

North Carolina Department of Public Instruction
Exceptional Children Division
TBI Registry: Case-Based Supervision
Guidelines for Supervisors
(updated 2/21/2019)

Goal:

In line with the North Carolina Department of Public Instruction Exceptional Children's Regulations, approved supervisors should provide at least 30 hours of case-based supervision to school psychologists related to the assessment, intervention, and associated consultation and management of children who have sustained a traumatic brain injury.

Objective:

The primary objective of this regulation is to ensure a high quality of practice standards for school psychologists working with these students in the public schools in North Carolina. This should include building on the knowledge base pertaining to brain injuries, as well as the competency skills related to assessment, intervention, and associated consultation skills for the classroom and family.

Rationale:

This component of the North Carolina Department of Public Instruction Exceptional Children regulation for the TBI Classification was included in order to improve both the knowledge and practice aspects of assessment, intervention, and consultation services in the public school setting. While the didactic component largely focused on the development of knowledge, the supervision component should focus largely on skill development with this population.

Who Can Provide Supervision?

The Registry of Approved Supervisors includes individuals with neuropsychological training in line with the American Board of Clinical Neuropsychology. Additionally, individuals on the Registry of Approved Supervisors should have pediatric experiences and familiarity with schools and school-related functions. The supervisor should be familiar with the online TBI curriculum provided by the North Carolina Department of Public Instruction as well as other informational sources on brain injuries. A current listing of approved supervisors is linked through the NCDPI TBI webpage.

Time Line:

While supervision should begin within 12 months of completing the online TBI curriculum, the Department of Public Instruction has not issued a firm time frame for achieving the 30 hours of supervision. This decision has been left largely to the Approved Supervisor. However, the goal is to increase the knowledge and competencies of school providers and this likely cannot be accomplished without practice and oversight over a productive period of time. Realistically, it also may take a school year for many individuals to obtain an appropriate case to use in the supervision process. Consequently, most supervision experiences, regardless of the strategy employed, have been conducted over approximately a 10 to 12 month time frame. Consultation with the North Carolina Department of Public Instruction is suggested for any supervision situations that may deviate from this approximate time frame.

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Costs:

There historically have been costs for these supervisory services and they have been highly variable depending on the approach employed, the options provided, and the individual supervisor. The actual costs incurred have generally ranged from \$1,000 to \$1,800 per person for the 30 hours of supervision. These costs typically have been incurred by the school system employing the school psychologist, but also on occasion by the school psychologist or some combination of the school system and the provider. The North Carolina Department of Public Instruction currently subsidizes this cost by providing \$1,000 per participating school psychologist to the school system in order to help support these supervision costs. Specific information on requesting these dollars is available through the NC DPI Consultant for School Psychology.

Strategies for Providing Case-Based Supervision:

There are no specific guidelines on the provision of at least 30 hours of case-based supervision, but the overarching objective is to provide case-based guidance and encourage the development of professional competencies in working with this highly variable pediatric population, the teachers, and the families.

Since this process has been initiated, there have been a number of approaches that have been used successfully to address this goal. These include:

- Groups of 6-12 school psychologists meeting once per month for a block of time (e.g., 3 hours) over the course of 10-12 months. Providing accommodations for missed or shortened participation in any session should be addressed prior to commencement of the groups. One of the advantages of the strategy of providing group supervision is that all participants can learn something from each other's respective cases.
- Individual sessions conducted over approximately a year to achieve the 30 hours. This mirrors the classic hour-long supervisory process and typically will require 30 sessions.
- A combination of group and individual sessions.
- Utilization of web-based or other electronic supervision strategies (e.g., Skype) have been used on occasion for specific situations, but may not be used to provide the entire 30 hours:
 - It is recommended that the use of electronic supervision be in general alignment with face-to-face supervision standards as recommended by the North Carolina Psychology Board (i.e., live, visual, verbally interactive, confidential).
 - If electronic supervision is utilized within this process, the maximum number of hours that is permissible via this method should not account for more than one-third (10 hours) of the total supervision time.
 - When a supervisor and supervisee are deciding whether to meet in person or through electronic medium, some factors to consider are:
 - Whether reports or evaluations will be reviewed and whether that can be

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done through use of electronic medium;

- Whether the supervisory relationship is newly established; and/or
- Whether there are concerns that are better addressed in person

Content for Supervision Sessions:

There is no dedicated "curriculum" to utilize for the supervision sessions regardless of the strategy employed. Each provider, whether in a group or in an individual session, is going to come to the supervision sessions with varying knowledge, skills, and interests in the area of pediatric brain injuries. With the overarching goal to improve services in the schools for children who have sustained a brain injury, both increasing knowledge and skill-based competencies should be addressed over the course of the 30 hours. Some general guidelines include:

- Each school psychologist should present/discuss a minimum of one case. This can include a new case, a re-evaluation where a brain injury is now being considered, or the review of a previous case. In some instances, the latter could include a case where neurological injury was incurred, but the procedures for addressing a TBI were not followed.
- The supervisor should work through each case including initial referral information (e.g., how to obtain and interpret background information on the child, family, and nature of the injury), planning an assessment in line with best practices and DPI guidelines, interpretation of results of the advanced psychological assessment and integration of other assessment data (e.g., OT, PT, Speech/Language), planning and/or executing various interventions, teacher and family consultation, developmental surveillance plans, etc.
- Utilization of a variety of case studies showcasing different types of injuries, mechanisms, and different assessment and intervention approaches over a wide age range. The participating providers should bring such cases, but it likely will be necessary for the Supervisor to provide additional cases over the course of supervision.
- Provide a clear focus on school-based practice and how a particular student can be served most effectively in their respective school setting and surrounding community.

Other supervision content can include:

- Review of the online TBI curriculum.
- Review of brain areas and associated brain functions.
- Review different types of injuries (concussion vs. penetration vs. medical injury).
- Review the highly variable topography of TBI - What does it look like, identifying TBI without knowing a child has had a TBI (across different ages and with different types of injury).
- Obtaining, extracting, and understanding of medical information related to a brain injury.
- Review and/or practice of different assessment tools as well as different approaches to assessment in order to increase familiarity and competence with a wide variety of measures that might be used for students following a brain injury. This could include discussion and examination of new tests and procedures as they become available.

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- Development of an intervention plan, developmental surveillance plan, teacher consultation strategies, etc. This should include the need for evidence-based intervention strategies.
- Other unusual aspects that can be presented via clinical case discussions.

Possible Take Away Activities to Assign Throughout Supervision:

- Review the assessment resources that are available to a particular provider.
- Assign participants skill areas and ask them to list assessments measuring these skills (i.e., creating portions of a TBI battery)
- Assist participants in creating a TBI Assessment Checklist (i.e., broken into domains of medical information, cognitive skills, achievement, communication/language, memory, problem-solving, sensorimotor, visuospatial, attention, social/emotional, adaptive, etc. with different subtest options to choose from).
- Create a template to use for TBI assessment/reports.
- Create a document of terms used in medical field and meanings (e.g., Glasgow Coma Scale).
- Create a semi-structured interview for parents/caregivers and/or child- covering information before, during, and after injury.
- Create a document for teachers and parents who have questions about return-to-school issues following a brain injury.
- Create a resource of evidence-based and best practice interventions for parents and teachers that are child-specific/case-specific.
- Review reports of previous cases (e.g., compare reports completed by neuropsychologist with those written for school and discuss differences).
- Compile a list of brain-injury related community resources.

Documentation:

There are no formal standards for documentation of this supervision and, historically, the documentation has been left to the discretion of the supervisor. Although no formal standards have been implemented, there are several key aspects that should be addressed by the supervisor.

- At the beginning of the supervision, regardless of the approach, there should be clear, written documentation of how supervision will progress and what is expected— including any payment arrangements that have been agreed upon. If the school is paying for any part of the supervision, then this documentation should be provided to the designated school administrator as well. How the 30 hours will be accrued also should be discussed (e.g., only in groups, individual time, individual consultations outside of groups or individual sessions, etc.).
- The supervisor should take attendance and note times that participants arrive and leave (e.g., arrives 30 minutes late, accrues additional time beyond the group or individual sessions, etc.) so as to address the time requirement of the regulation.
- Consider addressing the level of competency upon departure from supervision. One key aspect to this is whether an individual is prepared to serve children with a brain injury in the school

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setting. This topic should be addressed prior to completion of the supervision.

- Upon completion of the supervision, submit the appropriate verification documents to the individual, the NC DPI Consultant for School Psychology, and the school documenting that the 30 hours of case-based supervision has been completed. Remind the individual that this is only one component to become part of the North Carolina DPI Registry of Approved Providers.
- The communication verifying the participant's completion has been left to the Approved Supervisor, and typically has taken the form of a letter or a certificate of completion.

What Happens After Completing Supervision?

Following the didactic training and the 30 hours of approved supervision, school psychologists are eligible to become a member of the NCDPI TBI Registry of Approved Providers so that they can provide direct and indirect services to children who have sustained a brain injury. A current listing of approved providers is linked through the [NCDPI TBI webpage](#).

This supervision is required to be part of the Registry of Approved Providers in accordance with North Carolina Department of Public Instruction exceptional children's regulations.