

Project B.R.A.I.N. Currents



Tennessee Center for Pediatric Acquired Brain Injury

The mission of the National **Pediatric Acquired Brain Injury** (PABI) Plan is to create a seamless, standardized, evidence-based system of care universally accessible for all children and young adults, and their families, regardless of where they live in the nation.

The plan was developed in 2008 under the auspices of the **Sarah Jane Brain Foundation** (SJBFB), which assembled the nation's leaders in PABI who co-authored the document. The PABI Plan is the first and only national plan written by the leading experts in the country to address the entire continuum of care for children and young adults with brain injuries.

According to the Centers for Disease Control and Prevention (CDC) and the World Health Organization, brain injury is the number one cause of death and disability for children and young adults through 25 years of age in the United States. The grant submission to fund the National PABI Plan was for \$930 million over a period of two years. About \$14.6 million would be allocated for the state of Tennessee over a two-year period.



"If the National PABI Plan is funded, it could translate into approximately 100 new jobs in cities across Tennessee," said **Kristin King, PhD**, assistant professor in the Department of Audiology and Speech Pathology (ASP) at the University of Tennessee Health Science Center (UTHSC) College of Allied Health Sciences.

In June, SJBFB announced the selection of the ASP Department in Knoxville as Tennessee's State Lead Center for PABI. The SJBFB's 52 State Lead Centers – one in every state plus the District of Columbia and Puerto Rico – will work together and with other institutions in their states to implement the PABI plan nationwide. Dr. King also serves as program director for the Tennessee State Lead Center for PABI.

"For the state of Tennessee, the implementation of the National PABI Plan would mean that several PABI centers, in addition to the one in Knoxville, would be established," Dr. King noted, "potentially in the cities of Nashville, Memphis, Chattanooga and Jackson."

She explained, "If the funding comes through, we plan to expand our current clinical and research services, while developing a seamless system of patient care throughout the state. After funding is in place, we hope to staff the centers and collaborate with the resources and services already available in the state of Tennessee."

Courtesy of The University of Tennessee Health Science Center

Sarah Jane Brain Foundation

The SJBFB was started by **Patrick Donohue**, father of Sarah Jane Donohue, who was violently shaken by her baby nurse when she was just 5 days old, sustaining a massive brain injury.

Donohue launched the SJBFB in October 2007 due to the lack of available evidence-based data on PABI. Sarah Jane is 4 years old now and cannot walk, talk, crawl, chew solid food or even sit up on her own.

The first step in developing a Pediatric Acquired/Traumatic Brain Injury (PA/TBI) model system is to create a structure that provides complete national coverage with the ability to standardize the system of care while still providing the flexibility for each state to have its own pathway to universal accessibility.

Courtesy of The University of Tennessee Health Science Center

If you would like to learn more about the Sarah Jane Brain Foundation, and would like to view an online presentation for the PABI Plan, visit:



www.thebrainproject.org

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Project BRAIN Updates

We have been very busy since you heard from us in our September newsletter. Project BRAIN staff attended the Pediatric Brain and Spinal Cord Injury Conference in November and were thrilled to hear Patrick Donahue as he spoke about the Sarah Jane Brain Foundation. Dr. Gioia discussed pediatric neuropsychological assessments and concussion management in youth sports. Look for more information in upcoming Currents issues on both of these topics.

Project BRAIN presented 16 training sessions from September through December across the state, including the Acute and Emergency Care Pediatrics Conference and the Tennessee Audiology and Speech Language Pathology Conference.

BIAT 2010 Annual Conference

The Brain Injury Association of Tennessee will host its annual conference **March 4, 2010**. The conference will kick-off featuring Lee Woodruff and Dr. Michael Collins as keynote speakers.

Lee Woodruff is co-author of the best-selling book, *In an Instant*. Lee Woodruff garnered critical acclaim for the compelling and humorous chronicle of her family's journey to recovery following her husband Bob's roadside bomb injury in Iraq. Appearing together on national television and radio since the February 2007 publication of their book, the couple has helped put a face on the serious issue of traumatic brain injury among returning Iraq war veterans.

Dr. Collins, a nationally renowned sports concussion clinician and researcher, joined the University of Pittsburgh Medical Center (UPMC) Sports Medicine Concussion Program as assistant director in September 2000. The program encompasses an ongoing clinical service and research team whose focus is providing the best possible evaluation and management of sports-related concussions in athletes of all levels.

The sessions offered include Life Care Planning, Behavior Issues in Veterans with TBI, Cognitive Therapy after TBI and Networking.

Scholarships are available to brain injury survivors and family members. For details, call **Pam Bryan** at 615-248-2541, toll-free 1-877-757-2428 or send an email to Director@BrainInjuryTN.org.

For more information regarding the conference, please contact **Rachel Heitmann** at 615-532-7770 or email Rachel.Heitmann@tn.gov.

Help in a Snap

The **TBI Educator** website offers a myriad of helpful resources. This *Currents* issue will focus on the **TBI Support Resources (Reentry to School)**.

Families and school staff often expect that the student will be fine and recover fully from a TBI. While this attitude is hopeful, it can also make it harder to accept that the challenges and needs of a student following TBI are real and that problems need prompt attention. This concern is compounded because students often appear fine after a TBI, when in fact there may be cognitive challenges such as memory or executive functioning difficulties. Students may need supports which might need to be altered quickly due to the rapidly changing needs as the student heals.

For all students with TBI, the school team is most successful in supplying interventions when communication flows between the medical community, school and family. Families, students and teachers may be confused – wondering if the student will need support and what type of supports will be most effective upon the student's reentry to school.

TBI Educator provides reentry steps including: *communicating clearly, student information gathering, reviewing information on the student's current functioning abilities, team work, planning, goals, initial assessments, accommodations and continued monitoring.* For more helpful resources, please visit: www.tbied.org

2010 Training Events Calendar

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| Feb 8 | TBI Advisory Council Meeting, Nashville |
| Feb 24-26 | TN Special Education Conference, Nashville |
| Mar 4 | Brain Injury Assoc. Tennessee Conference, Nashville |
| Mar 17 | BI Awareness Day on the Hill, Washington, DC |
| Mar 20 | West TN Healthcare—Brain Injury Update, Jackson |
| Mar 25 | Chattanooga Area Brain Injury Assoc. Conf., Chatt. |
| Mar 26 | Intermountain Brain Injury Conf., Johnson City |
| Mar 27 | Family Voices S.O.S. Conference, Nashville |
| Apr 29 -30 | Mental Health Association Middle TN
TBI Update: Soldiers, Sports and Stigma, Nashville |



T E N N E S S E E D I S A B I L I T Y C O A L I T I O N

Project BRAIN is supported in part by project H21MC06739 from the Department of Health & Human Services Health Resource and Services Administration, Maternal and Child Health Bureau. Additional support is from the TN Dept. of Education Division of Special Education. The contents of the Publication are the sole responsibility of the authors and do not necessarily reflect the views of the DHHS. Project BRAIN is a program of the Tennessee Disability Coalition, implemented through a contract with the TBI Program of the TN Dept. of Health.