



CBIS-AP & CBIST-AP

CANDIDATE HANDBOOK

CERTIFIED BRAIN INJURY SPECIALIST –
ADVANCED PRACTICE

CERTIFIED BRAIN INJURY SPECIALIST TRAINER –
ADVANCED PRACTICE



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INTRODUCTION

First, congratulations and thanks for your inquiry and interest in Advanced Practice certification. As a potential candidate for certification in Certified Brain Injury Specialist-Advanced Practice (CBIS-AP) you share the personal mission to impact the quality of life of those you serve by providing them the best rehabilitation services possible, one shared by the Brain Injury Association of America (BIAA) and Academy of Certified Brain Injury Specialists (ACBIS).

BIAA believes that everyone in the U.S. who sustains a brain injury should be diagnosed, treated, and accepted. We have made it our mission to advance awareness, research, treatment, and education around and to improve the quality of life for all people affected by brain injury.

To support the development of practitioners to meet that challenge of improving the quality of life of persons with brain injury, ACBIS was developed by BIAA to provide education, training, certification, and ongoing resources for specialists in the brain injury community.

Advanced Practice certification builds on the Certified Brain Injury Specialist (CBIS) designation. CBIS certification enables individuals to demonstrate their knowledge across several domains important for any person working with brain injury. The Advanced Practice (CBIS-AP) designation is intended to reflect the direct application of these core principles as well as best practices in interdisciplinary brain injury treatment, care, and education.

Additional Benefits

In addition to reflecting advanced competency in neurorehabilitation, CBIS-AP certification:

- Allows you to demonstrate to current and potential employers your advanced knowledge and application of neurorehabilitation principles.
- Supports your role as educator for the rest of the team on best practices, clinical information, and clinical research, etc.
- Supports your contribution to program development.
- Assures the best possible outcomes for persons served.



PURPOSE OF CERTIFICATION

The CBIS-AP credential is for professionals with advanced experience and training in working with people who have brain injury. CBIS-AP demonstrates that certificants have the education, professional experience, knowledge, and skills to provide neurorehabilitation for individuals with brain injury.

The CBIS-AP specialist demonstrates expertise in:

- Understanding and application of neurorehabilitation principles during any rehabilitation or education activity.
- Assessment, development, and implementation of external and metacognitive interventions in the curriculum areas.
- Teaching and supervising others providing these services.
- Collaborating with the patient, family, and rehab team.
- Coordinating, monitoring, and evaluating care required to meet an individual's brain injury rehabilitation and health needs.

The advanced certification concept encompasses neurorehabilitation as a broader group of topics including cognitive rehabilitation, principles of motor learning, academic success, community reentry, return to work, community mobility, etc.

- Advanced Practice certification is intended for all practitioners in neurorehabilitation, to include but not limited to physical therapy, occupational therapy, speech, music and art therapy, vocational staff, and educators.
- Certification would be available to already certified Brain Injury Specialists or those seeking certification.
- Advanced certification would be appropriate for graduate-degreed (or equivalent) clinicians and therapists with more experience than required for CBIS.
- CBIS-AP would serve as an important part of a career ladder in neurorehabilitation.

Benefits for the Advanced Practice Professional include:

- Opportunity to maximize clinical outcomes and provide best care for the persons you serve.
- Increased knowledge and skills.
- Nationally recognized credential indicating professional growth.
- Potential for salary increase.
- Participation in a career ladder.
- Opportunity to participate in developing staff team.
- Access to the Journal of Head Trauma Rehabilitation for reduced pricing with renewal.
- Access to the ACBIS Insider quarterly newsletter for certificants.
- Early notice of BIAA webinars and other educational events.

Benefits for the Provider Organization include:

- Opportunity to maximize clinical outcomes and provide best care.
- Nationally recognized credential that reflects on the organization.
- Recognized by Commission on Accreditation of Rehabilitation Facilities (CARF) as meeting an educational standard.
- Seen as serious commitment to meeting best practices in rehabilitation.
- Can help determine best practices throughout the organization.
- Chance to upgrade staff skills and approach having a transdisciplinary team.
- Opportunity to attract new staff based on having staff with CBIS-AP.
- Develops leadership potential within your organization.

Benefits for the Person with Brain Injury/Family include:

- Families identifying a CBIS-AP to choose where to get their treatment.
- Families needing to trust someone with an ACBIS credential in the middle of a crisis.
- Families wanting the best care for their loved one.
- Individuals wanting the best possible outcomes.

ELIGIBILITY REQUIREMENTS

CBIS-AP candidates may be:

Current CBIS certificants in good standing or new applicants to certification.

CBIST-AP candidates may be:

Current CBIST certificants in good standing or CBIS or CBIS-AP candidates who earn the CBIST-AP by first earning the CBIST credential, then applying for CBIST-AP.

In this handbook, CBIS/T refers to either current CBIS or current CBIST.

Applicants must meet or exceed the education and years of post-degree experience listed below.

Degree in a Medical Rehabilitation, Education and/or Human Services Field**	Years of Post-Degree Experience*
Bachelors	7
Masters	5
Doctoral	3

*Working with individuals who have acquired brain injury in clinical or educational settings.

**According to the National Organization for Human Services, the field of Human Services is broadly defined, uniquely approaching the objective of meeting human needs through an interdisciplinary knowledge base, focusing on prevention as well as remediation of problems, and maintaining a commitment to improving the overall quality of life of service populations. "Human services professional" is a generic term for people who hold professional and paraprofessional jobs in such diverse settings as group homes and halfway houses; correctional, intellectual disability, and community mental health centers; family, child, and youth service agencies, and programs concerned with alcoholism, drug abuse, family violence, and aging. Depending on the employment setting and the kinds of clients served there, job titles and duties vary a great deal.

DETERMINATION OF ELIGIBILITY

Candidates applying for CBIS-AP may be current, CBIS certificants in good standing or new applicants to certification. CBIST-AP candidates are ONLY those who are current CBIST certificants in good standing. CBIS or CBIS-AP candidates can earn the CBIST-AP by first earning the CBIST credential, then transitioning to CBIST-AP.

Applicants must describe the education and experience that meets the eligibility criteria which will be reviewed by BIAA staff and the Advanced Practice Committee as needed.

Applicants must provide supporting documentation as follows:

▶ Education

Applicants must document the college or university issuing the degree, including dates. Transcripts (official or unofficial) are NOT required with the application. However, BIAA reserves the right to audit this information for verification in the future and candidates may be asked to provide evidence of the earned degree.

▶ Experience

- Qualifying experience, paid employment or residency/fellowship, must have included formal supervision or have been conducted while the applicant operated under a professional license; volunteer work does not qualify.
- Applicant must be a member in good standing within any licensure boards that cover their profession to practice said discipline, if applicable.
- A current resume or curriculum vitae (CV) is required as part of the application.

▶ Scenario Selection and Eligibility

Applicants will be required to identify a clinical field of expertise in which they have at least three years' experience as it relates to neurorehabilitation. The field chosen will be used to determine which scenario will be administered to the candidate during the Scenario Exam

The neurorehabilitation experience fields are:

- Academic/Pediatric Rehabilitation
- Inpatient Rehabilitation
- Post-Acute Residential Rehabilitation
- Outpatient Rehabilitation

CERTIFICATION FEES

Fees for the CBIS-AP and CBIST-AP certification programs are as follows:

Applicant Status	Fee
Current CBIS/T in good standing	\$375
New applicants	\$700
CBIS-AP/CBIST-AP Renewal	\$70

CBIS/T-AP Preparation – Roadmap for Achieving Certification

Once your application is approved, you will have **one year** to complete all components of the ACBIS CBIS-AP certification process, including preparation, testing, and passing **both** the Objective Exam and the Scenario Exam.

Your application fee includes up to **two attempts** for each exam. If you need a second attempt, the one-year timeline can pass more quickly than expected. We want to ensure all candidates have ample time to prepare and succeed—**please plan to avoid being caught off guard as your deadline approaches**.

You should review the AP Curriculum **prior to applying for the AP Certification**. Procuring study materials before applying for certification will **allow more time within the one-year window** for taking both exams (and re-taking if needed).

The following CBIS-AP Prep Schedule may be helpful:

- **Prior to application: acquire all materials** that you want to study from the CBIS Advanced Practice Curriculum – see pages 42-55 of the CBIS-AP Candidate Handbook. Most of these materials are available online but if you want a hard copy, allow time for shipping. Allow 5-7 days for certification application approval.
- **Months 1-2: begin studying for the Exams.** You may need to plan this time into a schedule that is already busy with work, so treat yourself well. Plan for this activity like you would help your clients plan, **utilizing planning and organization skills**. Use whatever study skills work best for you, so that you can come back and do a quick review right before you take the Objective Exam and then again before you take the Practice Scenario Exam.
- **End of month 2: complete the Automated Proctoring System Pre-Check.** Schedule this session to test your computer and phone set-up in the YouTestMe System. Schedule time for this right before you are ready to schedule your Objective Exam and complete it in the same setting that you plan to use for taking the Exam. **Make sure to have Chrome or Firefox as your browser**, as YouTestMe will not work properly on other browsers. Plan to use the same computer/ phone set-up when you take the exams. See instructions on pages 18-19 of the CBIS-AP Candidate Handbook.
- **Month 3: Prepare to take your AP Objective Exam.** Note that if you take your exam outside of technical support hours (Mondays to Fridays 8:45-5:15 Eastern times, not including holidays), technical assistance will not be available. Immediately following your exam, **make some notes** about any areas that you were not confident about, and re-study those areas. Scoring your exam may take 5-7 business days.
- **Month 4: If you do need to take the Objective Exam a second time**, do so as soon as you receive notification of pass/fail, and after you have re-studied those areas that you may have been unsure about. **You must pass the Objective Exam before you can advance on to the Scenario Exam.** Email ACBIS@biausa.org to prepare your account for the retake.

- **Month 5: Final Review of Study Materials for Scenario Exam.** The Practice Scenario Exam evaluates your ability to assess functioning and develop treatment plans in clinical scenario videos. You will be asked to identify key functional issues, then apply neurorehabilitation principles, and implement evidence-based interventions, drawing from the curriculum. You'll be asked to demonstrate how you assess needs, develop and deliver interventions, measure outcomes, and work collaboratively with families and teams to support implementation.
- **Month 6: Prepare to take Scenario Exam.** After taking this Exam, also jot down any areas that you were unsure about, in the event you need to re-take the Practice Scenario Exam. It will take **up to one month** for Grading of the Practice Scenario Exam, so use this time to brush up on any areas that you were unsure about.
- **Month 8: If required, re-take the Scenario Exam.** Pay close attention to exactly what is required for a 2-point response by reviewing the Scoring Procedures elaborated in the AP Candidate Handbook on page 24. Consider practicing 2-point responses using your own cases or quiz a colleague in this manner. After you have reviewed any areas you were unsure of in the initial attempt at this exam, schedule and take the Scenario Exam again by emailing ACBIS@biausa.org to prepare your account for the retake.

Following this schedule should keep you on track during the 1 year you have to complete your ACBIS CBIS/T-AP Exams. The ACBIS AP Committee looks forward to working with you as a potential AP Scenario Exam Grader once you have earned your AP Certification. After you are trained as a Grader, **you can earn one CEU for each scenario exam grade submitted**, toward your annual CBIS/T-AP certification renewal.



APPLYING TO TAKE THE EXAMINATION

To be eligible to sit for the Advanced Practice exam(s), applicants must first submit an application and receive approval after review. Applications must be submitted online using the BIAA Learning Portal - learn.biausa.org. The information provided on the application and supporting documentation will be used to determine the applicant's eligibility as noted above.

Applicants must first create an account and purchase the course prior to accessing the application. If an account has already been created, applicants access the CBIS-AP application via the catalog.

APPLICATION INSTRUCTIONS

After creating an account within the BIAA Learning Platform learn.biausa.org, the applicant will purchase the CBIS-AP or CBIST-AP certification curriculum within the catalog. Once purchased, find the AP curriculum in My Courses. Complete the following steps to submit the application.

COMPLETING THE APPLICATION

CBIS/T-AP Application Submission:

Complete the application questions thoroughly.

Submit each response individually as prompted.

Upon completion of all questions, finalize and submit the entire application.

Automated Proctoring System Pre-Check:

Participate in the automated proctoring pre-check.

This includes a video and technology assessment to ensure compatibility and readiness for the CBIS-AP Objective examination, contingent upon application approval.

Application Submission Confirmation:

Click the "Application Submission Confirmation" button to formally indicate that your application is complete and ready for review.

Application Review and Course Completion:

Upon completion of all required steps and submission of all necessary documentation, your application will be reviewed. If your application is approved, your course status will be updated to "Completed."

All CBIS-AP application fees are valid for 365 days from the date the payment is made. Applicants must complete and have the application approved within the 365-day period. Application fees are non-refundable.

Candidates with approved/passed applications must take and pass the objective and scenario exams within one year of the application approval. Included in the application fee are a maximum of two attempts to pass the objective exam and a maximum of two attempts to pass the scenario exam.

ACCOMMODATIONS FOR SPECIAL NEEDS **(Americans with Disabilities Act)**

BIAA will provide reasonable and appropriate accommodations in accordance with the Americans with Disabilities Act (ADA) for individuals with documented disabilities who request and demonstrate the need for accommodation.

ADA regulations define a person with a disability as someone with a physical or mental impairment that substantially limits one or more major life activities. Documentation of the requested accommodation must include documentation of need provided by an appropriate, licensed medical doctor, healthcare practitioner or other relevant professional on the professional's letterhead. Documentation is required to validate the type and severity of a disability to enable accommodations to be specifically matched with the identified functional limitation, to provide equal access to exam functions for all candidates.

Reasonable examination accommodations will be made at no extra charge to individuals with documented disabilities.

TESTING ACCOMMODATION REQUESTS

Permitted accommodation requests may include, but are not necessarily limited to:

- Additional time
- Auxiliary aids or services

Upon receipt of an accommodation request, BIAA will review the information received and may contact the candidate, if needed, to obtain additional information. BIAA will determine the feasibility of any accommodation, including the specific accommodation requested by the candidate/participant, considering all relevant circumstances including, but not limited to the nature of the documented disability; the nature of the accommodation; and the accommodation's impact on the certification examination.

BIAA will inform the candidate regarding the accommodation decision. If the accommodation request is denied, the candidate may appeal the decision by submitting a written statement to BIAA explaining the reasons for the request. The appeal will be reviewed by the BIAA and response emailed to the candidate within 30 days of receipt. ACBIS's decision is final.

BIAA will make every reasonable effort to accommodate candidates' special needs and to meet ADA compliance. Candidates must formally request accommodation within seven days of applying and prior to testing to be considered. The accommodation request must include official supporting documentation.

Special accommodations must be requested in advance of exam using the request for accommodations form [here](#).

PREPARING FOR THE EXAMINATION

HOW THE CBIS-AP EXAM PROCESS WORKS

Advanced Practice candidates are required to successfully pass two examinations: Objective Exam and Scenario Exam. The Objective exam must be completed and passed prior to moving on to the Scenario exam.

PREPARING FOR COMPUTER-BASED TESTING

Exam Platform and Technical Requirements

It is the candidate's responsibility to ensure the following requirements are met.

- You must have available an internet-connected desktop computer or laptop with a working web camera and microphone enabled. Any external monitors or additional displays must be disconnected.
- You must have a reliable internet connection. You can turn off other devices using bandwidth, move closer to a router, or plug in an Ethernet cable (highly recommended).
- The following web browser versions are supported: Chrome, Firefox
- You must have available a secondary device (i.e., smart phone or tablet) with a working camera and ability to scan a QR code.
- You must have a photo identification available. Acceptable IDs are driver's license, government-issued identification cards, passports, etc.

TECHNICAL SUPPORT HOURS

Examination sessions are not scheduled in advance and are always available (with exception of server maintenance and full server capacities).

Depending on when a candidate sits for each examination, immediate assistance by BIAA's Staff may not be available (i.e., outside of normal business hours, weekends, holidays, etc..)

Regularly scheduled support hours:
8:45 AM – 5:15 PM Eastern Time, Monday-Friday (not including holidays)

If you test outside of these hours and experience technical issues with your exam, you may contact BIAA via voicemail or email. A staff representative will contact you the next business day during support hours.



Username *

Password *

[Forgot username or password?](#)

Sign In

[Not registered yet? Create an account](#)

Application language

Welcome to the ACBIS Portal!

This portal web-based application is designed to provide you access to necessary forms and tests that may be needed to acquire an ACBIS certification. **The most updated instructions are below**

- [Click here](#) for how to navigate through the portal and apply for an ACBIS (P/CBIS/T) certification.
- [Click here](#) for how to navigate through the portal and complete an ACBIS (CBIS/T) certification renewal.
- [Click here](#) for how to navigate through the portal and retrieve your Brain Injury Fundamentals training certificate.
- [Click here](#) for important exam information, technical requirements, test guidelines, and instructions.

Regular Technical Support hours are between 8:45 AM – 5:15 PM EST, Monday through Friday. If you test outside of these hours and experience technical issues with your exam, you may contact ACBIS staff via voicemail or email. A staff representative will contact you the next business day during support hours.

Visit our website for more information on certification requirements, processing fees, and policies: [ACBIS | Brain Injury Association of America](#).

Contact us

OBJECTIVE EXAM

About the CBIS/T-AP Objective Exam

Use of Reference Materials and Note-Taking

Answer all questions. As questions are answered, the progress bar on the right-hand side changes, as does the chart of answered and unanswered questions. Reference materials and note-taking are not permitted for the Objective Exam.

Exam Time Limit

Each candidate has exactly two hours to complete the objective examination, unless accommodation has been requested and approved under the ADA.

Exam Format

- There are 135 questions on the Objective Exam.
- All questions are multiple choice.
- Each candidate has exactly two hours to complete the examination (unless accommodations have been requested and approved under the ADA).
- Candidates must score 80% or higher on the objective examination with a positive proctoring report to move to the next step in the CBIS-AP process.

EXAM SCHEDULING

- Examination sessions are available at the candidate's convenience and not scheduled in advance (with exception of server maintenance and full server capacities).
- Depending on when a candidate sits for the examination, immediate assistance by technical support may not be available (i.e. outside of normal business hours, weekends, holidays, etc.).

EXAM PROCTORING

- The exam is administered online with automated proctoring. Permission for automated proctoring (including facial, screen, and audio capture recordings) is required during the entirety of the exam.
- The exam should be taken in a quiet room with no distractions.
- Papers, books, and notes are not allowed in the testing area. If these instructions are printed and needed at test time, please hold them to the screen (visible to the web camera) when in use. Otherwise, please remove them from the testing area once the examination has begun.
- No assistance of any kind may be given to or used by the examinee. Violations of this exam rule can include speaking to another person during the testing process, reading papers/ notes, looking at another screen, stop sharing or leaving the testing screen while taking the test, or leaving the testing area while taking the test.
- Exam questions cannot be shared or written down.
- The use of headphones, headsets, earpieces and/or earbuds is prohibited.
- The use of more than one computer monitor is prohibited.
- The use of cell phones is prohibited other than for proctoring purposes (i.e., scanning the QR code and setting up camera) and calling technical support for troubleshooting technical issues.

EXAM SETUP INSTRUCTIONS

You will not be able to access the CBIS-AP Objective online examination until you have an approved application and have completed the Automated Proctoring System Pre-Check. Please treat the pre-check as if it were an official examination and complete it in the same setting as you plan for official testing. Instructions apply below.

- 1 Confirm a quiet environment free of distractions and clear the entire area of all study materials and resources.
- 2 Close all other applications and browser tabs except that being used by YouTestMe GetCertified
 - ▶ **During your testing session, it is recommended to turn off any alert notifications (i.e. new message/email) as pop-ups may boot you out of the examination. Do not click on any alerts that may pop-up.**
- 3 Disconnect any external monitors or additional displays, if applicable.
- 4 Log into your individual program portal, click on My Assignments, then click the My Training Courses tab and click on the Certification course in which you are enrolled.
- 5 Click on the Examination step and click Start. Use the Back or Next button if needed. Be sure you are in the Test tab and not the Description or Attachments tab.

- 6 Read the Instructions provided in full and confirm your agreement by clicking on the checkbox and then clicking Start with Proctor.
- 7 Complete the Equipment check and accept the conditions of automated proctoring:
 - ▶ Browser check
 - ▶ Webcam check – **allow use of device camera.**
 - ▶ Microphone check – **allow use of device microphone.**
 - ▶ Network check
 - ▶ Screen check – **allow entire screen of the device to be shared and disable any additional displays.**
- 8 Take a photo with your face fitting into the oval frame on the screen. Make sure there is enough light in the room. If the photo is not verified, please take a new photo. Click next.
- 9 Take a photo of your ID fitting into the frame on the screen. Click next.
- 10 Scan the QR code with your smartphone (using your camera) and open the received link in a browser on your smart phone. Click the Play button and allow “proctor-dev.youtestme.com” to access your camera. Once your camera is successfully connected, display your surrounding testing area. You can use the top right button to flip your camera if needed. Set your phone (behind or to your side) in an area that can examine 360° view of your testing area.
 - ▶ Keep your phone plugged and charged if needed.
- 11 Click next and share your entire screen if asked again.
 - ▶ **Click hide to remove the “biaa.youtestme.com is sharing your screen” notice before continuing. Do not click stop sharing; otherwise, you will be violating testing guidelines.**
- 12 Click continue to begin the examination.
- 13 Answer all multiple-choice questions
 - ▶ As questions are answered, the progress bar on the right-hand side changes, as does the chart of answered and unanswered questions.
 - ▶ There are multiple ways to move through the test:
 - Use the up & down arrow if you click outside the answer field,
 - Use the track pad or a mouse wheel to scroll or
 - Use the narrow scroll bar on the far right of the screen.
- 14 At the conclusion of the examination, click on Finish and Submit at the top right of the page. Confirm, in the popup that appears, that you are finished. If you select “No,” you may return to the form as needed; if you select “Yes,” your answers will be finalized and submitted for scoring.
- 15 You may exit the browser on your smart phone as the camera is no longer required.

EXAM SECURITY AGREEMENT

Candidates must read and agree to an Exam Security Agreement at the commencement of the exam. If the candidate agrees with the Exam Security Agreement statements, he/she may proceed to the exam. If the candidate does not agree with the Exam Security Agreement statements, he/she will be exited from the testing program and will not proceed with taking the exam.

Breaches of exam security or cheating include (but are not limited to):

- Finding out, or trying to find out, the contents of any exam question or paper.
- Impersonating a candidate or letting someone impersonate another person during the exam.
- Obtaining through any means an exam question or paper before the established exam date and time
- Trying to gain an unfair advantage or helping others to gain an unfair advantage.
- Sharing details of the exam with others through any means before, during or after the exam
- Copying or allowing somebody to copy from your work during an exam.
- Having or using notes or any other tools or sources of information during an exam.
- Copying, disclosing, publishing, reproducing, or transmitting the exams in whole or in part, in any form or by any means, whether verbal, written, electronic or mechanical, for any reason.

Candidates who know of any breach of exam security must report it to BIAA Staff immediately. Any attempt to breach exam confidentiality by sharing details of the exam with others is considered professional misconduct and should be handled accordingly either by ACBIS or any other professional association to which a candidate belongs (and to whom the ACBIS will report such incidents).

Violators of exam security will be dismissed from the testing center. Exam results, certification and fees will be withheld. Certificants' certification will be canceled if it is confirmed they breached exam security. This exam is proprietary and belongs to the Brain Injury Association of America.

SCORING PROCEDURES

Candidates must score 80% or higher on the objective examination, with a positive proctoring report, to move to the next step in the CBIS-AP process.

How the Proctoring Report Works

The automated proctor reports potential testing irregularities and an ACBIS administrator will evaluate each recorded testing session. If violation of testing rules is observed, the candidate may be dismissed from the examination session and/or the examination will be invalidated. Violation of rules may disqualify a candidate from certification.

The passing of the test is contingent on a positive proctoring report. Review may take up to 5–7 business days. Candidates will receive in real-time pop-up notices on their testing screen

when certain behaviors are noticed. Some of the behaviors monitored and flagged in the system include:

- Face is not visible in the camera.
- Several faces in front of the camera.
- Conversation or noise in the background.
- No network connection.

Understandably, some of these notices may not be accurate (i.e., face is not visible due to poor lighting, glare or reflection from glasses, or wearing a mask). Please understand that having pop-ups alone will not void your examination.

Please make note: Exam results may be invalidated and/or candidates may be asked to retake the examination if certain behaviors are noticed including, but not limited to:

- Webcam is disabled.
- Microphone is muted.
- Second display is used.
- No connection to a mobile camera (if this notice appears throughout the exam, it could indicate you have minimal to no internet connection preventing the camera from being connected or it could have turned off during the testing session due to screen timeout settings).
- No network connection (if this notice appears throughout the exam, it could indicate you have minimal to no connection preventing the test from being fully recorded)
- Another person is observed in the room.

RECEIVING AN OBJECTIVE EXAM RESULT

Passing of the Objective Exam and continuing to the Practice Scenario Exam is contingent on scoring 80% or higher and receiving a positive proctoring report. Your test will be reviewed for suspicious behavior by the system and an ACBIS administrator. Review of the Objective Exam proctoring report may take up to 5-7 business days. Candidate proctoring reports show as verified once review is complete. Candidates will also receive an email notification once their report is available. The report will include the conclusion of the proctor report along with the Objective Exam score.

If a candidate passes the exam and receives a positive proctoring report, the Scenario Exam will become available within the course steps. Scenario Exam enrollment is based on the field identified within the application: Academic, Inpatient, Outpatient, or Post-Acute.

RETAKING THE OBJECTIVE EXAM

Candidates have one year from date of application approval to pass the exam with two attempts. Candidates will need to contact BIAA for the retake via email at ACBIS@biausa.org (if applicable).

SCENARIO EXAM

ABOUT THE CBIS/T-AP SCENARIO EXAM

The CBIS/T-AP Scenario Exam measures your ability to design and implement a neurorehabilitation or neuroeducation plan. Candidates will view a video scenario of a patient/client/student interaction with staff and construct an evidence-based neurorehabilitation plan with specific therapeutic interventions addressing the issues identified in the video.

- ▶ **Use of Reference Materials and Note-Taking:** The scenario exam is an open-book exam.
- ▶ **Exam Time Limit:** Candidates have three hours to complete the exam. Time starts when the first question appears.
- ▶ **Exam Format:** All answers are essay style and require a detailed response.

EXAMPLE RESPONSES USING GENERAL HEALTH SCENARIO

An advanced practitioner must also demonstrate their ability to identify key issues relevant to a particular person that impact that person during rehabilitation, education, and other tasks. They must be able to develop strategies to address issues identified and assess their approaches and outcomes. Evaluation of the ability to apply advanced knowledge will be assessed through getting the candidate to respond to video vignettes of situations faced by people who have experienced brain injury.

During the Scenario exam, candidates will view such a video vignette to demonstrate their ability to recognize and address issues relevant to a particular person with brain injury. The video scenario is structured to highlight challenges in conducting neurological rehabilitation. In the assessment section candidates will identify a range of key patient/client-specific areas for interdisciplinary clinical focus. In the interventions section candidates will identify evidence of these issues observed in the video scenario, discuss their impact on the person's functioning, and develop a treatment approach to address each of these issues. Attention should be on central issues that any professional working with this person would need to include in their planning, regardless of professional background or discipline.

Because advanced practice candidates may work in a variety of settings, approaches to answering the questions presented by each video vignette may vary according to setting. To aid candidates in their preparation for this part of the exam, ACBIS wants to provide an example of the process one would go through to glean information from the video vignette, identify relevant clinical issues, and structure a response in a way that the rationale for an intervention is demonstrated. The following General Health Scenario includes examples of how to provide enough detail to demonstrate knowledge about application of the principles.

ADVANCED PRACTICE GENERAL HEALTH ISSUES EXAMPLE

We are giving you an example in General Health Care that demonstrates the need for clinical reasoning, extracting relevant topics, interventions to address those topics, and developing a rationale for those interventions and specific steps to carry out and evaluate the outcome of the intervention. What follows is an example of how information is being extracted from a General Health Care Scenario, and the detail that are necessary to earn a 2-point, 1 point, or 0-point responses.

You can earn between 0-2 points based on the thoroughness of the response. In general, a two-point answer includes a “what” and a “why” that supports the answer. The “what” is the specific issue or action and the “why” is the justification for its inclusion as a strategy or target. Applied to clinical situations, the two-point answer reflects the rationale for why an issue or strategy is relevant as well as knowing what should be done.

A one-point answer is considered partial credit and includes an acceptable “what” but is vague or lacking in the “why”. Clinically this would reflect that a candidate is applying a strategy, appropriately, but does not fully appreciate the justification for the strategy. Zero-point answers are either blatantly incorrect, too vague to guide action or reflect an incorrect “why”.

Please read this example so that when you view your selected NeuroRehab Case Scenario, you can respond with the necessary detail to earn the maximum credit on each response.

General Health Care Scenario:

John Doe is a 57-year-old male visiting his internal medicine physician. for routine follow up.

Vitals at time of appointment:

- Height: 5'10"
- Weight: 245 lbs.
- Blood pressure: 170/95, no complaints of chest pain or shortness of breath
- A1C-7%
- Prior evals: Test for sleep apnea- negative

Complaints:

John Doe: “Doc, I just feel tired all the time, lots of general aches and pains and the jitters. I still do not think I am getting good sleep. I am on the road as a big rig truck driver 5-6 days a week and sometimes away from home for a week at a time. I know you have suggested starting some blood pressure meds, but I am not open to that right now and there is no way I can afford the time or money to join a “gym” and I’ve carried this weight for 57 years, tried all kinds of diets that didn’t work, don’t need to start worrying about it again now.

Section One: Assessment

In this section, the examinee will identify key medical issues seen in the video scenario.
Instruction in Exam: Identify one specific key clinical issue selected from your list. In the following questions, you will be asked to identify examples of this specific issue from the scenario, discuss their importance, and identify strategies to address each of these issues.

Medical Issues	Over-Weight, High Blood Pressure, Poor Sleep
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Section Two: Interventions

In this section, the examinee will select **three** of the key neurorehab issues (listed in section one) to identify evidence of the issues observed in the video, discuss the impact on the person’s functioning, and develop a treatment approach to address each issue.

Below are examples of neurorehab issues/intervention areas that may be used and how the responses may be scored.

	2-point answers	1-point answers	0-point answers
Intervention Area: Weight Management	Weight Management		
Examples Overweight (BMI-35.1)			
Rationale/Impacts			
<p>Instruction in Exam: 2-part Question:</p> <p>1. Describe in detail the impact your first key issue has on the rehabilitation process AND 2. Describe the impact on long-term outcomes</p>	<p>Example of a 2-point response</p> <ol style="list-style-type: none"> Being overweight impacts posture and joint flexibility and can contribute to feeling of pain and aching, limiting their ability to exercise and lose weight. Being overweight has significant impact on blood pressure and increased risk of stroke or heart attack 	<p>Each is example of 1- point response</p> <ul style="list-style-type: none"> Being overweight impacts posture and joint flexibility and can contribute to feeling of pain and aching Being overweight can also impact sleep. Even though sleep apnea has been ruled out, joint pain may be impacting sleep. Being overweight has significant impact on blood pressure 	<p>Each is example of 0-point response</p> <ul style="list-style-type: none"> Being Over-Weight has significant impact on overall health Being Over-Weight can contribute to pain

		and increased risk of stroke or heart attack	
<p>Provide one Specific Intervention</p> <p><i>Instruction in Exam:</i> Provide one specific intervention for your first identified key issue presented in this scenario. “Specific” strategies are meant to reflect different approaches to treatment. If you use any acronyms, please spell out the acronym on the first use.</p>	<p><i>This response is not scored</i></p> <p>Education about benefits and risks, prescribe increased walking, and Motivational Interviewing</p>		
<p>Strategy #1</p> <p><i>Instruction in Exam:</i> Describe the intervention in sufficient detail to demonstrate advanced knowledge of this issue.</p>	<p>2-point response</p> <p>Provide information about how being overweight can impact other areas such as sleep and blood pressure Using motivational interviewing, determine what aspects of weight management the patient feels they have the most interest in changing. Based on patient goal, target increased physical activity and provide information about alternative exercise regimens that do not require gym membership.</p>	<p>1 point response</p> <p>Discuss benefits of increasing their walking activity as well as risk of continued non-compliance and tell the patient to walk every time they have a break during their driving job</p>	<p>0-point response</p> <p>Give patient brochure about establishing a daily walking routine so that they can increase their calories burned</p>
<p>Rationale #1</p> <p><i>Instruction in Exam:</i> Describe in detail the rationale for the intervention and how it will improve the patient/client's long-term outcome. Describe in detail demonstrate</p>	<p>2-point response</p> <p>Walking programs can increase overall energy expenditure, And can provide a metabolic boost and increased muscle mass.</p>	<p>1-point response</p> <p>Increased activity will burn more calories so that by increasing your walking you will lose weight</p>	<p>0-point response</p> <p>Walking increases heart rate</p>

<p>advanced knowledge.</p>	<p>Shorter walks are easier to implement and can become more of a habit</p>		
<p>Implementation #1</p> <p><i>Instruction in Exam:</i> Describe in detail the multiple steps that you would use to implement this specific intervention.</p>	<p>2-point response</p> <ol style="list-style-type: none"> 1. After discussion about options during the day and driving breaks, patient identifies increased walking as a strategy he feels he can implement. 2. Provide information about using shorter bursts of walking time 3. Orient patient to smart watch app that can track activity and remind patient to take walking breaks 4. Have patient track baseline steps for one week 5. Establish long term goal (average per day for a week within 3 months) 6. Choose target increase for first week (average per day) of 10-15% steps 7. Record activity on app or card, including note on days where activity level fell below target 8. Increase target for week by 5-10% until 9. Schedule EPIC 	<p>1 point response</p> <ol style="list-style-type: none"> 1. Discuss increasing walking times during breaks while driving 2. Produce a weekly goal and keep track of performance 	<p>0-point response</p> <p>Download walking app</p>

	MyChart follow up in 4-6 weeks to encourage ongoing efforts		
<p>Barriers #1</p> <p><i>Instruction in Exam:</i> 2-part Question:</p> <ol style="list-style-type: none"> 1. Describe in detail at least one potential barrier for the patient/client (e.g., physical, cognitive, psychosocial, etc.) And 2. Describe in detail one potential barrier for the treatment team that could impact the success of this intervention. 	<p>2-point response</p> <ol style="list-style-type: none"> 1. Initial muscle discomfort may act as disincentive. Weight loss may not be measurable within the first several weeks and act as disincentive. 2. Lack of support by family could be a barrier for the treatment team because the family may continue in their usual habits. 	<p>1 point response</p> <p>There may not be enough benefit noticed to keep patient engaged.</p>	<p>0-point response</p> <p>Bad weather may prevent him from walking.</p>
<p>Outcome #1</p> <p><i>Instruction in Exam:</i></p> <p>2-part Question:</p> <ol style="list-style-type: none"> 1. Describe in detail how you will evaluate effectiveness of the intervention within therapy sessions AND 2. Describe in detail the generalization/carryover outside of therapy. 	<p>2-point response</p> <ol style="list-style-type: none"> 1. Measure the number of weeks where average daily steps meet weekly target. Look for trends for days where targets are not met and adjust paradigm accordingly. 2. Measure weight loss at weekly check-ins with therapist 	<p>Each is example of 1 point response</p> <ul style="list-style-type: none"> • Daily measure of weight by patient • Along with measure weight loss at next physician follow up 	<p>0-point response</p> <p>See if patient reports increased activity level</p>

<p>Provide a 2nd specific intervention</p> <p><i>Instruction in Exam:</i> Provide one specific intervention for your first identified key issue presented in this scenario. “Specific” strategies are meant to reflect different approaches to treatment. If you use any acronyms, please spell out the acronym on the first use</p>	<p><i>This response is not scored</i></p> <p>Develop a comprehensive approach for developing better sleep hygiene</p>		
<p>Strategy #2</p> <p><i>Instruction in Exam:</i> Describe the intervention in sufficient detail to demonstrate advanced knowledge of this issue.</p>	<p>2-point response</p> <p>In collaboration with the patient, review current sleep patterns including activities before bedtime, time to bed, time slept each night, and develop a personalized sleep hygiene plan</p>	<p>1 point response</p> <p>Give patient a brochure on sleep hygiene</p>	<p>0-point response</p> <p>Recommend that the patient use Ambien and follow up in 6 months (This is a 0 because dependency can develop quickly)</p>
<p>Rationale #2</p> <p><i>Instruction in Exam:</i></p> <p>2-part Question:</p> <p>1. Describe in detail the impact your first key issue has on the rehabilitation process AND 2. Describe the impact on long-term outcomes</p>	<p>2-point response</p> <ol style="list-style-type: none"> 1. Poor sleep hygiene impacts hormone regulation increasing feelings of hunger, increasing caloric intake, and reduced physical activity 2. Over the long term this will only add to their obesity problem 	<p>1 point response</p> <p>Better sleep will make the patient feel better about himself and be more motivated to go on a diet</p>	<p>0-point response</p> <p>Sleep quality impacts overall weight</p>

<p>Implementation #2</p> <p><i>Instruction in Exam:</i> Describe in detail the multiple steps that you would use to implement this specific intervention.</p>	<p>2-point response</p> <ol style="list-style-type: none"> 1. Develop list of action items and implementation plan 2. Last meal three hours before bedtime 3. Limit caffeine intake to at least 3 hours before bedtime 4. Consistent time to go to bed 5. Turn off electronic devices 30 minutes to one hour before bedtime 6. Use bed only for sleeping, not watching TV, phone etc. 7. Limit nap time during the day 	<p>An example of a 1-point response</p> <ol style="list-style-type: none"> 1. Tell patient to decrease activity after supper 2. Limit light exposure 	<p>0-point response</p> <p>Work out for an hour after supper so you will be tired</p>
<p>Barriers #2</p> <p><i>Instruction in Exam:</i> 2 Part Question:</p> <ol style="list-style-type: none"> 1. Describe in detail at least one potential barrier for the patient/client (e.g., physical, cognitive, psychosocial, etc.) And 2. Describe in detail one potential barrier for the treatment team that could impact the success of this intervention. 	<p>2-point response</p> <ol style="list-style-type: none"> 1. Adherence will be more difficult when patient is on the road 2. Sleep patterns may not match those of others in the household. 	<p>1-point response</p> <p>Work schedule interferes with implementation</p>	<p>0-point response</p> <p>Patient not motivated to make changes</p>

Outcome #2	2-point response	1 point response	0-point response
<p><i>Instruction in Exam:</i> 1 part Question: 1. Describe in detail how you will evaluate effectiveness of the intervention within therapy sessions AND 2. Describe in detail the generalization/carryover outside of therapy.</p>	<ol style="list-style-type: none"> 1. Review sleep journal with patient before starting intervention and while implementing changes in sleep hygiene. In sessions, evaluate with patient reasons why the target 7-8 hours of sleep time was not achieved and revise program accordingly. 2. Measure and chart increased sleep time from baseline and review with patient on a weekly basis until goal is reached 	<p>Have patient keep track of sleep hours with smart watch</p>	<p>See if patient reports improved sleep</p>

SCENARIO EXAM ATTESTATION AND RULES

- The Scenario Exam is administered online, but automated proctoring will not be used for the scenario exam.
- The candidate will acknowledge understanding that the Scenario Exam is intended to assess their individual knowledge and abilities. They will affirm that the work submitted is their own. While the use of notes, books, or other resources is allowed, candidates will specifically acknowledge that they have not used any artificial intelligence (AI) tools or services to generate or assist in generating any part of their responses. Any violation of this ACBIS Code of Ethics policy will result in disciplinary action.
- This exam is proprietary and belongs to the Brain Injury Association of America.
- During or after the exam, candidates cannot share or write down questions.
- The exam should be taken in a quiet room with no distractions.
- This is an open book examination. Papers, books, and notes, and/or searching journal articles online are allowed.
- Assistance from another person is not permitted.
- Use of more than one computer monitor is permitted.
- Use of cell phones is prohibited other than for identity verification purposes.

SCORING PROCEDURES

The number of points attributed to each question on the Scenario Exam is identified within the exam. The treatment approach questions will earn between 0-2 points based on the thoroughness of the response.

Up to three independent graders score the Advanced Practice Scenario Exam. Each grader reviews answers and assigns points based on the thoroughness of the response. For each issue presented, a maximum total of 26 points can be earned. Graders will review each issue's responses separately and tally all points for each issue. Graders then compare the total scores for all three issues and drop the lowest point total. The combined total of the top two scores is used to determine the final score.

The final score of the scenario exam must meet 80% from two graders to pass. If one grader's scores indicate a candidate passes and the second grader indicates a candidate fails, a third grader will score the exam to determine whether the candidate passed the scenario exam or not.

RECEIVING A SCENARIO EXAM RESULT

Please note: Scoring the Scenario Exam can take up to four weeks, due to the nature of employing two graders to score the exam.

RETAKING SCENARIO EXAM

Candidates who do not pass the examination on the first attempt may take one retest within the one-year deadline of the initial application approval date at no additional charge. Candidates will need to contact ACBIS for the retake via email at ACBIS@biausa.org.

APPEALS OF EXAMINATION RESULTS

Candidates who fail the exam may file an appeal of exam results based on examination procedures that fail to comply with the ACBIS's established policies or alleged testing conditions severe enough to cause a major and significant disruption of the examination process.

Appeals must be made in writing via email to BIAA Staff (acbis@biausa.org) within 30 days of the date on the individual's score results. Appeals are forwarded to the ACBIS Governance Committee for review along with any other relevant information. Written notice of the final decision will be sent to the candidate via email within 30 days of the review. The decision of the ACBIS Governance Committee will be final.

BECOMING A CBIS/T-AP GRADER

All candidates earning the CBIS-AP will have the opportunity to earn continuing education credit by grading scenario examinations. CBIS-AP certificants may be eligible to grade more than one scenario when eligibility requirements are met for each scenario. To become a grader, CBIS-AP certificants must review grader training videos and be paired with a grading mentor. Certificants who qualify in multiple scenarios must review grader training videos and be paired with a grading mentor for each scenario.

MAINTENANCE OF CERTIFICATION: CBIS-AP

CERTIFICATION MAINTENANCE REQUIREMENTS

The certification is valid for one year and requires an annual renewal. The continuing education requirement is 10 Continuing Education Units (CEUs). Earning of CEUs and submission of the online CBIS-AP renewal application must be completed within the one-year renewal period. Printed, mailed, or faxed copies of renewal applications or documentation will not be accepted.

MAINTENANCE OF CERTIFICATION FEES

To renew the CBIS-AP credential, a renewal fee of \$70 is required annually. Renewal payments and renewal applications are remitted at learn.biausa.org.

SUBMISSION OF CONTINUING EDUCATION

The CBIS-AP renewal application can be accessed within the ACBIS portal (biaa.youtestme.com). To renew your CBIS certification, ten (10) contact hours of continuing education (CE) are required annually. CEs must be completed within your valid certification period. Certificants must obtain CE hours from a minimum of two (2) activities. Please visit the ACBIS website for a full explanation and listing of acceptable activities and corresponding credits.

In the CE question text boxes, candidates will enter just the number of CEUs claimed for each category.

CONTINUING EDUCATION ACTIVITIES

Continuing education topics must be directly related to brain injury (ABI/TBI) or applicable to brain injury. Examples of topics applicable to brain injury include gait, SUD, dysphagia, etc. CE hours must be completed from a minimum of two activities.

Acceptable Continuing Education Activities

- Participation in grading of CBIS-AP Scenario Exams. One CEU is earned per one exam graded.
- Attendance or presentations at state and national conferences with lectures related to brain injury.

- College/University courses related to brain injury (contact hours can equal no more than 50% of required CE hours). This applies to teaching or taking a course.
- Online courses related to brain injury from a professional development online resource.
- Facility In-Services related to brain injury (in-services, lectures, or workshops provided within work environment).
- Presentations/Poster presentations related to brain injury that were either attended or presented. If presenting, only the time it took to present is acceptable towards CEs.
- Webinars that are professionally oriented and related to brain injury from BIAA or outside sources.
 - If a certificate of attendance is not provided for a webinar, complete a Webinar Review Form for documentation.
- Journal article review: certificants may read current (published within the past three years) brain injury-related articles from journals that are peer-reviewed, or industry and association publications approved by professional and licensing organizations. Complete a Journal Article Review Form as proof of completion. One CEU will be awarded for each article reviewed.
 - BIAA offers the Journal of Head Trauma Rehabilitation (JHTR) for \$50 when purchased with the annual renewal.
- Journal study groups: certificants may organize journal study groups that meet regularly to review and discuss specific articles related to brain injury. Group members should take brief notes at their meetings. If audited, group meeting notes or the Journal Article Review Form may be submitted for CE documentation. One CEU will be awarded for each meeting.
- Published articles: authors of brain injury-related articles can apply credits toward their CE requirement. Peer-reviewed journals are preferred but are not required. Newsletter articles do not apply. Primary authors can receive three CEUs per article; secondary authors can receive two CEUs.
 - Training Requirements: To renew the CBIST-AP certification, eight (8) hours of CBIS, Brain Injury Fundamentals or other brain injury-related training is required annually.

Non-Acceptable Continuing Education (CEs):

- General CPR training
- General operational workplace training, such as organizational guidelines, labor relations, compensation and benefits, and performance management
- Normal job responsibilities
- Books and magazine articles pertaining to auto-biographical or biographical survivor accounts.
- Movies or films
- Webinars pertaining to survivor accounts.
- Fundraising events
- Training in preparation of the CBIS-AP/CBIST-AP certification

CERTIFICATION RENEWAL APPLICATION REVIEW

BIAA ensures that all complete applications are reviewed to determine if the certificant meets all certification renewal requirements and that all required information has been properly submitted. Renewal applications will only be reviewed when both application and payment are submitted. BIAA reserves the right to verify any information submitted with an application and to request further information or documentation from the certificant as needed.

If the submitted renewal application does not meet the requirements, certificants will be given an opportunity to update the information. The corrected information will then be reviewed for approval.

CERTIFICATION EXPIRATION AND FAILURE TO RENEW

The CBIS-AP Certification expires 365 days from the date of issue. After this date, the certificant is no longer eligible to use the designation CBIS-AP. Certificants who submit renewal applications and fees within 60 days after the CBIS-AP expired will be recertified without additional fees, provided that the continuing education units were earned within the one-year renewal period.

CBIS-AP certificants can submit the required documentation up to 90 days past the certification expiration date with the addition of a late fee. BIAA must be contacted for the late fee link.

CBIS-AP certificants who do not submit their renewal application and payment within 90 days of their expiration date are not permitted to use the CBIS-AP designation.

Reinstatement Fees: Reinstatement of the CBIS-AP credentials is permitted for up to two renewal periods, provided that CEUs were maintained during the lapsed timeframe. Certificants more than 91 days past expiration date have up to two years from the expiration date to reinstate the CBIS-AP certification. There are separate applicable fees for one-year reinstatement and the two-year reinstatement.

MAINTENANCE OF CERTIFICATION: CBIST-AP

CERTIFICATION MAINTENANCE REQUIREMENTS

The certification is valid for one year and requires an annual renewal. The continuing education requirement is 15 Continuing Education Units (CEUs) and 8 training hours. Earning of CEUs and submission of the online CBIST-AP renewal application must be completed within the one-year renewal period. Printed, mailed, or faxed copies of renewal applications or documentation will not be accepted.

MAINTENANCE OF CERTIFICATION FEES

To renew the CBIST-AP credential, a renewal fee of \$70 is required annually. Renewal payments and renewal applications are remitted at learn.biausa.org.

SUBMISSION OF CONTINUING EDUCATION

The CBIST-AP renewal application can be accessed within the ACBIS portal (biaa.youtestme.com). To renew your CBIS certification, ten (10) contact hours of continuing education (CE) are required annually. CEs must be completed within your valid certification period. Certificants must obtain CE hours from a minimum of two (2) activities. Please visit the ACBIS website for a full explanation and listing of acceptable activities and corresponding credits.

In the CE question text boxes, candidates will enter just the number of CEUs claimed for each category.

CONTINUING EDUCATION ACTIVITIES

Continuing Education topics must be directly related to brain injury (ABI/TBI) or applicable to brain injury. Examples of topics applicable to brain injury include gait, SUD, dysphagia, etc. CE hours must be completed from a minimum of two activities.

Acceptable Continuing Education Activities

- Attendance or presentations at state and national conferences with lectures related to brain injury (all contact hours for BIAA conferences could be applied). For other professional conferences (i.e., ASHA), contact hours will only be applied for lectures specifically related to brain injury. This option applies to both conference attendees and conference presenters of brain injury-related lectures.
- College/University courses related to brain injury (contact hours can equal no more than 50% of required CE hours). This applies to teaching and taking a course.
- Online courses related to brain injury from a professional development online resource.
- Facility In-services related to brain injury (in-services, lectures, or workshops provided within work environment).
- Presentations/Poster presentations related to brain injury that were either attended or presented. If presenting, only the time it took to present is acceptable towards CEs.
- Webinars that are professionally oriented and related to brain injury from BIAA or outside sources. BIAA sponsors quarterly webinars on various topics related to brain injury.
- Live webinars sponsored by BIAA are awarded one CE.
 - Recorded webinars can be purchased for CE credit on BIAA's Marketplace.
 - If a certificate of attendance is not provided for a webinar, complete a Webinar Review Form for documentation.
- Journal article review: certificants may read current (published within the past three years) brain injury-related articles from journals that are peer-reviewed, or industry and association publications approved by professional and licensing organizations. Complete a Journal Article Review Form as proof of completion. One contact hour will be awarded for each article reviewed.
- BIAA offers the Journal of Head Trauma Rehabilitation (JHTR) for \$50 when purchased with the annual renewal.
- Journal study groups: certificants may organize journal study groups that meet regularly to review and discuss specific articles related to brain injury. Group members should take brief notes at their meetings. If audited, group meeting notes or the Journal Article Review Form may be submitted for CE documentation. One CE will be awarded for each meeting.
- Published articles: authors of brain injury-related articles can apply credits toward their CE requirement. Peer-reviewed journals are preferred but are not required. Newsletter articles do not apply. Primary authors can receive three contact hours per article; secondary authors can receive two contact hours.

Non-Acceptable Continuing Education (CEs):

- General CPR training
- General operational workplace training, such as organizational guidelines, labor relations, compensation and benefits, and performance management
- Normal job responsibilities
- Books and magazine articles pertaining to autobiographical or biographical survivor accounts
- Movies or films
- Webinars pertaining to survivor accounts
- Fundraising events
- Training in preparation of the CBIS-AP/CBIST-AP certification

SUBMISSION OF TRAINING EVIDENCE

To renew the CBIST-AP certification, eight (8) hours of ACBIS or brain injury related training is required annually. CBIST-APs should document the objectives, content, and attendance information for each training in anticipation of a random renewal audit.

Training topics may include ACBIS trainings, topics related to brain injury, and/or topics that are applicable to brain injury.

Within the renewal application, in the training question text box, candidates will enter the number of hours all brain injury-related trainings that they have presented/provided within their most recent renewal period.

CERTIFICATION RENEWAL APPLICATION REVIEW

BIAA Staff ensures that all complete applications are reviewed to determine if the certificant meets all certification renewal requirements and that all required information has been properly submitted. Renewal applications will only be reviewed when both application and payment are submitted. ACBIS reserves the right to verify any information submitted with an application and to request further information or documentation from the certificant as needed.

If the submitted renewal application does not meet the requirements, certificants will be given an opportunity to update the information. The corrected information will then be reviewed for approval.

CERTIFICATION EXPIRATION AND FAILURE TO RENEW

Certification expiration dates can be found on a candidate's certificate, within their ACBIS portal and via the Certificant Verification Registry on the BIAA website.

Certificants are provided a 60-day grace period from the time of their expiration date to submit renewal and payment without penalty. *The grace period ONLY applies to submission of renewal application and payment.* It does not apply to the continuing education events. All CEUs must be earned within the renewal period.

Certificants can submit the required documentation up to 90 days past the certification expiration date with the addition of a \$25 late fee. BIAA must be contacted for the late fee link.

Certificants who do not submit their renewal application and payment within 90 days of their expiration date will move to inactive status and are not permitted to use the CBIST-AP designation.

Reinstatement of the credentials can be permitted up to two renewal periods if CEs were maintained during the lapsed timeframe.

Reinstatement Fees:

- \$155 for one lapsed renewal period
- \$225 for two lapsed renewal periods
- Certificants must contact BIAA for the appropriate fee and application access.

Individuals who do not reinstate within the above-mentioned timeframe will be required to submit a new application, pay the fee, and retake the ACBIS exam.

ETHICS, COMPLAINTS AND DISCIPLINARY ACTIONS

ACBIS ETHICS CODE

The ACBIS Ethics Code is intended to serve as a guide to the everyday conduct of certified brain injury specialists. It represents standards of ethical behavior in professional relationships with people receiving brain injury rehabilitation services, with colleagues, with employers and employees, with other individuals and professionals, and with the community and society.

This code is based on the fundamental values and principles of the brain injury rehabilitation field and profession. These include respecting the worth, dignity, and uniqueness of all persons as well as their rights and opportunities and obligations within a safe, caring, environment. It honors the need for certified brain injury specialists to keep the person's wants and needs primary in service delivery, to advocate for individual rights and interests, and to oppose discrimination in services and in the community. It also recognizes that specialists treat people as people first. The helping relationship is foremost in providing services. The philosophy of brain injury rehabilitation fosters and promotes these values.

This code offers general principles to guide conduct in situations that have ethical implications. It provides the basis for making decisions about actions to take. Certified brain injury specialists are expected to take into consideration all the principles in this code that have a bearing upon any situation in which professional intervention and ethical judgment are required. Frequently, the situation determines the ethical principles that apply and the manner of their application. The specialist should consider not only the ethical principles, but also the entire code and its spirit. Specific applications of ethical principles must be judged within the context in which they are being applied.

All answers are essay style and require a detailed response.

MAJOR ETHICAL PRINCIPLES

The following principles should guide certified brain injury specialists in their various professional roles, relationships, and levels of responsibility.

The Conduct of a Certified Brain Injury Specialist

- Specialists maintain high standards of personal conduct in their role as a certified brain injury specialist.
- Specialists strive to be proficient in brain injury rehabilitation and in the delivery of services.
- Specialists regard as primary the obligation to help individuals achieve their needs and self-determined goals.

- Specialists promote multicultural competence in all places and relationships in the practice of brain injury rehabilitation.
- Specialists promote and participate in full discussion of potential ethical dilemmas and decision-making.

Certified Brain Injury Specialists' Ethical Responsibility to People Receiving Services

- The primary responsibility of specialists is to persons receiving brain injury rehabilitation services.
- Specialists refrain from entering dual relationships with persons receiving their services.
- Specialists act with integrity in their relationships with colleagues, families, significant others, other organizations, agencies, institutions, referral sources, and other professions to maximize benefits for persons receiving services.
- Specialists make every effort to support the maximum self-determination of each person served.
- Specialists respect the privacy of persons receiving services and hold in confidence all information obtained in the course of professional service.

Certified Brain Injury Specialist's Ethical Responsibility to Colleagues

- Specialists treat colleagues with respect, courtesy, fairness, and good faith.
- Specialists understand the knowledge and skills other providers bring to the rehabilitation process.

Certified Brain Injury Specialists' Ethical Responsibility to the Profession

- Specialists uphold and advance the mission, ethics, and principles of ACBIS and the field of brain injury rehabilitation.
- Specialists assist the profession by promoting the field of brain injury rehabilitation.
- Specialists take responsibility for identifying and developing experience-based brain injury rehabilitation knowledge.
- Specialists actively incorporate research and experience-based brain injury rehabilitation knowledge into their practice.

Certified Brain Injury Specialists' Ethical Responsibility to Society

- Certified brain injury specialists promote the general welfare of society by opposing discrimination and increasing understanding of brain injury disability and recovery.
- Specialists advocate for a system of care that responds to the needs of people with brain injuries.

IMPLEMENTATION OF THE CERTIFIED BRAIN INJURY SPECIALISTS CODE OF ETHICS

All specialists practice within the scope of the guidelines herein.

If certified brain injury specialists do not conduct themselves in accordance with the Code of Ethics, persons receiving services, advocates, or other professionals can initiate a complaint.

COMPLAINTS AGAINST CERTIFICANTS

Individuals who believe a CBIS/T-AP has violated the ACBIS Code of Ethics may report such violations in writing to acbis@biausa.org. The complaint must specify exactly which principle in the ACBIS Code of Ethics is alleged to have been violated. When a complaint is made, the certificant will be immediately notified and asked to respond to the complaint in writing. The CBIS/T-AP will have 30 days to prepare and submit a written response which will be reviewed in accordance with ACBIS procedures.

COMPLAINT REVIEW

The members of the review panel will have 30 days to review the complaint and to request additional information from either party. The complainant may request a hearing in person. The review panel will then meet and discuss their findings. The review panel will vote to any of the following findings:

- Complaint not valid
- Complaint judged valid – suspension
- Complaint judged valid – revocation

DETERMINATION OF VIOLATION AND SANCTIONS

- The complaint is not valid and is dismissed.
- The complaint is judged valid. The accused certificant will be told to cease unethical activity. The accused certificant will be suspended from the Certification Program for a specified amount of time (1 to 3 years).
- The complaint is judged valid. The accused certificant's registration will be revoked. The revocation will be published in ACBIS communications to members and on the ACBIS website. The Chair of the ACBIS board will forward the findings to the accused and the complainant. The findings of the ACBIS review panel may be appealed to the Chair of the ACBIS board. The decision of the ACBIS Chair is final.

APPEAL

Within thirty (30) days from receipt of the notice of violation, the affected candidate/certificant may submit to the ACBIS Chair via email a request for an appeal. Any candidate/certificant receiving an adverse decision will receive a copy of this policy along with notification of the appeal period.

Upon receipt of a request for appeal, the ACBIS Chair will establish an Appeal Committee consisting of at least three, but not more than five, individuals. This Appeal Committee may review one or more appeals, upon request of the Chair. No one with any personal involvement or conflict of interest may serve on the Appeal Committee.

The Appeal Committee may only review whether the determination by ACBIS of a violation of the certification program policies and/or rules was inappropriate because of:

- Material errors of fact, or
- Failure of the Review Committee or ACBIS to conform to published criteria, policies, or procedures.

Only facts and conditions up to and including the time of ACBIS's determination as represented by facts known to ACBIS are considered during an appeal. The appeal shall not include a hearing or any similar trial-type proceeding. Legal counsel is not expected to participate in the appeal process, unless requested by the candidate/certificant and approved by ACBIS and the Appeal Committee. ACBIS and Appeal Committee may consult legal counsel.

The Appeal Committee conducts and completes the appeal within 90 days after receipt of the request for an appeal. Written appellate submissions and any reply to submissions may be made by authorized representatives of the candidate/certificant and of ACBIS. Submissions are made according to whatever schedule is reasonably established by the Appeal Committee. The decision of the Appeal Committee either affirms or overrules the determination of ACBIS but does not address a sanction imposed by ACBIS. The Appeal Committee will confirm receipt of all communications including the initial appeal and will provide notice to the candidate/certificant of the end of the appeals-handling process.

The Appeal Committee decision is binding upon ACBIS, the candidate/certificant who is subject to the termination, and all other persons.

RESIGNATION

If a certificant who is the subject of a complaint voluntarily surrenders his or her certification at any time during the investigation of a complaint under these procedures, the complaint is dismissed without any further action by the Review Committee, ACBIS, or an Appeal Committee established after an appeal. Such resignation must include resignation of all ACBIS credentials held by the individual. The entire record is sealed, and the individual may not reapply for certification by ACBIS. However, ACBIS may authorize the Chair to communicate

the fact and date of resignation, and the fact and general nature of the complaint, which was pending at the time of the resignation, to or at the request of a government entity engaged in the administration of law. Similarly, in the event of such resignation, the certificant's employer and the person or entity who submitted the complaint are notified of the fact and date of resignation and that ACBIS has dismissed the complaint as a result.

RETIREMENT

The CBIS/T-AP Retiree designation is meant to acknowledge the accomplishment for those who have maintained certification for at least three years and are now voluntarily relinquishing their active CBIS/T-AP certification status due to retirement. The CBIS/T-AP Retiree designation requires a one-time application and fee. Thus, it does not require renewal or continuing education.

Once the retiree designation has been made, an individual may use the credential but may not actively practice as a CBIS/T-AP without reinstating or reapplying for certification. Should a certificant intend to provide consulting, teaching, or other services in the future, CBIS /T-AP certification should be maintained.



CERTIFICATION VERIFICATION

BIAA publishes a register of certificate holders on its public website (<https://www.biausa.org/acbis-certificant-verification>). Visitors to the website will be able to see who holds a current certification. Each listing will include the certificate holder's current name, organization (if available), the country and city where they are based, certification type, and the date when certification expires.

By applying for certification, candidates agree to be included in the public register.

If a certification lapses, anyone searching for it will be notified only that a name does not appear on the register.

USE OF THE REGISTER

BIAA does not allow anyone to access the register for any purpose apart from verifying its certifications.

PRIVACY

BIAA will not respond to requests for information about candidates beyond confirming information in the public register. All information collected from candidates is held only for the purposes of confirming eligibility for certification and for developing clear standards for the profession.

USE OF CERTIFICATION MARKS

After receiving notification of the official CBIS-AP or CBIST-AP designation, the credential(s) granted may be used only if the individual's certification remains valid and in good standing.

Individuals may not use the credential(s) until they have received specific notification that they have successfully completed all requirements, including passing the required exam(s). Certificants must comply with all certification renewal requirements to maintain use of the credential(s).

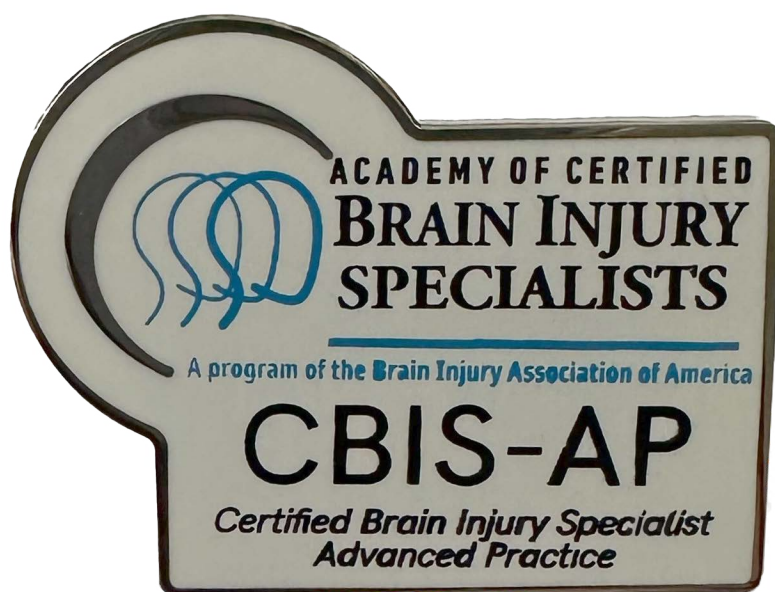
The use and/or display of the official ACBIS acronyms or designation names, except as permitted by this policy, is prohibited. Individuals who fail to maintain certification / recertify or whose certification is suspended or revoked must immediately discontinue use of the certification mark(s) and are prohibited from stating or implying that they hold the certification.

ACCEPTABLE USE

Individuals who have earned the credential(s) may identify themselves as a CBIS-AP or CBIST-AP for each discipline certified.

The name and official acronym may be used only if the certification is valid and in good standing. Certification is a non-transferable, revocable, limited, non-exclusive license to use the certification designation and is subject to compliance with the policies and procedures of ACBIS.

Certified individuals may not make misleading, deceptive, or confusing statements regarding their certification status.



CERTIFICATE

Each certificant will receive a certificate for each credential granted. All certificates are non-transferrable.

Each certificate will include, at a minimum, the following information:

- Name of the credential
- Name of the certified individual
- Unique certification number
- Signature of the ACBIS Chair and BIAA CEO
- Reference to the scope and limitations of the certification, including:
 - Professional certification indicates that the individual has met all the requirements of the designated certification program.
- Expiration date

Individuals who renew their certification (recertify) will receive a new certificate available in the ACBIS portal, with a new certificate number.

SECURITY

Certificates include the electronic signature of the ACBIS Chair and the BIAA CEO. All certificates are produced with an ACBIS watermark, a unique certification number and the official ACBIS logo to reduce the risk of fraud, forgery, and counterfeit.

OWNERSHIP

BIAA retains sole ownership of all certificates.

Certified Brain Injury Specialist

ADVANCED PRACTICE CURRICULUM STUDY OUTLINE

The Advanced Practice exam is intended to evaluate broad competence in advanced practice of neuro rehabilitation. A curriculum that summarizes the breadth of content that is covered in the CBIS-AP exams has been developed but is not an exhaustive list of references. The exam is intended to draw from broad competencies, not to draw from any one individual reference. The Essentials Brain Injury Guide can be found and purchased on the Brain Injury Association of America's (biausa.org) website at an applicant discounted rate. Additionally, Brain Tree (braintreetraining.co.uk) products can be purchased for a 33% discount by using the code, "BTTCERT".

- I. History and Systems of Cognitive Rehabilitation (4%)
- II. Cognitive Deficits and Assessment (6%)
 - a. Rehabilitation for Persons with Cognitive Deficits
 - b. How to Assess Cognitive Problems
- III. Cognitive Rehabilitation (25%)
 - a. Rehabilitation for Impairments of Attention
 - b. Rehabilitation for Impairments of Memory
 - c. Rehabilitation for Impairments of Executive Functions
 - d. Awareness and Metacognition
 - e. Rehabilitation for Impairments of Information Processing
 - f. Rehabilitation of Impairments of Visual Processing
- IV. Social Issues (7%)
 - a. Rehabilitation of Impairments of Social Communication and Skills
 - b. Challenging Emotions/Behaviors
- V. Neuromotor Learning (10%)
- VI. Working with Mild TBI (5%)
- VII. Rehabilitation of Children with Acquired Cognitive Impairment (7%)
- VIII. Role of Families in NeuroRehab (3%)
- IX. Research and Reviews (6%)
 - a. Evidence-based Research of Effectiveness
 - b. Durability of Interventions
- X. Operations and Administration (3%)
 - a. Report Writing and Communications
 - b. Staff Development, Supervision, and Training
- XI. General Brain Injury Knowledge (24%)

CERTIFIED BRAIN INJURY SPECIALIST ADVANCED PRACTICE CURRICULUM

HISTORY AND SYSTEMS OF COGNITIVE REHABILITATION

- A. Models of Cognitive Rehabilitation
- B. Neuropsychology of Thinking
- C. Theories and Models of Recovery

Recommended References:

- Cicerone, K., Dams-O'Connor, K., Eberle, R., Fraas, M., Ganci, K., Langenbahn, D., Shapiro-Rosenbaum, A., Tate, R., & Trexler, L. (2019). *Cognitive Rehabilitation Manual: Translating Evidence-Based Recommendations into Practice* (2nd ed.). American Congress of Rehabilitative Medicine.
- Malia, K., & Brannagan, A. *Course Notes for the Cognitive Rehabilitation Workshop*. Brain Tree Training; <https://www.braintreetraining.co.uk/coursenotes.php>.
- Malia, K., & Brannagan, A. *Cognitive Rehabilitation for Professionals Webcast*. Brain Tree Training; https://www.braintreetraining.co.uk/iaw_webcasts.php.
- Herrmann, D., Parente, R. & St. Pierre, M. (2022). *Retraining Cognition: Techniques and Applications* (4th ed.). PRO-ED, Inc.
- Sohlberg, M. M., & Turkstra, L. S. (2011). *Optimizing Cognitive Rehabilitation: Effective Instructional Methods Book*. The Guilford Press.
- Sohlberg, M. K. M., Hamilton, J., & Turkstra, L. (2023). *Transforming Cognitive Rehabilitation: Effective Instructional Methods*. The Guilford Press.

REHABILITATION FOR PERSONS WITH COGNITIVE DEFICITS

- A. How does the Brain Work?
 - i. Neuroanatomy for Therapists
 - ii. Explaining Brain Function to Clients and Relatives
- B. Principles of Neural Plasticity
- C. Neural Networks Theory
- D. Models of Cognition
- E. Principles of Cognitive Rehabilitation Therapy (CRT)
- F. Making Sense of Cognition
 - i. The 5 Cognitive Modules
 - ii. The 4 Approaches to CRT
 - a. Education
 - b. Process Training
 - c. Strategy Training
 - d. Functional Activities Training
- G. Metacognition
- H. Keys to Successful CRT
 - i. Teaching Skills
 - ii. The Importance of Education
- G. Setting SMART Goals into a Framework
 - i. PIE – Plan, Implement, and Evaluate

Recommended References:

- Anders, D. & Kolakowsky-Hayner, S. A., (2024). *The essential brain injury guide* (6th ed.). Brain Injury Association of America.
- Cicerone, K., Dams-O'Connor, K., Eberle, R., Fraas, M., Ganci, K., Langenbahn, D., Shapiro-Rosenbaum, A., Tate, R., & Trexler, L. (2019). *Cognitive Rehabilitation Manual: Translating Evidence-Based Recommendations into Practice* (2nd ed.). American Congress of Rehabilitative Medicine.
- Malia, K., & Brannagan, A. *Cognitive Rehabilitation for Professionals Webcast*. Brain Tree Training: https://www.braintreetraining.co.uk/iaw_webcasts.php.
- Malia, K., Bewick, K., Raymond, M., & Bennett, T. (2002). *Brainwave-R: Cognitive Strategies and Techniques for Brain Injury Rehabilitation – User's Guide and Introduction to Brain Injury*. PRO-ED, Inc.
- Malia, K., & Brannagan, A. *How to do Cognitive Rehabilitation, Parts 1 & 2*. Brain Tree Training: <https://www.braintreetraining.co.uk/htdcrt.php>.
- Malia, K., & Brannagan, A. *Hero's Journey: 51 of the most important things you need to know following brain injury*. Brain Tree Training: <https://www.braintreetraining.co.uk/hero.php>.
- Malia, K., & Brannagan, A. *Course Notes for the SMART Goals Workshop*. Brain Tree Training: <https://www.braintreetraining.co.uk/coursenotes.php>.
- Herrmann, D., Parente, R. & St. Pierre, M. (2022). *Retraining Cognition: Techniques and Applications* (4th ed.). PRO-ED, Inc.

HOW TO ASSESS COGNITIVE PROBLEMS

- A.** The Learning Context: Beyond Practice
- B.** Assessment of Individuals with Cognitive Impairments
- C.** NeuroFunctional Evaluation

Recommended References:

- Howieson, D., Bigler, E., Tranel, D., & Lezak, M. (2012). *Neuropsychological Assessment* (5th ed.). Oxford University Press.
- Malia, K., & Brannagan, A. *Cognitive Rehabilitation for Professionals Webcast*. Brain Tree Training: https://www.braintreetraining.co.uk/iaw_webcasts.php.
- Malia, K., & Brannagan, A. *Course Notes for the Cognitive Rehabilitation Workshop*. Brain Tree Training: <https://www.braintreetraining.co.uk/coursenotes.php>.
- Malia, K., & Brannagan, A. *How to do Cognitive Rehabilitation, Parts 1 & 2*. Brain Tree Training: <https://www.braintreetraining.co.uk/htdcrt.php>.
- Sohlberg, M. M., & Turkstra, L. S. (2011). *Optimizing Cognitive Rehabilitation: Effective Instructional Methods Book*. The Guilford Press.

REHABILITATION FOR IMPAIRMENTS OF ATTENTION

- A.** Model of Attention (Focused, Sustained, Selective, Alternating and Divided)
- B.** How to Treat Attention in the Context of Everyday Behavior
- C.** Dynamics of Attention, Memory, and Executive Functions
- D.** Retraining Attention

Recommended References:

- Bogdanova, Y., Yee, M. K., Ho, V. T., & Cicerone, K. D. (2016). Computerized Cognitive Rehabilitation of Attention and Executive Function in Acquired Brain Injury. *Journal of Head Trauma Rehabilitation*, 31(6), 419–433. <https://doi.org/10.1097/htr.0000000000000203>
- Cicerone, K. D., Goldin, Y., Ganci, K., Rosenbaum, A., Wethe, J. V., Langenbahn, D. M., Malec, J. F., Bergquist, T. F., Kingsley, K., Nagele, D., Trexler, L., Fraas, M., Bogdanova, Y., & Harley, J. P. (2019). Evidence-Based Cognitive Rehabilitation: Systematic Review of the Literature From 2009 Through 2014. *Archives of Physical Medicine and Rehabilitation*, 100(8), 1515–1533. <https://doi.org/10.1016/j.apmr.2019.02.011>
- Cicerone, K., Dams-O'Connor, K., Eberle, R., Fraas, M., Ganci, K., Langenbahn, D., Shapiro-Rosenbaum, A., Tate, R., & Trexler, L. (2019). *Cognitive Rehabilitation Manual: Translating Evidence-Based Recommendations into Practice* (2nd ed.). American Congress of Rehabilitative Medicine.

- Laatsch, L., Dodd, J., Brown, T., Ciccina, A., Connor, F., Davis, K., Doherty, M., Linden, M., Locascio, G., Lundine, J., Murphy, S., Nagele, D., Niemeier, J., Politis, A., Rode, C., Slomine, B., Smetana, R., & Yaeger, L. (2019). Evidence-based systematic review of cognitive rehabilitation, emotional, and family treatment studies for children with acquired brain injury literature: From 2006 to 2017. *Neuropsychological Rehabilitation*, 30(1), 130–161. <https://doi.org/10.1080/09602011.2019.1678490>
- Malia, K., & Brannagan, A. *Course Notes for the Attention Workshop*. Brain Tree Training: <https://www.braintreetraining.co.uk/coursenotes.php>.
- Malia, K., & Brannagan, A. *Cognitive Rehabilitation for Professionals Webcast*. Brain Tree Training: https://www.braintreetraining.co.uk/iaw_webcasts.php.
- Sohlberg, M. M., & Raskin, S. A. (1996). Principles of Generalization Applied to Attention and Memory Interventions. *Journal of Head Trauma Rehabilitation*, 11(2), 65–78. <https://doi.org/10.1097/00001199-199604000-00007>

REHABILITATION FOR IMPAIRMENTS OF MEMORY

A. Models of Memory

- i. Theories of Forgetting
- ii. Time Based Model
- iii. Information Processing Model of Memory
- iv. Working Memory Model

B. Different Types of Memory

- i. Autobiographical
- ii. Semantic
- iii. Prospective
- iv. Working Memory
- v. Episodic

C. How to Treat Memory in Everyday Functioning

- i. Training the Use of Memory Strategies
 - a. External
 - b. Internal
 - c. Rehearsal
- ii. The Importance of Linking Memory Strategy Training to the Level of Awareness (Insight)
- iii. When – and When Not – to Use Process Training in Memory Treatment

Recommended References:

- Cicerone, K. D., Goldin, Y., Ganci, K., Rosenbaum, A., Wethe, J. V., Langenbahn, D. M., Malec, J. F., Bergquist, T. F., Kingsley, K., Nagele, D., Trexler, L., Fraas, M., Bogdanova, Y., & Harley, J. P. (2019). Evidence-Based Cognitive Rehabilitation: Systematic Review of the Literature From 2009 Through 2014. *Archives of Physical Medicine and Rehabilitation*, 100(8), 1515–1533. <https://doi.org/10.1016/j.apmr.2019.02.011>
- Cicerone, K., Dams-O'Connor, K., Eberle, R., Fraas, M., Ganci, K., Langenbahn, D., Shapiro-Rosenbaum, A., Tate, R., & Trexler, L. (2019). *Cognitive Rehabilitation Manual: Translating Evidence-Based Recommendations into Practice* (2nd ed.). American Congress of Rehabilitative Medicine.
- Laatsch, L., Dodd, J., Brown, T., Ciccina, A., Connor, F., Davis, K., Doherty, M., Linden, M., Locascio, G., Lundine, J., Murphy, S., Nagele, D., Niemeier, J., Politis, A., Rode, C., Slomine, B., Smetana, R., & Yaeger, L. (2019). Evidence-based systematic review of cognitive rehabilitation, emotional, and family treatment studies for children with acquired brain injury literature: From 2006 to 2017. *Neuropsychological Rehabilitation*, 30(1), 130–161. <https://doi.org/10.1080/09602011.2019.1678490>
- Malia, K., Bewick, K., Raymond, M., & Bennett, T. (2002). *Brainwave-R: Cognitive Strategies and Techniques for Brain Injury Rehabilitation – User's Guide and Introduction to Brain Injury*. PRO-ED, Inc.
- Malia, K., & Brannagan, A. *Cognitive Rehabilitation for Professionals Webcast*. Brain Tree Training: https://www.braintreetraining.co.uk/iaw_webcasts.php.

- Malia, K., & Brannagan, A. *Course Notes for the Cognitive Rehabilitation Workshop*. Brain Tree Training; <https://www.braintreelearning.co.uk/coursenotes.php>.
- Schacter, D. (2021). *The Seven Sins of Memory: How the Mind Forgets and Remembers, Updated Edition*. Mariner Books.
- Schacter, D. L. (1999). *The seven sins of memory: Insights from psychology and cognitive neuroscience*. *American Psychologist*, 54(3), 182–203. <https://doi.org/10.1037/0003-066x.54.3.182>
- Sohlberg, M. M., & Raskin, S. A. (1996). Principles of Generalization Applied to Attention and Memory Interventions. *Journal of Head Trauma Rehabilitation*, 11(2), 65–78. <https://doi.org/10.1097/00001199-199604000-00007>
- Sohlberg, M. M., & Turkstra, L. S. (2011). *Optimizing Cognitive Rehabilitation: Effective Instructional Methods Book*. The Guilford Press.
- Velikonja, D., Tate, R., Ponsford, J., McIntyre, A., Janzen, S., & Bayley, M. (2023). IINCOG 2.0 Guidelines for Cognitive Rehabilitation Following Traumatic Brain Injury, Part V: Memory. *Journal of Head Trauma Rehabilitation* 38(1):p 83-102, January/February 2023. | DOI: 10.1097/HTR.0000000000000837

REHABILITATION FOR IMPAIRMENTS OF EXECUTIVE FUNCTIONS

- A. Simple Model of Executive Functions
- B. Complex Model of Executive Functions
- C. Retraining Conceptual Skills, Reasoning, and Comprehension
- D. Training Facts and Concepts
- E. Training Organizational Skills
- F. Rehabilitation of Decision Making and Problem Solving
- G. Training Functional Multistep Routines
- H. Training Planning

Recommended References:

- Cicerone, K. D., Goldin, Y., Ganci, K., Rosenbaum, A., Wethe, J. V., Langenbahn, D. M., Malec, J. F., Bergquist, T. F., Kingsley, K., Nagele, D., Trexler, L., Fraas, M., Bogdanova, Y., & Harley, J. P. (2019). Evidence-Based Cognitive Rehabilitation: Systematic Review of the Literature From 2009 Through 2014. *Archives of Physical Medicine and Rehabilitation*, 100(8), 1515–1533. <https://doi.org/10.1016/j.apmr.2019.02.011>
- Cicerone, K., Levin, H., Malec, J., Stuss, D., & Whyte, J. (2006). Cognitive Rehabilitation Interventions for Executive Function: Moving from Bench to Bedside in Patients with Traumatic Brain Injury. *Journal of Cognitive Neuroscience*, 18(7), 1212–1222. <https://doi.org/10.1162/jocn.2006.18.7.1212>
- Cicerone, K. D., & Maestas, K. L. (2014). Rehabilitation of Attention and Executive Function Impairments. *Handbook on the Neuropsychology of Traumatic Brain Injury*, 191–211. https://doi.org/10.1007/978-1-4939-0784-7_10
- Cicerone, K., Dams-O'Connor, K., Eberle, R., Fraas, M., Ganci, K., Langenbahn, D., Shapiro-Rosenbaum, A., Tate, R., & Trexler, L. (2019). *Cognitive Rehabilitation Manual: Translating Evidence-Based Recommendations into Practice* (2nd ed.). American Congress of Rehabilitative Medicine.
- Laatsch, L., Dodd, J., Brown, T., Ciccio, A., Connor, F., Davis, K., Doherty, M., Linden, M., Locascio, G., Lundine, J., Murphy, S., Nagele, D., Niemeier, J., Politis, A., Rode, C., Slomine, B., Smetana, R., & Yaeger, L. (2019). Evidence-based systematic review of cognitive rehabilitation, emotional, and family treatment studies for children with acquired brain injury literature: From 2006 to 2017. *Neuropsychological Rehabilitation*, 30(1), 130–161. <https://doi.org/10.1080/09602011.2019.1678490>
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- Malia, K., & Brannagan, A. *Course Notes for the Cognitive Rehabilitation Workshop*. Brain Tree Training; <https://www.braintreelearning.co.uk/coursenotes.php>.
- Tate, R., Kennedy, M., Ponsford, J., Douglas, J., Velikonja, D., Bayley, M., & Stergiou-Kita, M. (2023). INCOG Recommendations for Management of Cognition Following Traumatic Brain Injury, Part III. *Journal of Head Trauma Rehabilitation*, 29(4), 338–352. <https://doi.org/10.1097/htr.0000000000000068>
- Sohlberg, M. M., & Turkstra, L. S. (2011). *Optimizing Cognitive Rehabilitation: Effective Instructional Methods Book*. The Guilford Press.

AWARENESS AND METACOGNITION

A. The Importance of Awareness

B. Mechanisms/Models of Awareness

C. Assessment/Treatment of Awareness

i. Training the Use of Metacognitive Strategies

Recommended References:

- Barco, P., Crosson, B., Bolesta, M., Werts, D., & Stout, R. (1991). Training awareness and compensation in postacute head injury rehabilitation. In J. Kreutzer & P. Wehman (Eds.), *Cognitive rehabilitation for persons with traumatic brain injury: A functional approach*. Paul H. Brookes Publishing.
- Cicerone, K. D., Goldin, Y., Ganci, K., Rosenbaum, A., Wethe, J. V., Langenbahn, D. M., Malec, J. F., Bergquist, T. F., Kingsley, K., Nagele, D., Trexler, L., Fraas, M., Bogdanova, Y., & Harley, J. P. (2019). Evidence-Based Cognitive Rehabilitation: Systematic Review of the Literature From 2009 Through 2014. *Archives of Physical Medicine and Rehabilitation*, 100(8), 1515–1533. <https://doi.org/10.1016/j.apmr.2019.02.011>
- Crosson, B., Barco, P. P., Velozo, C. A., Bolesta, M. M., Cooper, P. V., Werts, D., & Brobeck, T. C. (1989). Awareness and compensation in postacute head injury rehabilitation. *Journal of Head Trauma Rehabilitation*, 4(3), 46–54. <https://doi.org/10.1097/00001199-198909000-00008>
- Cicerone, K., Dams-O'Connor, K., Eberle, R., Fraas, M., Ganci, K., Langenbahn, D., Shapiro-Rosenbaum, A., Tate, R., & Trexler, L. (2019). *Cognitive Rehabilitation Manual: Translating Evidence-Based Recommendations into Practice* (2nd ed.). American Congress of Rehabilitative Medicine.
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- Malia, K., & Brannagan, A. *Course Notes for the Insight Workshop*. Brain Tree Training: <https://www.braintreetraining.co.uk/coursenotes.php>.
- Malia, K., & Brannagan, A. *Procedure for Assessing Awareness and Adjustment Following Brain Injury*. Brain Tree Training: <https://www.braintreetraining.co.uk/awbook.php>.
- Tate, R., Kennedy, M., Ponsford, J., Douglas, J., Velikonja, D., Bayley, M., & Stergiou-Kita, M. (2023). INCOG 2.0 Guidelines for Cognitive Rehabilitation Following Traumatic Brain Injury, Part III: Executive Functions. *Journal of Head Trauma Rehabilitation* 38(1):p 52-64, January/February 2023. | DOI: 10.1097/HTR.0000000000000834
- Sohlberg, M. M., & Turkstra, L. S. (2011). *Optimizing Cognitive Rehabilitation: Effective Instructional Methods Book*. The Guilford Press.

REHABILITATION FOR IMPAIRMENTS OF INFORMATION PROCESSING

A. A Model of Information Processing: Capacity, Speed, Control

B. Basic Learning Theory: Conscious to Automatic Processing

i. How Basic Processing Leads to More Automatic Processing

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REHABILITATION OF IMPAIRMENTS OF VISUAL PROCESSING

A. Models of Visual Processing

B. Assessment of Visual Processing

C. Treatment of Visual Processing

i. Treatment of Visual and Spatial Neglect

ii. Treatment of Diplopia and Scanning Problems

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REHABILITATION OF IMPAIRMENTS OF SOCIAL SKILLS

A. Rehabilitation of Social Communications

B. Social Skills Training

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CHALLENGING EMOTIONS/BEHAVIORS

- A. What is it Like to Have a Brain Injury?
- B. Causes of Emotional and Behavioral Problems
- C. Assessment/Treatment of Emotional and Behavioral Problems
- D. Training for Behavioral and Emotional Dysregulation
- E. Anxiety and Depression
- F. Adjustment Issues
- G. Management of Depression and Anxiety

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NEUROMOTOR LEARNING

- A. Motor Learning with Brain Injury
- B. Treatment of Attention and Arousal and Increasing Engagement
- C. Principles of Motor Learning

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WORKING WITH MILD TRAUMATIC BRAIN INJURY

A. Management Strategies for mTBI

B. Guidelines for Concussion Management

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REHABILITATION OF CHILDREN WITH ACQUIRED COGNITIVE IMPAIRMENT

A. Developmental Considerations

B. Resource Considerations – Schools

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ROLE OF FAMILIES IN NEUROREHABILITATION

A. Working Collaboratively with Families

B. Working with Children

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EVIDENCE-BASED RESEARCH OF EFFECTIVENESS

A. Cognitive Rehabilitation Systematic Reviews

B. Understanding and Interpreting Evidence-based Research and Reviews

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Other guidelines may be found here:

<https://www.ncds.org/ncds-authored-reviews#TBI>

DURABILITY OF INTERVENTIONS

A. Benefits and Risks of Skill Specific, Context-Specific Training

B. Benefits and Limitations of Strategy Training for Generalization and Scaffolding

i. Explicit Treatment to Promote Generalization

Recommended References:

- Bogner, J., Dijkers, M., Hade, E. M., Beaulieu, C., Montgomery, E., Giuffrida, C., Timpson, M., Peng, J., Gilchrist, K., Lash, A., Hammond, F. M., Horn, S. D., & Corrigan, J. D. (2019). Contextualized Treatment in Traumatic Brain Injury Inpatient Rehabilitation: Effects on Outcomes During the First Year After Discharge. *Archives of Physical Medicine and Rehabilitation*, 100(10), 1810–1817. <https://doi.org/10.1016/j.apmr.2018.12.037>

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REPORT WRITING AND COMMUNICATION

A. Formats that are Easy to Understand

- Concept of Cognitive Accessibility

B. Assessments and Treatment Plans

- Neurofunctional Approach
- Initial and On-going Communication with the Patient and Family about Goals
- Written Scripts for Families so They Know Why They are Doing Tasks
- Electronic Feedback Mechanisms

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STAFF DEVELOPMENT, SUPERVISION, AND TRAINING

A. Demonstrating Training and Leadership Abilities

- Conscious Leadership/Conscious Professionalism
- Therapist Self-Management
 - Martelli's Therapist Neurobehavioral Rating Scale
 - Work of Prigatano and Ben-Yishay

B. Role of the Interdisciplinary Team

- Aspiring towards Transdisciplinary

Recommended References:

- Ben-Yishay, Y., & Diller, L. (2011). *Handbook of holistic neuropsychological rehabilitation: outpatient rehabilitation of traumatic brain injury*. Oxford University Press.
- Brown, L., Saini, V., & Carter, C. (2020). Standardizing Multidisciplinary Rounds: Creation of an Efficient and Effective Process to Care for the Critically Ill. *The Journal of Nursing Administration*, 50(1), 5–8. <https://doi.org/10.1097/NNA.0000000000000830>
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GENERAL BRAIN INJURY KNOWLEDGE

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- Anders, D. & Kolakowsky-Hayner, S. A., (2024). *The essential brain injury guide* (6th ed.). Brain Injury Association of America.
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3057 Nutley Street, #805 | Fairfax, VA 22031-1931