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Short Communication Open Access

The Role of the School Psychologist in Assisting Student-Athletes' Return-to-Learn Post-Concussion

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Short Communication

Over the next few weeks, here in the United States (US), hundreds of thousands of children and adolescents will be returning to school from the summer recess. Many of them, both boys and girls, will be participating in interscholastic competition in one or more of the generally recognized "contact" sports (e.g., football, soccer, lacrosse, basketball, field hockey, and volleyball). Invariably, some will experience some level of head trauma. Some of the most recent statistics indicate that there has been a significant increase in the percentage of emergency department visits for Sport- and Recreation-Related Traumatic Brain Injuries (SSR-TBIs) per 100,000 of the population from 2001 to 2012 [1]. More than doubling the number of events from 73.1 in 2001 to 152 in 2012; in addition, rates were significant for ALL age groups and BOTH sexes [emphasis added] [1]. So I ask you, my School Psychologist (SP) colleagues, to be proactive and to think about where you and your skill sets fit in to this likely scenario? To quote a presentation I attended earlier this year, "How many of you would consider yourselves neuropsychologists?" The response she was looking for was an enthusiastic sense of security in the collective level of training in the room. Which was not what she received. From her perspective, we (School Psychologists) are or should be well-versed in neuropsychology since many of the instruments we administer and interpret are thoroughly grounded in neuropsychological/information processing theory [2]. My hope is that in light of recent developments in this area, school psychologists are at least familiarizing themselves with some of the basics of the pre-season "Baseline Assessment". The US now has 50 different versions of state legislation in the form of diverse "concussion laws" designed to, supposedly, protect student-athletes (SA) from Sports Related Concussions (SRC). The complexity, extent of proactivity, and financial support available for these statutes varies across each state. Therefore, I propose a best-case scenario for what should be the minimum our profession can do each year in preparation for and during the school year.

In order to be effective facilitators, we SPs must lay a foundation of knowledge for our co-workers within the school system. Talking to Principals, guidance counselors, coaches, PTSAs, athletic trainers, and teachers BEFORE the need arises will go a long way in sowing the seeds for cooperation when that time comes. We can begin in the "professional development" period prior to the start of classes by speaking with administrators and school personnel we work with in our assignments. In the first weeks of school, the school psychologist should make an effort to attend "Parent-Teacher or Meet the Teacher Night" as a presenter or to answer individual parent questions. By thinking and acting in a pre-emptive manner, we can empower those we work with to manage what can be a very difficult scenario for all involved.

In those early days (before classes resume), there are many different opportunities for school psychologists to show themselves as involved or essential components of the school's "management team." Be ready to provide the parents with basic information on what they should reasonably be able to expect from their public school system , and how can we facilitate preparation within the system. Most, if not all, public schools normally engage in a few days of professional development for teachers, staff, and other school support personnel prior to the start of classes. Have the classroom teachers in your district been shown what to look for, not only in their SAs, but in ALL the children they serve across ALL grades?

While you and your colleagues are gearing up for the start of classes, many student-athletes have begun the pre-season preparation for their given sports. Now in most states, that preparation not only includes a thorough physical, but also a baseline assessment. It may even include a classroom-type presentation on the Signs and Symptoms of Concussions and the Student-Athlete's (SA) responsibility to report these to coaches, parents and athletic trainers (ATC). There may also be a parent orientation (hopefully) that covers the same information, although this is not always the case. In my district, parents are instructed to watch a 20-30 minute video on a closed circuit cable channel, the same video shown in the school for the student-athletes. There is no formal human interaction to discuss this important topic and for parents to ask questions and dispel myths. Since this system was implemented ~2+ years ago I have noticed an increase in the number of parent questions regarding services for their children who have suffered a concussion. More specifically, they ask, "what types of services should they look for from the public school system? Are their children 'entitled' to accommodations, an Individual Education Plan (IEP), 504 Plan or other Exceptional Student Education (ESE) services? What's the difference between these?" As a School Psychologist, I feel that my colleagues and I should step in and fill this information void. When your schools engage in professional development for teachers, staff, and other school support personnel prior to the start of classes, get in there and speak to them, even if it is in the informal setting of the teacher's lounge. Show the classroom teachers what to look for, not only in their SAs, but also in any of the children they serve across ALL grades?

Case example

Let us suppose that you were just informed a student has suffered a significant "brain injury" that has required him/her to be removed from competition and to get "Return-to-Play" clearance from a physician. Using the SA's baseline data the School Psychologist should look for areas of impairment (e.g., verbal memory, visual memory, reaction time, etc.) The parents and SA (if possible) should meet with relevant school personnel (i.e., 504 committee) to make the

determination of what is needed by the SA to access an "Appropriate Education" as defined by federal law. Based on the SA's symptom presentation/profile and physician assessment it has been determined that the SA has a "physical and/or mental impairment that results in a substantial limitation " in the student's ability to perform up to the "average" level of the general population.

- So what is an "appropriate education" as defined by section 504 and the ADA?
- Section 504 Definition of Appropriate Education
- Section 504 regulations define the provisions of an "appropriate education" as "the provision of regular or special education and related aids and services that
- Are designed to meet individual education needs of handicapped persons as adequately as the needs of non-handicapped persons are met, and
- Are based upon adherence to procedures that satisfy the requirements of C.F.R. 104.34 (educational setting in the least restrictive environment); C.F.R. 104.35 (evaluation and placement procedures); and C.F.R. 104.36 (procedural safeguards with respect to actions regarding the identification, evaluation, or educational placement of persons who, because of handicap, need or are believed to need special instruction or related services)." [C.F.R. 104.33]

Definition of Section 504 Terms

Assessment: Refers to the gathering of data from a variety of sources, such as achievement records/ scores, grade reports, teacher observation comments, discipline and attendance records, the cumulative record, and/or medical records provided by parents, etc.)

Educational Placement: Refers to the application of the Section 504 Plan in the general education setting.

Supplementary Aids and Services: Refers to the actual accommodations determined in the student's Section 504 Plan.

Accommodations: refer to the special arrangements used in the general education classroom to provide access to the curriculum/ program that do not change the course expectations and/or content of the curriculum/program. (Examples of accommodations: sitting in the front of the room, being provided with extended time for testing, providing a student with highlighted critical text, or providing use of a calculator.)

The School Psychologist in this scenario is (and SHOULD be), the liaison between all parties involved (Physician, teachers, Coaches, athletic trainer, and Student-Athlete). They have the training and expertise and are the most qualified to coordinate the necessary services required by the SA. Parents facing the unwanted task of assisting their son or daughter in their re-integration into an academic setting should feel comfortable in contacting the school psychologist and asking for assistance.

How can we make this Collaboration Easier?

I recently had an exchange with a colleague in education about the outstanding work she has done in Pennsylvania to improve the lives of students & student-athletes with mTBIs. How was she able to do this for an entire state? Hard work, support from key educators, hard work, knowledge, hard work, collaboration, and hard work (see a pattern?). To make the greatest impact in what WE do as educators, psychologists, concerned parents and administrators, WE need to work hard! There is still much to be learned about the potential long-term effects of concussions.

The fruit of her labor has been the development of an easy to understand vernacular for dealing with "Return-to-Learn" scenarios: www.GetSchooledonConcussions [3]. These resources and practice guidelines are timely and immediately functional. No matter where you are, the clear information on "Response to Intervention (RTI)" or "Multi-Tiered Systems of Support (MTSS)," could be printed directly from the website and taken into my next student support meeting. Why re-invent the wheel? At this point, there ARE a finite number of facts about concussions (mTBIs) in this field. Yes, groups are discovering and developing new methods, interventions, and management techniques at an ever increasing pace; however the scaffold of what WE do is largely unchanged. In my experience, the 'system' needs a better understanding of terminology, definitions, and implications by the parties involved and more agreement on how these are implemented. By agreeing to a common nomenclature that is simple and functional SPs can move the discussion to the student's needs.

Instead of RTI, the term "Response to Management (RTM) was recently coined by McAvoy K and Eagan-Brown B [3]. as a logical extension for facilitating classroom supports for concussed students. In this document, they emphasize the importance of a common and "intentional" language when discussing classroom/school interventions. They state that, "the words you use to describe your intervention will immediately [sum up] where the student is in the process of recovery."

Academic Adjustments: Interventions that are informal, flexible, provided in the general education classroom, applied immediately with no paperwork, meeting or delay, applied generously in weeks 1 to 2, weaned back in weeks 3 to 4, removed by the general education teacher when no longer needed.

Academic Accommodations: Interventions that may now need to be kept in place longer due to delayed recovery (beyond 4 weeks) or severe symptoms.

Best Practices Suggest that these Interventions Require

- a "official" meeting
- paperwork
- evaluation/data collection
- should be prescriptive to a few select symptoms
- progress-monitored
- time-sensitive
- can be a Tier 2 plan (i.e. Section 504 Plan or Individualized Health Plan IHP).

These are accommodations to the environment to access learning but is not a change to the curriculum

Academic Modifications: Interventions provided when the concussion (essentially a traumatic brain injury-TBI) is severe, debilitating and now a permanent "disability". This allows for eligibility consideration for special education (IDEA) and need must rise to the level of individualized placement, programming or modification of curriculum. By definition, a "concussion" = mild TBI, temporary impairment (3 to 4 weeks) would have little occasion to rise to the level

of requiring special education. Special education would be an extremely rare outcome following "concussion".

I wholeheartedly agree with this approach of having a common vernacular. By doing so, we improve service delivery, understanding and program fidelity. We need to have more consensus building with the skills and programs that have proven effective, in order to promote real change. Having multiple versions of the same message, clouds the water and dilutes our message to consumers and policy makers and more importantly, diminishes our collective credibility.

Parents can also begin to prepare, if they have not already done so, for the upcoming school rear. Specifically, if your child falls in the category of student-athlete or has already experienced a mTBI. Some things to think about as you begin to look for school supplies, and new clothes.

Elementary, Middle/High School (grades K - 12)

- Visit your medical care provider for an update! This can be 1 or all of the following:
- Pediatrician
- Neurologist/Neuropsychologist
- School Psychologist
- If you have not updated baseline assessment (ages 7 and up), now might be a good time to get those scores (Neurocognitive, Balance, & Visual).

If your student sustained their concussion prior to the close of school last year and has accommodations (ex. 504 plan) in place, or is now in need of modifications due to continued symptom, then you should think about which ones are still needed and set up a meeting with teacher(s) and necessary staff to review, update or discontinue.

If your student has sustained their injury during the summer break, then you need to meet with school personnel, preferably BEFORE classes begin, to discuss the extent of the injury and the need for possible classroom accommodations.

Start looking for a tutor before classes begin, if you have an idea of your student-athlete's areas of weakness.

For older students in grades where they/you have begun to select their courses, you may have to re-evaluate their course selections. For example, during the previous year they were enrolled in honors/gifted/AP classes, however, going into this year they are still experiencing some residual deficits in short-term memory, executive functioning, or critical thinking skills then a heavy/difficult course load may place unnecessary stress on them.

For children transitioning into college, help them evaluate what they realistically can handle. Courses/credits can always be made up at a later date. It's a much better strategy, rather than having to withdraw midway through the semester or having to make up a low grade in a prerequisite course.

Lastly, continue to evaluate your student's progress and recovery throughout the school year, increase their level of challenge/difficulty accordingly, and maintain communication with your school psychologist and other school personnel. You want to maintain a level of challenge that promotes motivation, not frustration!

References

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