The Impact of Traumatic Brain Injury Outreach Workshops on Educational Practices

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Results

Introduction

- Traumatic brain injury affects approximately 475,000 children ages 0-14 each year and has far reaching implications for education, social/emotional well being, and adaptive functioning (Langlois, Rutland, & Thomas, 2005). The effects of traumatic brain injury (TBI) can range in severity depending on a number of factors, including localization of injury and loss of consciousness (Bedell & Dumas, 2004).
- Children with TBI typically require ongoing services well into adulthood. Thus, it is important to disseminate knowledge to direct service providers in educational settings in order for them to adequately understand the etiology, how to adequately assess strengths and deficits, and implement appropriate interventions.
- Warzak Allen, Ford, & Steffans, (1995) identified commonly occurring symptoms associated with TBI, including distractibility, concentration, memory, irritability, loses temper, impatient, depressed mood, easily tired, persistent headaches, speaking, walking, and restless.
- The purpose of this study was to examine the effectiveness providing outreach workshops related to TBI to rural communities of Nebraska in terms of increasing general knowledge about TBI, executive functioning, functional behavior assessment, social skills training and behavioral interventions as they pertain to children with TBIs to aid in academic placement and educational programming (Pfiffer & Barkley, 1990; Warzak et al., 1995; Warzak & Kilburn, 1990). It was hypothesized that participants in the workshop would obtain more information about TBI, assessment, and intervention and apply that knowledge in the settings that they work with children who have TBIs.

Method

A convenience sample of 27 adults who attended an outreach workshop on TBI in rural Nebraska who completed a pre-training survey were used for this study. Twelve additional respondents’ responses were excluded from the analyses because the surveys they submitted contained incomplete information. Participants included those that provided the following services: 40.7% educational support, 29.6% other support services, 18.5% speech/language, 14.8% school psychology, 7.4% physical therapy, 3.7% occupational therapy, and 3.7% regular education. 77.8% of the participants were currently working with a child who had a TBI and 81.2% had worked with a child with a TBI in the past. The participants worked primarily with children in elementary school (80%), but staff who worked in preschools, middle schools, and high schools were also represented. Eight participants also responded to a post training survey online. Information obtained from both surveys was used to determine the effectiveness of providing information about TBI through rural workshops and whether or not the information obtained had ramifications on practice.

Discussion

- Participants generally did not know the length of hospital stay for their students who had TBI.
- The post training survey indicated that participants felt more informed about executive functioning, functional behavior assessment, social skills training, and general information about TBI.
- Participants indicated that they were more likely to use behavioral interventions and social skills training after the workshop.

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