduct Needs Assessment**

Information from a broad-based needs assessment regarding educational services for students with TBI can guide the development of the model. The needs assessment provides information about areas related to TBI in which educators need training, and how teams should be recruited and organized throughout the State. The needs assessment should access both parent and school perspective, and can include both written surveys and informal interviews.

### **Step 2: Recruit Team Members**

Information from the needs assessment can help determine the number, composition, and recruitment process for each team. The number of teams within a State varies widely. For example, in Iowa, one brain injury resource team was established for each of the State's 15 Area Education Agencies. In Oregon, there is one statewide team, with members located throughout the State. In all cases, the teams are multidisciplinary, and include family members and individuals with TBI.

### **Step 3: Deliver Trainings**

The goal of the training is to provide team members with current information about the effects of TBI and strategies for working effectively with students, families, and teachers. Training occurs over approximately 10 full-day sessions, with topics such as: parent/school communication; behavioral intervention strategies; compensatory memory and organizational strategies; and presenting an effective in-service. Unlike traditional in-service training approaches, training for TBI team members is an interactive process, designed to increase knowledge, skills, and confidence of trainees over time.

### **Step 4: Provide Mentorship and Ongoing Support to Teams**

Following the initial training phase, new team members work in teams as they plan and conduct in-service trainings and consult in classrooms. In some States, more experienced consultants have been available to provide support to new team members. This phase allows team members to "get their feet wet" while providing the necessary support to build success.

Once a cadre of team members is trained and available for consultation, team operations are maintained and supported through a central office at the department of education. Ongoing trainings occur one to two times a year. This allows team members to stay abreast of research in TBI and to maintain collegial ties. Evaluation and publicity efforts are critical for ongoing success of the model.