CBIS Examination Study Outline
February 2026

Chapter 1: Brain Injury Overview (4 exam questions)

1. **Brain Injury Definitions**
    - Distinction between traumatic (external force) and non-traumatic (internal factors) acquired brain injuries
    - Examples and implications of each type
2. **Mechanisms of Injury**
    - Coup-contrecoup injuries: definition
    - Primary vs. secondary injury mechanisms
3. **Causes of TBI**
    - Leading causes of TBI-related deaths
    - Differences in causes by age and injury type
4. **Injury Severity – Concussion**
    - Underdiagnosis of concussion in sports settings
    - Criteria for concussion diagnosis
5. **Incidence and Prevalence of Brain Injury**
    - Hospitalization rates by age group
    - Patterns of ED visits and mortality
6. **Military Actions – Blast Injuries**
    - Blast injury mechanisms
    - Distinction from penetrating and toxic injuries
7. **Neuroendocrine Disorders**
    - Pituitary gland dysfunction as a common complication post-TBI
    - Other neuroendocrine issues
8. **Brain Injury as a Chronic Disease**
    - TBI as a chronic, progressive condition
    - Long-term impacts and limitations of rehabilitation
9. **Screening for Brain Injury**
    - Common screening tools for concussion and brain injury
    - Differences in screening tools for various populations

Chapter 2: Neuroanatomy and Neuroimaging (4 exam questions)

1. **Neuroanatomy of the Brain: Key Structures**
    - Thalamus
    - Corpus Callosum
    - Cerebellum
2. **Brainstem and the Reticular Activating System (RAS)**
    - RAS Location and Function
    - Brainstem Components
3. **The Limbic System**
    - Hippocampus
    - Hypothalamus

4. **Cerebral Cortex and Lobes**
    - Occipital Lobes
    - Temporal Lobes
    - Parietal Lobes
    - Frontal Lobes
5. **Spinal Cord Anatomy and Syndromes**
    - Blood Supply
    - Brown-Sequard Syndrome
6. **Neuroimaging Modalities**
    - Structural Imaging:
        - MRI vs. CT
    - Advanced and Functional Imaging:
        - Diffusion Tensor Imaging (DTI)
        - Functional MRI (fMRI)
        - PET Scan

Chapter 3: Neuroprotection and Neuroplasticity (2 exam questions)

1. **Background**
    - Overview of neuroprotection and neuroplasticity in the context of traumatic brain injury (TBI) and stroke
    - Importance of these processes for recovery and rehabilitation
2. **Neuroprotection**
    - Primary Focus
    - Mechanisms
    - Strategies
3. **Neuroplasticity**
    - Primary Focus
    - Rehabilitation for Cortical Reorganization
    - Differences After Stroke vs. TBI
4. **Adult Neurogenesis**
    - Main Sites
    - Role in Recovery
5. **Rehabilitation and Practical Implications**
    - Constraint-Induced Movement Therapy (CIMT)
    - Timing and Intensity
    - Combining Therapies
6. **Future Directions**
    - Ongoing research into optimizing neuroprotective and neuroplastic interventions
    - Emerging therapies and strategies to enhance recovery after TBI and stroke

Chapter 4: Medical Complications (3 exam questions)

1. **Genitourinary Management: Neurogenic Bladder**
    - First-line Interventions
    - Dietary Management
    - Considerations for Cognitive Impairment
2. **Integumentary Management: Pressure Injuries**

- Staging Criteria:
    - Stage 1: Intact skin with non-blanchable redness, usually over a bony prominence.
    - Stage 2: Partial-thickness skin loss (open ulcer or blister).
    - Stage 3: Full-thickness skin loss; subcutaneous fat may be visible.
    - Stage 4: Full-thickness tissue loss with exposed bone, tendon, or muscle.
- Prevention and Assessment

3. **Neurological Assessment: Headache Evaluation**
    - The C-O-L-D-E-R Acronym: A systematic method for reviewing headache symptoms:
        - C (Character): The quality of pain (e.g., throbbing, sharp, dull).
        - O (Onset): When the pain began.
        - L (Location): Where the pain is situated.
        - D (Duration): How long the headache episodes last (crucial for differentiating types like migraines vs. tension headaches).
        - E (Exacerbation): What makes the pain worse.
        - R (Relief): What makes the pain better.
4. **Respiratory Management: Aspiration Prevention**
    - Oral Hygiene
    - Positioning
    - Feeding Techniques
5. **Vascular Complications: Deep Venous Thrombosis (DVT)**
    - Risk Factors

Chapter 5: Physical Consequences (3 exam questions)

1. **Motor Learning**
    - Principles
    - Feedback and practice considerations
2. **Coordination and Movement Disorders**
    - Choreiform Movements:
    - Ballismus
    - Dystonia
    - Ataxia
3. **Heterotopic Ossification (HO)**
    - Definition
    - Early Treatment
    - Late Management
4. **Spasticity Management**
    - Intrathecal Baclofen (ITB)
    - Other Modalities: Understanding the roles of oral baclofen, Botulinum toxin and phenol nerve blocks.
5. **Vascular Complications**
    - Venous Thromboembolism (VTE): Includes deep vein thrombosis (DVT) and pulmonary embolism (PE).
    - Primary Risk Factor
6. **Sensory and Swallowing Complications**

- Dysphagia: Difficulty swallowing, which poses a high risk of aspiration.
- Assessment

7. **Integumentary (Skin) System and Positioning**
    - Shear Prevention
    - Risk Factors
    - Pressure Relief
8. **Bladder Function and Management**
    - Timed Voiding (Bladder Training): A behavioral approach used to increase bladder capacity and reduce symptoms of urgency.
    - Pharmacological vs. Mechanical vs. Behavioral Retraining:
9. **Metabolic and Endocrine Systems**
    - Metabolic Syndrome
    - Differential Diagnosis

Chapter 6: Cognitive Consequences (4 exam questions)

1. **Attention Domains**
    - Selective Attention
    - Divided Attention
    - Sustained Attention
    - Focused Attention
2. **Memory Systems**
    - Semantic Memory: Knowledge of facts, names, and general world knowledge
    - Working Memory: The ability to temporarily hold and active manipulate information
    - Episodic Memory: Memory of personal experiences and specific events.
    - Procedural Memory: "How-to" memory for skills and sequences.
3. **Executive Functions and the Frontal Lobe**
    - **Role of the Frontal Lobe:** Primary region for executive functions including planning, judgment, and adapting to novel situations.
    - **Cognitive Flexibility:** The ability to shift mindsets or adapt strategies when a familiar approach fails.
    - **Categorization:** The process of grouping objects; individuals with brain injury may struggle with multidimensional stimuli
4. **Metacognition and Awareness**
    - Metacognition: "Thinking about thinking"; the awareness of one's own cognitive strengths and weaknesses.
    - Anosognosia: A lack of insight or "unawareness" of deficits and how they impact real-world functioning
    - Awareness vs. Execution:
5. **Information Processing**
    - Multidimensional Stimuli: The challenge of integrating complex, multiple features of an object or task.
    - Processing Speed: The rate at which an individual can perceive and respond to information.
6. **Hierarchical Structure of Cognitive Function**
    - Foundational vs. Complex Skills

Chapter 7: Neuropsychiatric Sequelae and Psychosocial Consequences (3 exam questions)

1. Risk for Psychiatric Disorders After TBI
    - Interaction of structural and functional brain changes with psychosocial stressors increases risk for depression and other psychiatric disorders.
    - Mood disorders more common than anxiety disorders after TBI.
2. Dual Diagnosis
    - Definition: The presence of both a brain injury and a co-occurring psychiatric or substance use disorder.
    - Importance of recognizing and managing dual diagnosis in rehabilitation settings.
3. Injury Severity and Location – impact on psychiatric presentations and personality changes
4. Impact on Rehabilitation and Outcomes
5. Treatment Approaches
6. Well-being and Positive Psychology Approaches

Chapter 8: Neurobehavioral Consequences (4 exam questions)

1. Introduction
    - Overview of neurobehavioral complications after brain injury
    - Relationship between biology (neurological damage) and environment (contextual influences) in shaping behavior
2. Early Recovery: Coma-Emergent Agitation
    - Management strategies:
3. Neurobehavioral Treatment: Approaches and Implications for Practice
    - Applied Behavior Analysis (ABA): Principles and terminology
    - Four-Term Contingency Model: Motivating Operations, discriminative stimuli, behavior, and consequences
4. Behavior Assessment
    - Operationally defining target behaviors for objective and consistent measurement
    - Specificity in behavioral definitions
5. Proactive Approaches to Behavior Change
    - Manipulating antecedents to reduce maladaptive behaviors and refusals
    - Motivating operations and their role in influencing behavior
6. Consequence-Based Behavior Change Procedures
    - Types of reinforcement and punishment:
        - Positive reinforcement: Adding a stimulus to increase behavior
        - Negative reinforcement: Removing a stimulus to increase behavior
        - Positive punishment: Adding a stimulus to decrease behavior
        - Negative punishment: Removing a stimulus to decrease behavior
7. Practical Implications: Teaching Procedures
    - Shaping: Reinforcing successive approximations toward desired behavior
    - Prompting, fading, and discrimination: Teaching and supporting new behaviors
    - Generalization: Transferring learned skills to untrained settings
8. De-Escalation and Crisis Intervention
    - Strategies for managing uncontrollable anger outbursts
    - Pseudobulbar affect (PBA)

- Importance of proactive interventions and crisis management

9. A Word about Restraint and Seclusion
    - Ethical guidelines
    - Legal and ethical considerations in behavioral crisis management

Chapter 9: Rehabilitation Treatment Approaches and Philosophies (3 exam questions)

1. **Foundations, Models of Disability**
    - **Biomedical Model:** Emphasizes diagnosis and treatment of pathology; disability is viewed because of individual impairment. Examples of emphasis, remediation of deficits, medical treatment plans, and symptom reduction.
    - **Functional Model:** Prioritizes individualized participation goals and personal function, focuses on what the person wants to do in real life contexts. Key distinction versus biomedical, function and participation goals lead to the plan rather than pathology driven goals.
    - **Environmental Model:** Focuses on removing physical and social barriers; disability is shaped by accessibility and societal design. Civil rights link, underpins accessibility focused legislation such as the Americans with Disabilities Act (ADA).
    - **Sociopolitical Model:** Highlights society's responsibility to accommodate and remove barriers for people with disabilities, emphasizes advocacy, equity, and systemic change.
    - **Moral Model:** Historically attributes disability to moral failing or personal flaw, considered outdated and harmful in modern rehabilitation practice.
2. **Rehabilitation as a Process, Process versus Progress**
    - **Why "process" matters in brain injury rehabilitation**
        - Rehabilitation is ongoing and shaped by individual circumstances over time; success is not only defined by linear measurable improvement.
        - Avoid assuming a predictable, uniform trajectory; brain injury recovery is variable and context dependent.
3. **Person Centered Care**
    - **Principles of the therapeutic relationship**
        - Non maleficence, Duty to avoid causing harm to the person served.
        - Beneficence, Duty to do good and promote well-being.
        - Fidelity, Keeping promises and commitments, follow through.
        - Justice, Fairness and equality in access, treatment, and opportunity.
        - Autonomy, the right of individuals to make their own choices whenever possible.
    - **Communication behaviors that operationalize person centered care**
        - Offer choices to empower the person served, for example, "Do you need help with that?" instead of taking over.
        - Seek consent before assisting, explain what you are going to do and ask permission to proceed.
        - Use person-first language and respectful wording that centers the person, not the condition.
        - Demonstrate respect and a non-judgmental attitude, collaborate rather than direct.
4. **Comparing Recovery Models, Brain Injury Rehabilitation**
    - **Why the comparison can be misleading**

        - Neurological recovery is complex and highly individualized; it often does not follow a predictable end point the way bone healing often does. Vs Orthopedic recovery examples often have clearer timelines and phases; brain injury rehabilitation may involve fluctuating gains and long-term adaptation.
5. **Civil Rights and Disability Legislation**
    - **Americans with Disabilities Act (ADA) and the environmental model**
        - Connect legislation to model; ADA aligns with the environmental model because it targets accessibility and removal of barriers in the built and social environment.

Chapter 10: Cultural Competency and Cultural Humility (2 exam questions)

1. **Background**
    - Importance of cultural factors in neurorehabilitation
    - Definitions of cultural competence and cultural humility
2. **Current Knowledge**
    - Relationship between cultural competence and cultural humility
    - Complementary roles of both approaches in patient care
3. **Cultural Adaptation Models**
    - Biopsychosocial Model adapted by Mio, Barker, and Tumambing: integration of cultural determinants in understanding patient behavior and rehabilitation outcomes
    - Role of culture in patient engagement, intervention planning, and outcomes
4. **Racial/Cultural Identity Development Model**
    - Stages of identity development
    - Valuing both one's own culture and the dominant culture (Integrative Awareness)
5. **APA Multicultural Guidelines**
    - Intersectionality: recognizing individuals have multiple, interacting social identities
    - Application of intersectionality to clinical practice and decision-making
6. **Practical Implications**
    - Use of empowering language in neurorehabilitation to promote patient independence and confidence
    - Adapting intervention strategies for less assimilated individuals
    - Avoiding enabling language and behaviors that may limit patient autonomy
7. **Biopsychosocial Model with Cultural Lens**
    - The need to adapt interventions for individuals based on their cultural background and assimilation
    - Recognizing attachment to cultural norms and tailoring rehabilitation strategies accordingly

Chapter 11: Participation (2 exam questions)

1. **Background and Frameworks**
    - ICF Model Definitions:
    - The shift from focusing solely on impairment to focusing on functional engagement
2. **Core Participation Measures**
    - NINDS Common Data Elements (CDE):
3. **Comparative Assessment Tools**
    - CHART-SF

- Mayo-Portland Adaptability Inventory-4 Participation Index (M2PI):
- Participation Assessment with Recombined Tools-Objective (PART-O):
- Distinguishing between tools that measure frequency (PART-O) versus those that measure difficulty (M2PI).

4. **Emerging Concepts in Participation**
    - Community Enfranchisement:
    - The role of cyberspace and online interaction is a modern domain of participation.
5. **Intervention Strategies to Improve Participation**
    - Evidence-Based Approaches:
    - The importance of tailoring interventions to functional life situations to see measurable gains in participation.

Chapter 12: Neurorehabilitation Practices (2 exam questions)

1. **Cognitive Rehabilitation Strategies**
    - Internal Strategies
    - External Strategies
2. **Awareness and Insight**
    - Anosognosia: A neurological condition where a patient is unaware of their own deficits; frequently associated with frontal lobe injuries.
    - Impact on Treatment
3. **Behavioral and Emotional Management**
    - Addressing agitation and task refusal: Approaches and thought processes
    - Understanding that behavioral dysregulation is a common consequence of brain injury that requires professional evaluation before adjusting therapy demands.
4. **Assistive Technology for Cognition (ATC)**
    - Effective Features
    - Barriers to Implementation
5. **Sensory and Communication Considerations**
    - Hearing and Vision: Sensory deficits can mimic or compound cognitive impairments.
        1. When to refer to a specialist?
    - Aphasia: Expressive aphasia and impact cognitive tasks like categorization
6. **Generalization and Transfer of Skills**
    - Cognitive Generalization: The ability to apply a learned skill to different settings or tasks.
    - Strategy: To promote generalization, clinicians should link therapy tasks directly to real-life activities

Chapter 13: Outcome Measurement (3 exam questions)

1. **Importance and Fundamentals of Outcome Measurement**
    - Primary Purpose:
    - Demonstrating Change: A minimum of two measurements (pre-intervention/admission and post-intervention/discharge) is required to objectively show progress or change.
2. **Psychometric Properties of Measurement Tools**
    - Validity
    - Reliability
3. **Standards and Certification**

- Rationale for Certification Required to Administer Specific Outcome Measures:

4. **Post-Traumatic Amnesia (PTA) as a Predictor**
    - Measurement
    - Clinical Significance
5. **Rehabilitation Phases and Specific Measures**
    - Acute Rehabilitation Phase
    - Post-Acute/Institutional Phase
    - Community Reintegration Phase
6. **Measures for Severe Impairment**
    - Understanding which scales are most sensitive to changes in patients with low levels of arousal or severe cognitive and physical impairments

Chapter 14: Mild Traumatic Brain Injury (4 exam questions)

1. **Structural Pathology and Mechanisms**
    - Diffuse Axonal Injury: Most common structural damage in mild TBI
    - Other structural injuries are less common in mild TBI.
2. **Severity Classification and Criteria**
    - Glasgow Coma Scale (GCS)
    - ACRM Criteria
    - Mild-complicated TBI
3. **Clinical Presentation and Assessment**
    - Symptoms
    - Assessment tools
4. **Acute and Chronic Complications**
    - Second-Impact Syndrome
    - Persistent Post-Concussion Syndrome
    - Chronic Traumatic Encephalopathy (CTE)
5. **Risk Factors for Persistent Post-Concussive Symptoms**
    - Pending Litigation
    - Previous Psychiatric History
    - Demographic factors
6. **Criteria for Mild TBI**
7. **Pathophysiology of CTE**

Chapter 15: Disorders of Consciousness (2 exam questions)

1. **Introduction**
    - Definitions and overview of disorders of consciousness (DoC)
    - Distinction between arousal and awareness
2. **The Anatomy of DoC**
    - Neuroanatomical basis:
    - Functional differentiation between involuntary and voluntary interaction
3. **Classification Systems**
    - Vegetative State/Unresponsive Wakefulness Syndrome vs. Minimally Conscious State
4. **Post-Traumatic Confusional State (PTCS)**
    - Core neurobehavioral features:

- Differentiation from other states of consciousness

5. **DoC Program Guidance: Consensus Works**
    - Importance of serial standardized neurobehavioral assessments for diagnosis
    - Use of multimodal evaluations and tailored assessment strategies
    - Limitations of relying solely on imaging or single assessments
6. **Clinical Management – Medical Management**
    - Medical considerations in managing patients with DoC
    - Rationale for upright positioning:
7. **Rehabilitation Interventions – Neuromuscular Management Considerations**
    - Strategies to address neuromuscular complications
    - Systemic benefits of positioning and mobility
8. **Interventions Targeting Arousal and Awareness**
    - Multisensory programming:
    - Voluntary, stimulus-specific behaviors as evidence of awareness
    - Clinical significance of response types in rehabilitation planning

Chapter 16: Pediatrics and Adolescents (4 exam questions)

1. **Neurodevelopment and Prognosis**
    - Prognostic Factors
    - Developmental Milestones
    - "Growing into the Injury"
2. **Abusive Head Trauma (AHT)**
    - Diagnostic Indicators
    - Distinction between accidental trauma and non-accidental injury markers.
3. **Concussion and Mild TBI Management**
    - Return to School
    - Rest vs. Activity
4. **Educational Legislation and Support Systems**
    - IDEA (Individuals with Disabilities Education Act)
    - Child Find
    - Reassessment Timing Considerations
    - Section 504 Accommodation Plan
5. **Educational vs. Medical Therapy Models**
6. **Transitions and Future Planning**
    - Individual Transition Plan (ITP)

Chapter 17: Aging With a Brain Injury (2 exam questions)

1. **Background and Advances in Survival Rates**
    - Increased life expectancy for individuals with brain injury
    - Impact of advances in trauma care and rehabilitation
    - Prevalence and causes of brain injury in older adults
2. **Understanding Cognitive Aging**
    - Normal cognitive changes associated with aging
    - Differences between normal aging and pathological conditions
    - Patterns of memory and learning in older adults

3. **Predictors of Recovery in Older Adults with TBI**
    - Importance of pre-injury factors
    - Comparison of injury severity vs. pre-injury factors in predicting outcomes
    - Influence of age and comorbidities on recovery
4. **Ten Elements of Successful Aging**
5. **Psychosocial Issues in Aging with Brain Injury**
    - Role of socialization in emotional health
    - Impact of brain injury on social and psychological functioning
    - Strategies to combat social isolation
6. **Chronic Disease Perspective of Brain Injury**
    - Understanding brain injury as a chronic condition
    - Long-term symptoms and their impact on aging and quality of life
    - Influence of other health conditions on outcomes

Chapter 18: At Risk Substance Use (2 exam questions)

1. **Background**
    - Overview of substance misuse in populations with traumatic brain injury (TBI)
    - Epidemiology and significance
2. **Definitions of Substance Misuse and Substance Use Disorders**
    - DSM-5 criteria for substance use disorders (SUD)
    - Severity determination
    - Distinction between misuse, abuse, and dependence
3. **Directionality – Relationship Between TBI and Substance Misuse**
    - Implications for prevention and intervention
4. **Assessment of Substance Misuse**
    - Validated screening tools for adults with brain injury
    - Age-appropriate tools and their limitations
    - Screening in various clinical settings
5. **Opioids**
    - Factors increasing vulnerability to opioid misuse in TBI
    - Risks associated with opioid exposure during and after hospitalization
6. **Prevention and Treatment of Substance Misuse**
    - Four-quadrant model for addressing substance misuse in different healthcare settings
7. **Access to Treatment and Treatment Coordination**
    - Integrated approaches for TBI and SUD
    - Treatment modalities
    - Importance of supporting self-efficacy and addressing barriers to care

Chapter 19: Fatigue and Sleep Disturbance (2 exam questions)

1. **Differentiating Fatigue and Sleepiness**
    - Fatigue: definition and indicators
    - Excessive Daytime Sleepiness (EDS):
2. **Theoretical Frameworks: The Coping Hypothesis**
    - Distinguishes fatigue from direct neuronal death or medication side effects.
3. **Assessment and Measurement Tools**

- Fatigue Severity Scale (FSS)
- Epworth Sleepiness Scale (ESS)
- Pittsburgh Sleep Quality Index (PSQI)
- Insomnia Severity Index (ISI)

4. **Physiological and Biological Factors**
   - Circadian Rhythm Disruption
   - Impact of brain injury on the regulation of sleep-wake cycles.
5. **Impact of Comorbidities**
   - How secondary factors like chronic pain, depression, and anxiety interfere with sleep.
   - Focus on disturbances in sleep initiation (falling asleep) and sleep maintenance (staying asleep).
6. **Management and Intervention Strategies**
   - Non-pharmacological Approaches
   - Pharmacological Approaches

Chapter 20: Return to Work After Brain Injury (2 exam questions)

1. Factors Influencing Employment Outcomes

- Predictors of Success
- Barriers to Employment
- Assessment Limitations

2. Legislative Framework and Policy

- Workforce Innovation and Opportunity Act (WIOA)
- Competitive Integrated Employment

3. Vocational Rehabilitation Models

- Supported Employment (Wehman Model)
- Brain Injury Clubhouse Model

4. Resource Facilitation (RF)

- Definition and Purpose
- Coordination

5. Evidence-Based Practical Strategies

- Early Intervention
- Job Retention
- Real-World Application

Chapter 21: Sex, Gender, and Sexuality (2 exam questions)

1. **Background: Definitions and Distinctions**
   - Sex
   - Gender
   - Importance of differentiating between sex and gender in clinical and research contexts.
2. **TBI in Sub-Populations – Athletes**
   - Gender differences in concussion incidence
   - Differences in injury causes and reporting between male and female athletes.
3. **Rates of TBI**
   - TBI-related emergency department visits among females
   - Factors

4. **TBI in Sub-Populations – Work-related TBI**
    - Gender-related differences in healthcare-seeking behavior
5. **Rehabilitation Outcomes**
    - Factors associated with higher FIM scores at discharge among females
    - Influence of socioeconomic and health factors on rehabilitation outcomes
6. **Resources to Integrate Sex and Gender Considerations**
    - Rationale for accurate sex and gender reporting in TBI research
    - Moving beyond binary gender categories; importance of qualitative and narrative approaches.

Chapter 22: Families (4 exam questions)

1. **Background – Introduction**
    - Overview of family dynamics in brain injury rehabilitation
    - Importance of family involvement in care
2. **Caregiving Burden**
    - Professional goals for reducing caregiver burden
    - Strategies to foster realistic expectations and support systems
    - Risks of caregiver burnout and importance of shared support
3. **Family Functioning**
    - Family Systems Theory (FST)
    - Impact of interactions and adaptability within the family
4. **Family Needs**
    - Use of the Family Needs Questionnaire (FNQ)
    - Most frequently prioritized domains
    - Addressing unmet needs for families
5. **Theoretical Frameworks**
    - Cognitive Behavioral Family Theory (CBFT)
    - A-B-C model
    - Resilience Theory
6. **Family Structures**
    - Differences in caregiving experiences between spouses, parents, and siblings
    - Strategies for supporting siblings of pediatric survivors
    - Emotional health and fulfillment among different family roles
7. **Cultural Issues**
    - The importance of cultural considerations in rehabilitation
    - Aligning care with family beliefs and norms to improve engagement
    - Beyond language translation: individualized and culturally sensitive approaches
8. **Practical Implications**
    - Normalizing families' emotional responses
    - Techniques for forming collaborative alliances with families
    - Principles of practice: collaborative, trust-based partnerships
9. **Current Family Interventions**
    - Strategies and techniques for working with families after brain injury
    - Inclusion, psychoeducation, and collaborative approaches

Chapter 23: Legal and Ethical Considerations (3 exam questions)

1. **Legal Rights vs. Ethical Standards**
    - Legal rights are specific privileges and protections granted and enforced by law.
    - Ethical Standards: Guidelines based on professional values, moral principles, and codes of conduct
2. **Competency and Decision-Making Capacity**
    - Legal competency is a legal determination, often court-related, about a person's rights to make decisions.
    - Decision making capacity is a clinical assessment of a person's ability to understand, appreciate, reason, and communicate with a choice.
    - First step when concerns arise: Report the concern to the appropriate supervisor for further review and escalation as needed.
    - Guardianship: Appointment requires a legal process, typically court involvement; it is not initiated unilaterally by staff.
3. **Advance Directives**
    - Living will: Documents an individual's medical wishes, often applied if the person is unconscious or terminally ill.
    - Durable power of attorney for health care: Appoints a decision maker, a surrogate, to make health care decisions when the person cannot.
4. **Patient Safety: Seclusion and Restraint**
    - Appropriate use: Only when a patient poses imminent danger, and less restrictive measures have failed.
    - Not appropriate for staff convenience, schedule management, or as a substitute for treatment planning.
5. **Confidentiality and HIPAA, PHI and Disclosure**
    - Protected Health Information, PHI, includes health updates and clinical details that identify the patient.
    - Authorized disclosure: Sharing PHI with the treatment team directly involved in care, consistent with policy and law.
    - Unauthorized disclosure and breach example: Providing patient health updates to a friend without written consent or authorization.
6. **Abuse, Neglect, and Exploitation, Mandatory Reporting**
    - Abuse: Willful infliction of harm, injury, unreasonable confinement, intimidation, or punishment.
    - Exploitation: Improper use of a person's property, resources, or assets for personal gain.
    - Mandatory reporting: Suspected abuse, neglect, or exploitation must be reported immediately to the appropriate government authority.
7. **The Americans with Disabilities Act (ADA)**
    - Purpose: Prohibits discrimination and requires reasonable accommodations for qualified individuals with disabilities.
    - Reasonable accommodation example: Restructuring job duties so a qualified person can perform essential functions.
    - Limits: Essential job requirements are not eliminated; accommodations must be reasonable and job-related.
8. **Professional Advocacy and Standards, Accreditation, and Compliance**

- Accreditation standards support legal and ethical compliance and often shape policies, documentation, and quality expectations.
- Advocacy role: Clinicians and case managers support patient rights and help ensure informed decision making within legal and ethical bounds.

Chapter 24: Care Management (2 exam questions)

1. **Case Management Goals**
   - Primary objectives
   - Respect for patient and family autonomy
   - Balancing cost management and quality of care
2. **Life Care Planning – Current Knowledge**
   - Purpose and function of life care plans (LCP)
   - Relationship between LCP and special needs trusts (SNT)
   - Ongoing monitoring and revision of life care plans
3. **Advocacy and Public Policy – The Olmstead Decision**
   - Impact of Olmstead on disability services and community integration
   - Distinction from other disability-related legislation
4. **Brain Injury Support Groups – Support Group Benefits for Caregivers**
   - Benefits of caregiver participation in support groups
   - Support groups as supplements to professional services and respite care
5. **Practical Implications – Advocacy and Case Management**
   - Case manager's role in advocacy:
   - Limitations of case manager scope
   - Importance of patient-centered advocacy
6. **Case Management Functions – Domain 3**

Chapter 25: Military Systems of Care (2 exam questions)

1. **Prevention and Mitigation of Brain Injuries**
   - Equipment and Engineering
   - Prevention vs. Diagnosis
2. **Return-to-Duty (RTD) Criteria**
   - Functional Readiness
   - Duty Limitations
   - Clinical vs. Subjective Factors
3. **Key Military and VA Organizations**
   - Traumatic Brain Injury Center of Excellence (TBICoE):
     1. A congressionally mandated collaboration between the Department of Defense (DoD) and the Department of Veterans Affairs (VA).
     2. Focuses on promoting state-of-the-science care, research, and clinical advancements for mild to severe TBI.
   - National Intrepid Center of Excellence (NICoE):
     1. Provides holistic clinical care for TBI and psychological health conditions.
     2. Emphasizes a collaborative approach involving patients, families, providers, and researchers.
   - Psychological Health Center of Excellence (PHCoE): Focuses primarily on mental health and psychological readiness (distinguished from TBI-specific mandates).

4. **The Military Health System (MHS)**
    - The overarching organization provides comprehensive healthcare to military personnel.
    - Integration of specialized TBI care within the broader medical infrastructure