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Training College Staff to Recognize and Respond to Concussions



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CONCUSSIONS IN COLLEGE STUDENTS can lead to a number of academic, physical, and emotional consequences. This project involved training college staff—including residence hall advisors—about the signs, symptoms, and risks related to concussions. The importance of training in concussion recognition and management is discussed in relation to campus staff’s responsibilities. A sample training model that can be replicated on college and university campuses is presented, along with implications for college students and housing personnel.



Of the traumatic brain injuries (TBIs) sustained by 1.7 to 3.8 million people every year, approximately 75% (1.28 to 2.85 million) can be classified as a concussion, a mild form of TBI (Centers for Disease Control and Prevention [CDC], 2015; Langlois, Rutland-Brown, & Thomas, 2006). Concussions can result in a diverse range of physical, cognitive, emotional, and behavioral consequences that manifest differently in each person (Comper, Bisschop, Carnide, & Tricco, 2005). These consequences can be particularly difficult for college students who are living independently while managing multiple classes and responsibilities.

CONCUSSIONS IN COLLEGE STUDENTS

While the symptoms of some individuals who have sustained concussions may only be transient, others can be more persistent and troublesome. The Centers for Disease Control and Prevention (2016) describe four categories of concussion symptoms: (1) thinking/remembering (i.e., difficulty thinking clearly, feeling slowed down, difficulty concentrating and remembering new information), (2) physical (i.e., headache, fuzzy or blurred vision, nausea or vomiting, dizziness, sensitivity to noise or light, balance problems, feeling tired/having no energy), (3) emotional/mood (i.e., irritability, sadness, an increased and oftentimes volatile range of emotions, nervousness, or anxiety), and (4) sleep (i.e., sleeping more than usual, sleeping less than usual, or trouble falling asleep). All of these issues can be particularly troublesome for college students.

By focusing resources and efforts on a targeted subset of personnel, an effective training program can create a ripple effect as participants and students disseminate information and resources.

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These students comprise one of the top three age groups with the highest risk of sustaining a concussion, along with preschoolers and the elderly (Krach, Gormley, & Ward, 2009; Langlois et al., 2006; Rao & Lyketsos, 2000). This is largely due to college students frequently engaging in risk-taking behaviors, being inclined toward sensation seeking, and demonstrating feelings of invulnerability, all of which increase the likelihood of injuries (Asemota, George, Bowman, Haider, & Schneider, 2013), including concussions. Concussions are not only an athletic issue; their most frequent causes are motor vehicle accidents, falls, and assault (CDC, 2016). For example, in 2008, individuals ages 19-23 sustained 8.3% of all sports-related concussions in the U.S.; the same age group also sustained 12.7% of all non-sports-related concussions (Zhao, Han, & Steiner, 2011). Regardless of the mechanism of injury, when college students do sustain concussions, their symptoms often fluctuate and may or may not be outwardly visible, which often leads to a belief that their injury is not serious enough to warrant medical attention (Buck, 2011; Dykeman, 2009; Lewandowski & Rieger, 2009). This erroneous belief then contributes to underreporting of head injuries (Kroshus, Baugh, Daneshvar, & Viswanath, 2014).

Complicating the situation is that, because of limited experience with self-advocacy, college students are often unaware or unwilling to admit that an injury of note has occurred and thus return to classes and sports prematurely, without seeking appropriate help. Upon returning to the cognitively demanding classroom environment, students who have sustained concussions often experience academic and behavioral difficulties. A study by

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Kennedy, Krause, and Turkstra (2008) found that 97% of the respondents to a survey about their experiences after a traumatic brain injury faced such unexpected academic difficulties as taking longer to complete assignments, experiencing test anxiety, feeling insurmountable stress while studying, struggling to pay attention in class, forgetting important information, procrastinating, struggling to understand assignments, and having difficulties with time-management. College students who sustain concussions may be unable to connect these difficulties to their injury and thus may not seek appropriate help.

Many students with concussions can receive sufficient help from the campus health center, assuming they obtain that help immediately following the injury. However, some have persistent post-injury symptoms, such as headaches, memory difficulties, anxiety, and difficulty learning new material, which require more extensive help. This help most often comes from campus disability services, which can accommodate certain academic challenges

by encouraging professors to provide class notes, extend deadlines for assignments and tests, provide a distraction-free testing environment, and provide students the opportunity to record lectures (Hux et al., 2010; Kennedy et al., 2008). Other services include tutoring and mentoring; help with planning, prioritizing, and organizing responsibilities; and facilitating communication between students and professors to ensure that appropriate accommodations are in place (Todis & Glang, 2008).

However, these services are often underutilized for a variety of reasons. In some instances, students with concussions believe that these services are unnecessary or the stigma of needing help prevents them from asking for it (Todis & Glang, 2008). Kennedy et al.'s (2008) study of students with TBIs showed that the number of students needing help did not equal the number of those receiving help from the school's disability services office. When this discrepancy was investigated, the authors discovered that students with TBI simply did not request the services, or they did not know of the office's existence. When college students are unaware that services exist to help them, they are left to continue their education facing many academic challenges that could have been avoided.

In addition to disability services, many campuses also employ mental health and physical health professionals who provide services for students who experience academic as well as social/emotional challenges (Sulkowski, Wingfield, Jones, & Coulter, 2011). These services are particularly beneficial to students with concussions because they can experience both academic and non-academic challenges post-injury and thus may require access to

more comprehensive services than those provided by the campus disability services office (Kennedy et al., 2008; Todis & Glang, 2008).

While campus disability services and counseling services can benefit students who are recovering from concussions, students typically are expected to seek out such support on their own. Those struggling with the effects of a concussion may not know about these campus-based services, particularly if they did not enter college with special learning or mental health needs. Thus, it is helpful if college staff—such as residence hall advisors—are trained to understand the effects of concussions and what campus resources are available to help concussed resident students.

TARGETED TRAINING PROGRAMS

Programs for Residence Life and Campus Recreation Staff

While students with concussions may not seek services from campus disability services or student health centers, they may talk with friends, roommates, sports teammates or coaches, or their residence hall advisors (RAs). Twale and Muse (1996) noted that RAs often have more encounters with students than other campus professionals do. This interaction allows RAs to notice a change in a particular student (e.g., a student who has sustained a concussion) and intervene immediately to connect that student to the help needed. Taub and Servaty-Seib (2011) state that sufficient training can allow RAs to develop important skills to help students in distress and to serve as valuable sources of support in the aftermath of an injury or other crisis. Students who have sustained a concussion may be more comfortable approaching a trusted RA who is trained to

provide effective help instead of visiting a campus-based health center, which may not be open when the injury occurs (e.g., late at night or on weekends). Likewise, a friend or roommate may be more comfortable going to an RA if a peer confides in them about concussion symptoms.

Individuals who work in campus recreation facilities also have a unique opportunity to interact daily with students. Many college students participate in intramural sports, exercise classes, or weight-lifting routines, activities that may result in a head injury. These students are supervised by campus recreation employees who may witness the injury and subsequently serve as first responders. While campus recreation employees typically receive emergency response training, including first-aid/CPR training (Schneider, Stier, Kampf, Haines, & Gaskins, 2008), many employees lack the ability to recognize the signs and symptoms of a concussion, particularly when they did not witness the injury.

For all of these reasons, training should involve the campus staff employees who have the most direct contact with college students: residence life personnel and part- and full-time employees in campus recreation departments. Students who have sustained a concussion may first approach a trusted RA, intramural sports official, or an athletic trainer to discuss their symptoms, rather than thinking they need to visit a campus-based health center.

Campus-wide Programs

Despite the fact that college students comprise one of the highest risk groups for concussions, little research has focused on concussion training programs geared toward college-age students who are not athletes or soldiers, nor

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has research addressed educating the individuals entrusted with their care (Kennedy et al., 2008; Sady, Vaughan, & Gioia, 2011). Campuses should consider the impact of traumatic brain injuries, including concussions, in the “university enterprise risk management programs” (United Educators, 2014, p. 9). Legal scholars would argue that colleges and universities assess their risk based upon legal precedent, although this precedent may not provide specific guidance for education or prevention work. However, institutions should examine their duty to students (Gehring, 2000). This is not unlike a college or university’s duty to provide health-related training within the campus community related to alcohol use and abuse. As public knowledge of the impact of concussions grows, the institutional duty may also grow. Most importantly, institutions should be the most knowledgeable about the impact of concussions on student learning.

Thus, there is a clear need for structured programs designed to facilitate concussion awareness and improve concussion management strategies in college and university settings (Sady et al., 2011). If these programs



are in place, students with concussions may recover more quickly, resulting in a reduced risk of post-injury consequences (Arbogast et al., 2013; Sady et al., 2011). Once training for appropriate recognition of and response to concussion occurs, campus personnel can create an action plan to implement what was learned (Sady et al., 2011).

One such program might focus on the individuals most likely to encounter a student with a head injury: staff in residence halls and recreation center facilities. Such training does not require an overwhelming amount of resources and personnel. Targeted trainings of residence hall advisors and recreational facility staff—who collectively supervise thousands of college students—can ensure that the information has the potential to reach the entire campus. By focusing resources and efforts on a targeted subset of personnel, an effective training program can create a ripple effect as participants and students disseminate information and resources. The resulting increase in knowledge about appropriate concussion recognition and response can potentially impact not only college students, but also the broad fields of education, psychology, and public health.

Providing information and training can more effectively prepare college student personnel to meet the “ever-changing behavioral, psychological, and mental health needs of college students” and may even contribute to their academic success (Reynolds, 2013, p. 102). In addition to training, some kind of follow-up better enables personnel to retain what was learned and to implement it properly (Glang, Todis, Sublette, Brown, & Vaccaro, 2010). This follow-up is a critical piece of the following program.

The purpose of the present study was to (1) examine the current level of college staff’s knowledge and training on concussion, (2) implement a one-hour training program to increase college staff’s concussion recognition and management skills, and (3) create a foundation for exploring the long-term effects of ongoing follow-up on college staff’s ability to meet the needs of students who sustain concussions.



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METHODS

During the course of eight months, a trained facilitator provided a one-hour training session for several different groups of students: in total, approximately 420 college students at a private Midwestern university who also work as college staff in either residence life departments as resident assistants, resident directors, front-desk assistants, or similar roles or in the campus recreation department as intramural and/or club sports officers or supervisors. The participants employed in residence life departments work with 90% of the undergraduate population on this particular campus, and

those in recreation and intramural organizations work with an estimated 60%. Because of these statistics, this project developed a targeted effort to broaden the scope to include departments other than campus team sports.

Before and after the training sessions, participants were asked to voluntarily complete questionnaires that included demographic questions as well as those designed to assess their knowledge of concussion signs and symptoms, assessment, and accommodations.

Participant Demographics

Demographic information reported on the pre-training questionnaires included gender, staff member position at the university, number of years as a staff member, and indication if the participant had any previous concussion training and/or previous experience managing a concussion in a college setting. Resident assistants work with students in their assigned residence halls, and there is at least one resident assistant per floor. The residence coordinators (who are typically graduate students) supervise

the resident assistants, and there are generally one to four residence coordinators per residence life facility. Area coordinators supervise all residence coordinators and residence directors (graduate students who supervise a large area by themselves). On this particular campus, many students live in surrounding neighborhoods, which are supervised by several resident assistants who are called fellows. Desk assistants and guest check-in attendants are assigned to particular residence life facilities. The desk assistant position is 24/7. Lastly, a staff member at the campus recreational facility may serve as an intramural or club sports officer or supervisor (see Table 1).

Questionnaires

Participants were asked to voluntarily complete brief pre- and post-training questionnaires, as well as a follow-up questionnaire related to concussion knowledge and skills. The multiple choice questionnaires for this study were a modified version of two different questionnaires: the *Concussions in the Classroom Questionnaire* (Cuff, 2012) and the *Sports Concussion Parent Measures* (Glang, 2012). Questions pertained to concussion signs and symptoms, assessment, and accommodations for students who have sustained a concussion, in addition to scenario-based questions. The questionnaires contained true/false questions, yes/no questions, and multiple choice questions.

Training Content

The training session consisted of a PowerPoint presentation covering the following broad areas: concussion signs and symptoms, complications related to untreated and repeated concussions, guidelines for returning to play

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Table 1

Participant Demographic Data		
Demographic	N	Percentage
<i>Gender</i>		
Male	123	47%
Female	140	53%
<i>Position</i>		
Resident Assistant	77	29%
Residence Coordinator	13	5%
Area Coordinator	1	0.4%
Fellow	21	8%
Desk Assistant	56	21%
Recreation Staff Member	47	18%
Guest Check-in Attendant	37	14%
Other	2	0.8%
No response	9	3%
<i>Number of years as a staff member</i>		
1	102	39%
2	84	32%
3	51	19%
4	11	4%
Other	6	2%
No response	9	3%
<i>Prior concussion training</i>		
Yes	60	23%
No	203	77%
<i>Previous experience managing concussion in a college setting</i>		
Yes	19	7%
No	244	93%

and to the classroom, and accommodations for students who have sustained concussions.

The primary researcher opened by sharing her own story of sustaining two concussions while in college. Neither was sports-related, and the first did not receive prompt or appropriate care; her symptoms were prolonged. The researcher then asked for volunteers to share their experiences in either sustaining or managing concussions, which they did at each presentation. She then presented information in each of the following areas: misconceptions about concussions; definition of concussion; prevalence; risk factors; causes, signs, and symptoms; red flags/danger signs; post-concussion syndrome; risk with second impact; returning to the classroom; returning to sports; under-reporting of symptoms among college students; the respondent's role as campus staff (what to do if you witness the injury, what to do after the injury); and possible academic accommodations.

The presentation lasted for one hour and concluded with a time for participants to ask questions and share experiences. After the trainings, the researcher answered questions and provided attendees with a packet of resources which contained the researcher's and her supervisor's contact information; a Signs and Symptoms Checklist (CDC, 2015); a two-page document with more detailed elaboration on signs and symptoms; a flowchart mapping the progression of a return to academics; a list of suggested accommodations adapted from the Oregon Concussion Awareness and Management Program (OCAMP) and Slocum Sports Concussion Program (OCAMP, 2011); a symptom wheel (Colorado Department of Education, 2012); and a list of Web-based re-

sources containing links to legislative updates, research articles, school-wide training guides, and information for parents, school staff, and athletic staff.

Follow-up Information

The researcher continued dissemination of information via email through MailChimp, a free marketing email service that tracks HTML email campaigns, so the researcher could track if emails were being opened. Emails included a fact, tip, and/or resource regarding concussion to supplement the information provided during the face-to-face training. Emails were designed to provide crucial, eye-catching information at a glance; across mailings, an average of 73% of these emails were opened by recipients. Further, if the staff member had a student who sustained a concussion, he or she was told during training to follow the typical response protocol of informing the university's Department of Public Safety. If the student who sustained a concussion continued to experience persistent academic issues, the staff member was to direct them to services provided by the university's disability services office.

TRAINING OUTCOMES

Results from the pre-training questionnaires indicated that many college staff already had some knowledge about concussions, such as general signs and symptoms. On the pre-training questionnaire, the residence life staff's average percentage correct score was 69.53, and the recreation center staff's average percentage correct score was 73.62, a statistically significant difference, $t(250) = -2.587, p = .010$. Thus, staff working in the recreational facility

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had more knowledge about concussions prior to the training than did staff working in residence halls. This higher knowledge level may be due to the fact that many working in recreational facilities were athletes who received concussion information during their sports seasons or that concussions were more likely to happen in a sports environment than in a residence hall.

Because they already had moderately high scores on the pre-training questionnaire, the scores of those who worked in the recreation center did not increase significantly as a result of the training; however, residence life participants' scores increased by 7.6% after the training. Overall, while participants had a general understanding of the signs and symptoms of concussion prior to the training, the training helped increase awareness about what to do for someone following a concussion and how to provide ongoing monitoring and support.

In general, participants indicated that the training was beneficial. Open-ended feedback demonstrated that some had a moderate level of knowledge beforehand (e.g., "Most info I already knew or had a basic idea of, presentation was useful in clearing up some things I wasn't so sure of") while others did not (e.g., "Didn't know what a concussion was before, so thanks!"). Several people indicated that this training highlighted a rarely discussed topic (e.g., "Loved the speaker! Very to the point and informative, brings awareness to an issue that is commonly overlooked and not given much attention to" and "This was very informative and it was great to learn since this isn't a common training to have!" and "Good work! This is helpful and should be a part of RA training. It is important").

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Of the 420 attendees, 188 voluntarily provided their email addresses to receive monthly follow-up resources. Of these 188 participants, 22 completed a follow-up questionnaire at the end of the academic year to determine if and how they utilized the knowledge gained through their training to accommodate any students who sustained a concussion. These 22 participants managed 12 students with concussions, but only one elaborated on how that student was served and which accommodations that student received; the student missed classes for one week and received deadline extensions on assignments.

LIMITATIONS

Several limitations in this study might affect the generalizability of the results. Participants were sought through a convenience sample, and there was no comparative control group. Further, while the trainings were conducted at scheduled employee meetings for which attendance was mandatory, completion of the questionnaires was optional. Response rates for the questionnaire could be improved by utilizing incentives for participation. Further, it was difficult to gain follow-up data from par-



ticipants to discern whether—and how—they applied their concussion knowledge in their work with college students. Future initiatives might replicate this training with the addition of better mechanisms for tracking application of the information; it would be beneficial to have information from all participants regarding how many concussion cases they saw, as well as the outcomes of each situation. In the project described here, only a small percentage of participants completed the follow-up survey (22), and more than half of them managed students with concussions. In addition to modifying the questionnaire to be more sensitive to participants' knowledge of concussions and their application of that knowledge, future researchers might develop more targeted efforts toward improving college staff's responses to concussions. It may also be beneficial for follow-up resources to be provided directly to participants in face-to-face follow-up meetings as well as online.

IMPLICATIONS FOR STUDENT HOUSING

The idea of training residence hall staff about student medical issues can be daunting, especially when one considers financial resources, time allocations, and the hundreds of campus organizations that have their own agendas. However, this is a relatively common health and safety issue that housing professionals must recognize and understand. Institutions planning to undertake a similar initiative must understand that the purpose of concussion training is to hasten and increase referrals rather than to provide diagnosis or treatment. Part of any such training should emphasize connecting students to existing campus re-

sources, such as health centers and offices of disability services.

Further, this project suggests that an education model related to student health and safety does not necessarily require an overwhelming amount of resources and personnel. While a more in-depth training would be helpful, it is not necessarily realistic for all campuses, given time and resource constraints. For this project, one person conducted one-hour trainings to approximately 420 people, all of whom collectively work with thousands of college students. In a short period of time, the information presented had the potential to reach the entire campus. The initiative also included providing follow-up resources electronically to participants, which is an efficient and cost-effective way to maintain awareness about this topic.



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Most of the trainings described in this project occurred during the spring term; however, campus leaders could offer the session in the fall, prior to the start of the school year, or during in-service sessions or RA classes. An important component might include follow-up learning opportunities similar to those provided in this study. By focusing resources and



efforts on a subset of college student personnel, an effective training program can create a ripple effect as participants and students disseminate information and resources.

While a brief training session may help increase awareness of important issues on campus, it is likely not sufficient to initiate lasting change (Cronce & Larimer, 2011). Rather, a cultural shift is necessary, especially on a college campus. This shift includes having ongoing trainings and discussions related to concussion awareness, reporting, and monitoring. Such dialogue can help improve concussion recognition, reporting, and response.

REFERENCES

- Arbogast, K. B., McGinley, A. D., Master, C. L., Grady, M. F., Robinson, R. L., & Zonfrillo, M. R. (2013). Cognitive rest and school-based recommendations following pediatric concussion: The need for primary care support tools. *Clinical Pediatrics*, 52(5), 397–402. doi: 10.1177/0009922813478160
- Asemota, A. O., George, B. P., Bowman, S. M., Haider, A. H., & Schneider, E. B. (2013). Causes and trends in traumatic brain injury for United States adolescents. *Journal of Neurotrauma*, 30, 60–75. doi: 10.1089/neu.2012.2605
- Buck, P. W. (2011). Mild traumatic brain injury: A silent epidemic in our practices. *Health & Social Work*, 36(4), 299–302. doi: 10.1093/hsr/36.4.299
- Centers for Disease Control and Prevention (CDC). (2015). *Concussion signs and symptoms checklist*. Retrieved from http://www.cdc.gov/headsup/pdfs/schools/tbi_schools_checklist_508-a.pdf
- Centers for Disease Control and Prevention (CDC). (2016). *Injury prevention and control: Traumatic brain injury*. Retrieved from <http://www.cdc.gov/TraumaticBrainInjury/index.html>
- Colorado Department of Education. (2012). *Concussion management guidelines: Symptom wheel*. Retrieved from <http://www.cde.state.co.us/HealthAndWellness/BrainInjury.htm>
- Comper, P., Bisschop, S. M., Carnide, N., & Tricco, A. (2005). A systematic review of treatments for mild traumatic brain injury. *Brain Injury*, 19, 863–880. doi: 10.1080/02699050400025042
- Cronce, J. M., & Larimer, M. E. (2011). Individual-focused approaches to the prevention of college student drinking. *Alcohol Research & Health: The Journal of the National Institute on Alcohol Abuse and Alcoholism*, 34, 210–221. doi: SPS-AR&H-33
- Cuff, S. (2012). *Concussions in the classroom questionnaire*. Unpublished questionnaire. Nationwide Children's Hospital.
- Dykeman, B. F. (2009). Response to intervention: The functional assessment of children returning to school with traumatic brain injury. *Education*, 130, 295–300.
- Gehring, D. (2000). Understanding the legal implications of student affairs practice. In M. J. Barr, M. K. Desler, and Associates (Eds.), *The handbook of student affairs administration* (pp. 347–376). San Francisco, CA: Jossey-Bass.
- Glang, A. (2012). *Sport concussion parent measures*. Unpublished questionnaire. Center on Brain Injury Research and Training.
- Glang, A., Todis, B., Sublette, P., Brown, B. E., & Vaccaro, M. (2010). Professional development in TBI for educators: The importance of context. *Journal of Head Trauma and Rehabilitation*, 25(6), 426–432. doi: 10.1097/HTR.0b013e3181fb8f45
- Hux, K., Bush, E., Zickefoose, S., Holmberg, M., Henderson, A., & Simanek, G. (2010). Exploring the study skills and accommodations used by college student survivors of traumatic brain injury. *Brain Injury*, 24(1), 13–26. doi: 10.3109/02699050903446823
- Kennedy, M., Krause, M. O., & Turkstra, L. S. (2008). An electronic survey about college experiences after traumatic brain injury. *Neurorehabilitation*, 23, 511–520.

- Krach, L. E., Gormley, M. E., Jr., & Ward, M. (2009). Traumatic brain injury. In M. A. Alexander & D. J. Matthews (Eds.), *Pediatric rehabilitation: Principles and practice* (pp. 231–260). New York, NY: Demos Medical Publishing, LLC.
- Kroshus, E., Baugh, C. M., Daneshvar, D. H., & Viswanath, K. (2014). Understanding concussion reporting using a model based on the theory of planned behavior. *Journal of Adolescent Health, 54*, 269–274.
- Langlois, J. A., Rutland-Brown, W., & Thomas, K. E. (2006). *Traumatic brain injury in the United States: Emergency department visits, hospitalizations, and deaths*. Atlanta, GA: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control.
- Lewandowski, L. J., & Rieger, B. (2009). The role of a school psychologist in concussion. *Journal of Applied School Psychology, 25*(1), 95–110. doi: 10.1080/15377900802484547
- Oregon Concussion Awareness and Management Program (OCAMP). (2011). *Concussion management: Policy and resource handbook*. Retrieved from http://orcas-sportsconc2.s3.amazonaws.com/files/A_CMTHandbook.pdf
- Rao, V., & Lyketsos, C. (2000). Neuropsychiatric sequelae of traumatic brain injury. *Psychosomatics, 41*, 95–103. doi: 10.1176/appi.psy.41.2.95
- Reynolds, A. L. (2013). College student concerns: Perceptions of student affairs practitioners. *Journal of College Student Development, 54*(1), 98–104. doi: 10.1353/csd.2013.0001
- Sady, M. D., Vaughan, C. G., & Gioia, G. (2011). School and the concussed youth: Recommendations for concussion education and management. *Physical Medicine & Rehabilitation Clinics of North America, 22*, 701–719. doi: 10.1016/j.pmr.2011.08.008
- Schneider, R. C., Stier, W. F., Jr., Kampf, S., Haines, S., & Gaskins, B. (2008). Factors affecting risk management of indoor campus recreation facilities. *Recreational Sports Journal, 32*, 114–133.
- Sulkowski, M. L., Wingfield, R. J., Jones, D., & Coulter, W. A. (2011). Response to intervention and interdisciplinary collaboration: Joining hands to support children's healthy development. *Journal of Applied School Psychology, 27*(2), 118–133. doi: 10.1080/15377903.2011.565264
- Taub, D. J., & Servaty-Seib, H. (2011). Training resident assistants to make effective referrals to counseling. *The Journal of College and University Student Housing, 37*(2), 10–25.
- Todis, B., & Glang, A. (2008). Redefining success: Results of a qualitative study of postsecondary transition outcomes for youth with traumatic brain injury. *Journal of Head Trauma and Rehabilitation, 23*(4), 252–263. doi: 10.1097/OI.HTR.0000327257.84622.bc
- Twale, D. J., & Muse, V. (1996). Resident assistant training programs at liberal arts colleges: Pre-service and in-service options. *College Student Journal, 30*(3), 404–410.
- United Educators. (2014, May). *Traumatic brain injury liability: What educational institutions need to know* [white paper]. Retrieved from <https://www.ue.org/uploadedFiles/Traumatic-Brain-Injury-What-Educational-Institutions-Need-To-Know-5-20-2014.pdf>
- Zhao, L., Han, W., & Steiner, C. (2011). *Sports related concussions, 2008: HCUP Statistical Brief #114*. Rockville, MD: Agency for Healthcare Research and Quality.

Discussion Questions

1. How can residence life staff educate residents on the signs and symptoms of concussions?
2. What are some of the benefits of engaging in these educational conversations with residents?
3. In your opinion, does training resident advisors (RAs) on how to detect concussions give them too much responsibility? Why or why not?
4. If such training was mandatory for RAs, how might it be implemented to ensure lasting change?
5. What can we do to provide support for students who suffer from a fall in an area where no trained personnel are present?
6. This study focuses on residential settings (for obvious reasons), but do institutions provide enough support in this area for a student who never lives on campus? How might residence life personnel ensure that support and training are extended to those who do not live on campus? For faculty and staff?
7. What other campus departments and personnel might be able to extend educational efforts regarding concussions to the campus?

Discussion questions developed by Courtney Enderline, Paige Friesema, and Amanda McIntyre, graduate students in the College Student Affairs program at Bloomsburg University of Pennsylvania



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