Project BRAIN: A Tennessee Model for Student Transition after Brain Injury

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Children and youth who sustain concussions and brain injury are at risk for being unidentified or misidentified and are at risk of encountering professionals unprepared to address their unique needs.

Despite the high incidence of traumatic brain injury among children and youth, it is still considered a low incidence disability within educational settings.

Project BRAIN, funded by federal and state dollars, is a statewide brain resource and information network (BRAIN) serving students. There are three regional resource specialists, three brain injury transition liaisons (BITLs), one educational specialist and a program director. With a foundation in evidence-based research, Project BRAIN has addressed how best to support students with brain injury, since 2000.

Project BRAIN has established a statewide infrastructure to connect stakeholders who support the unique needs of children and their families who have experienced brain injury. Project BRAIN works with the Tennessee Department of Health, the Department of Education's Office of Coordinated School Health and Comprehensive Regional Pediatric Centers (CRPC): Monroe Carell Jr. Children's Hospital at Vanderbilt, Methodist Le Bonheur Children's Hospital and Children's Hospital at Erlanger. Education of family and school personnel, and referrals to appropriate health professionals effectively assists in reducing long-term sequelae.

When the IDEA implemented a category for TBI, Project BRAIN and its resource specialists were developed to provide TBI training and create educational tools for schools and others who support the needs of children and youth. Over time, feedback from families and educators identified a clear communication gap between the healthcare community and the school environment.

To address this need, in 2010, Project BRAIN designed and implemented an effective evidence-based communication intervention for transition from hospital to home to school. The intervention is known as the brain injury transition liaison process. Each liaison is located within a CRPC. Hospital staff, well-trained on the signs and symptoms of concussion and brain injury, identify children for inclusion in the BITL process. Next, parents/guardians give permission for Project BRAIN to follow up with the family and also notify the school. Liaisons contact the family initially two weeks post injury. Three and six month follow ups are provided if needed. The regional resource specialist is included in school communications. In 2017, an education specialist with an extensive background in TBI rehabilitation was added to the team to address the clinical needs of children with persistent signs and symptoms.

Data will be presented documenting the impact of the model on Tennessee families.

Since its inception, Project BRAIN has provided trainings and resources to thousands of people. To date within the BITL process, over 7,800 children have benefited. Project BRAIN's successful model, which ultimately stands on the pillar of dedicated relationships, can be replicated.

Project BRAIN ▪ Tennessee Disability Coalition
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