Introducing...
The Essential Brain Injury Guide 5.0

By Heidi Reyst, Ph.D., CBIST
The **EBIG 5.0** Development Process

With great fanfare, I am excited to be writing about the rollout of the Essential Brain Injury Guide 5.0 (or EBIG for short). In 2012, the Academy of Certified of Brain Injury Specialists (ACBIS) Board of Governors began the process of developing the new guide. This was done by developing an exhaustive topic list of potential areas that are germane to brain injury. From that list, ACBIS constituents, namely our CBIS and CBIST certificants, were queried regarding these brain injury topics. For each topic area, we asked them three questions:

1. **How important is this topic area to the overall CBIS curriculum?**
   - 1 Not Important
   - 2 Somewhat Important
   - 3 Very Important
   - 4 Critical

2. **What level of depth of information for this topic area should be included?**
   - 1 Basic Information Only
   - 2 More than Basic, but not Advanced
   - 3 Advanced

3. **What type of knowledge for this topic area is useful?**
   - 1 Theoretical Knowledge
   - 2 Practical Knowledge
   - 3 Theoretical and Practical Knowledge

We used the data from our respondents to determine the topic areas for the EBIG 5.0. Once the final topics were identified, we then put out the message to the brain injury community that we were looking for writers for this next edition. Over the span of the next year, we had assembled more than 60 outstanding professionals working in the field to write content and contribute to the EBIG. A sampling of authors are listed on the next page.

Over the course of the following two or so years, we gathered the submissions, assembled them into cohesive chapters, laid them out for design, and searched for and created graphics to complement the writings. The final year, 2015, was primarily dedicated to design and editing. While it took some time to incubate, it was well worth the wait. All told, those 50 plus topics were amassed into 25 chapters, as shown in Table 1 (next page).
The all new Essential Brain Injury Guide Edition 5.0 provides a wealth of vital information about brain injury, brain injury treatment and brain injury rehabilitation. It is written by experts in non-medical language, making it accessible to professionals and para-professionals. Pages from the book are highlighted.

To purchase the EBIG 5.0, go to shop.biausa.org. Effective September 1, 2016, the new test was exclusively used for certification.

### Table 1. Chapters of the EBIG 5.0

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<td>Neuroanatomy and Neuroimaging</td>
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<td>Participation</td>
</tr>
</tbody>
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### Sampling of EBIG Authors

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Sample pages from the new EBIG 5.0
Chapter 12

PSYCHOSOCIAL COMPLICATIONS

Learning Objectives

By the end of this chapter, the reader will:

1. Be familiar with biochemistry associated with the post-injury development of a psychiatric disorder.
2. Be able to explain why patients with TBI are at an increased risk for certain psychiatric disorders, such as depression, bipolar disorder, panic disorder, and generalized anxiety disorder.
3. Be able to discuss Organic Personality Disorder as a potential outcome of TBI.
4. Gain an understanding of the relationship between location and severity of the injury and the development of psychiatric symptoms.
5. Be able to distinguish normal changes caused by TBI versus normal changes occurring in a different context.
6. Be able to describe how a psychological test can be used to evaluate brain function and determine the extent of injury.
Heidi Reyst, Ph.D., CBIST

Heidi Reyst Ph.D., CBIST began her career in the field of Brain Injury in 1991. She has experience on both the care side and the administrative side as a Program Director, Systems Director, Director of Clinical Administration, and Vice President of Clinical Administration. Dr. Reyst is an advocate for ensuring that individuals working in brain injury are trained in the specific issues salient to brain injury. She is a Certified Brain Injury Specialist Trainer and is a member of the Academy of Certified Brain Injury Specialists. In 2008, Dr. Reyst was the recipient of the Brain Injury Association of Michigan's Legacy Society “Professional Service Award”; this was awarded based on her involvement in advocating for those with brain injuries and for her training of those working in the field of Brain Injury through the ACBIS program.

Dr. Reyst has been a member of the ACBIS community since 2004, when she joined the ACBIS Corporate Alliance Council as Rainbow’s representative. In 2005 she became a member of ACBIS Board of Governors, serving as a member as well as the Vice Chairperson of Information Management. In January of 2016, Dr. Reyst became Chairperson of the ACBIS Board, and additionally, joined the Board of Directors of the Brain Injury Association of America. She was one of the 100 professionals from across the country selected to participate in the Guidelines for the Rehabilitation and Chronic Disease Management of Adults with Moderate to Severe Traumatic Brain Injury project sponsored by the Brain Injury Association of America and the Brain Injury Research Center at the Icahn School of Medicine at Mount Sinai.
The **ACBIS** Experience

Providing education, training, certification, and ongoing resources for specialists in the brain injury community

By Heidi Reyst, Ph.D., CBIST

**HISTORICAL BACKGROUND**

In the 1970s and early 1980s, advancements in trauma care and improvements in motor vehicle safety resulted in legions of individuals surviving brain injuries who previously would have died. As more and more people survived their injuries; more and more people lived with a brain injury. While trauma care and acute care were improving, care after these phases was relatively new field. Post-acute care was slowly evolving, and in those early years, families, physicians, and providers were navigating in unknown territory, to a degree.

As the evolution of post-acute care unfolded in the late 1980s, prominent leaders in the field of brain injury rehabilitation gathered to discuss the importance and need for education and training of persons providing brain injury services. These leaders anticipated the many changes and challenges that would emerge, and they envisioned a dynamic process that would support, foster, and communicate relevant and current information.

In 1990, a survey was completed of 565 acute, sub-acute, and post-acute programs regarding the training needs of licensed and non-licensed staff providing brain injury services. The results of that survey provided the building blocks for the establishment of a voluntary national certification program that established best practices for the training of individuals working with this population. This was the impetus for the Brain Injury Association of America establishing the American Academy for the Certification of Brain Injury Specialists (AACBIS) in 1996.

The mission of AACBIS was to improve the quality of care given to individuals with brain injury through the education, training, and certification of those who work in brain injury services. Certification was not restricted to any one profession or discipline. Rather, it was intended for any person who delivers services specific to brain injury.

The initial program placed emphasis upon building strong foundations in knowledge and clinical application in brain injury rehabilitation, as well as emphasizing the importance of maintaining ongoing education within a rapidly changing and advancing profession.

**THE FIRST DECADE**

The early years involved the establishment of the certification process, development of the curriculum, development of infrastructure to support the certification process, and active marketing to promote the product.

The driving force behind AACBIS was a host of experts in the field of brain injury. These pioneers recognized the need for education and training at all levels of care. They queried those in the field to determine what was needed, put together a strong team of experts to mold and guide the overall development, and created the curriculum that would make a remarkable difference in the lives of individuals living with a brain injury.

“No program out there delivers value for clinicians, facilities and patients the way **ACBIS** does.”

Susan Connors, CEO Brain Injury Association of America
The Certification Process

From a certification process perspective, the AACBIS program provided three certifications, the Certified Brain Injury Specialist Level 1–Basic (CBIS Level 1), the Certified Brain Injury Specialist–Clinical Instructor (CBIS-CI), and the Certified Brain Injury Specialist–Clinical Examiner (CBIS-CE). For each of the various credentials, there was a clear process to certification. The steps in that process included:

1. Complete the application package.
2. Review the AACBIS Training Manual, via self-study or through an affiliated training.
3. Complete the examination, which required the assistance of a CBIS-CI, CBIS-CE, or proctor through a state BIA affiliate.
4. Upon successfully passing the test, the applicants’ file was then sent to the credentialing committee which rendered a positive or negative recommendation for moving forward in the process.
5. Once a positive recommendation was received from the credentialing committee, the applicant was then able to sit for the Performance-Based Assessment (PBA). Taking the PBA required the services of a CBIS-CE.

CBIS Level 1 Certification Process

The focus of Level 1 training was direct care staff providing care to individuals with brain injuries. The applicants’ only prerequisite for taking the examination was having one year of experience in direct care. Obtaining CBIS certification consisted of two parts. The first part was the exam, which was paper and pencil at that time. The second part was the Performance-Based Assessment (PBA). Passing the PBA meant the individual demonstrated the knowledge and skill to earn the CBIS Level 1 certification.

Once the individual became certified, that certification was valid for three years. Renewal was then required prior to the certification ending, and certificants had to work at least 1500 hours as a CBIS and obtain at least 36 hours of continuing education activities or retake the exam.

CBIS Clinical Instructor Certification Process

Clinical instructors were professionals who had at least five years of full-time professional experience and at least three years in a supervisory capacity. The CI certification was essentially viewed as the “Advanced Practice,” and the test was twice as long and considerably more in depth. Upon meeting all the vocational requirements and passing the examination, the Clinical Instructor would then participate in a three-hour administrative orientation that would give them the working tools to teach CBIS applicants and proctor examinations for new applicants.

CBIS Clinical Examiner Certification Process

In order to become a Clinical Examiner, certification as a Clinical Instructor was required. Once Clinical Instructor status was achieved, the certificant would receive additional training in the administration of the PBA. There was a formal guide for Clinical Examiners to follow. Upon achieving CE status, the individual was able to train applicants, complete PBAs, and proctor examinations.
The CBIS-CEs were tasked with assessing how well the future certificant was able to apply the knowledge learned from the AACBIS curriculum through the PBA. The PBA was essentially a structured interview designed to assist the CBIS Level 1 candidate in demonstrating their ability to perform skills and competencies outlined in the AACBIS Training Manual.

Curriculum
Nearly two dozen professionals collaborated to create the AACBIS Training Manual. It consisted of the following chapters:
1. Overview of Brain Injury Rehabilitation
2. Brain and Behavior Relationships
3. Functional Impact of Brain Injury
4. Health, Medical and Safety Issues
5. Treatment Philosophy and Planning
6. Children and Adolescent Issues
7. Family-related Issues
8. Legal and Ethical Issues

While there were textbooks focused on brain injury at the time, this curriculum established a baseline of information that any and all individuals who worked in the field of brain injury should possess. To become a brain injury specialist, a certificant was able to either self-study from the AACBIS Training Manual or they could attend an instructional course provided by a CBIS–CI or CE. In those early days, often a course was provided prior to a significant conference which focused on brain injury.

In early 2003, data from the previous seven years (1996-2002) showed a slow moving certification process. Looking at Figure 1, in a seven-year period, approximately 800 individuals applied for Level 1 certification. This worked out to 114 applications per year on average, with 43 certifications per year on average. When looking at how many applicants went on to become certified (Figure 2), it was clear that a significant difference existed between Clinical Examiners/Clinical Instructors and Level 1 certificants. All applicants for CE and CI went on to become certified, while only 38 percent of Level 1 applicants became Level 1 CBIS certificants.

When looking at the CBIS Level 1 numbers, which was the bread and butter of the certification program, the disparity between those who applied versus those who were certified was problematic. Certainly some of those who had applied, but were not yet certified, were likely still in process towards certification. However, based on the processes involved, it was clear that there were significant barriers to timely certification or, alternatively, there were likely people who never reached certification due to lack of satisfaction with the process. By and large, application,
testing, and certification depended on telephone calls, documents sent through regular mail, and review processes handled by volunteer board members and a single AACBIS assistant. Moreover, for the basic Level 1 certification, the applicant was compelled to find a CBIS-CE that either lived in close proximity or they themselves had to travel to a CBIS-CE, most typically found at a brain injury conference or symposium that may or may not have been local. Keeping in mind that this level was clearly intended for direct care staff, those levels of costs would have been prohibitive if their facility would not pay the costs for them.

In those early years, it was estimated that the typical CBIS–Level 1 certification process took upwards of six to nine months, irrespective of applicant training time. The six to nine months timeframe was the time it took from applying to become certified to receipt of the certificate as a Certified Brain Injury Specialist. As can be seen from Figure 3, for one Clinical Examiner, the path to certification took him to three different cities, none particularly close to home. As early as 2002, the Board leadership understood the 6–9 month time frame to be a problem that was potentially stalling AACBIS from growing and moving toward being a household name in the world of brain injury rehabilitation. Out of this recognition, a number of ideas regarding process improvement were discussed, including moving the old paper and pencil processes to be delivered across the Internet, and addressing the PBA’s practicality for this type of certification, especially as numbers of certificants grew.

So, the focus in late 2002 and early 2003 was on finding ways to shorten the time from application to certification, development of new marketing initiatives, and ways to spur AACBIS forward.

There were procedural changes to the certification process made including:
1. Changing the process of employment verification,
2. Eliminating the requisite committee vote on every applicant,
3. Simplification of recertification procedures, and
4. Instituting a requirement of only completed applications being accepted.

In addition, another significant change was the elimination of the CBIS–CE and CBIS–CI certifications, which were merged into a new certification titled Certified Brain Injury Trainer or CBIT. This last step effectively eliminated the PBA.

While the PBA was an excellent measure of skill demonstration for applicants, it was a major factor in the extended length of time to obtain certification, and its continued use was untenable.

While the PBA format was eliminated, the Board of Governors made additional efforts on an ongoing basis to assess applicants’ ability to synthesize the material. This was accomplished through test modifications. Scenarios which included clinical information on a fictitious patient were provided to the examinee. Answering the scenarios required the examinee to apply information learned through study of the training manual as well as drawing on real experiences in working with patients. Altogether, these changes were positive steps forward, resulting in a reduction of the barriers experienced in the certification process.

Another significant change in 2003 that greatly impacted the forward trajectory of AACBIS was the formation of a Corporate Advisory Council (CAC). The CAC was instituted to assist the certification program to become financially and programmatically viable. The corporate members were invited to the table based on their status as having been identified as providing quality services to the brain injury community (see the sidebar for a list of the CAC members). Rainbow was one of the programs invited to the CAC.

The CAC provided financial stimulus, in that each joining corporate member provided a $5000 contribution to the AACBIS program. In addition, the CAC was charged with analyzing the overall program and making recommendations for improvement.

The AACBIS Board and CAC met in August of that year to discuss major initiatives including revision of the AACBIS Training Manual, test development, moving to a web-based certification process, increasing marketing efforts, and focusing on facility-based certification and grant writing for future endeavors.

### MAJOR ACHIEVEMENTS

#### THE FIRST DECADE

- Establishment of the AACBIS Board of Governors
- Development of the AACBIS curriculum
- Establishment of Certifications and Certification Processes
- Establishment of the Corporate Advisory Council
- Material changes to the program to increase visibility and accessibility to the AACBIS program
In the years immediately following the inception of the CAC, and with the extraordinary efforts of the AACBIS board, the program enjoyed a remarkable transformation in terms of increased visibility and prominence, as well as the number of people in the field applying for and obtaining certification. In retrospect, what seemingly occurred as a by-product of the CAC, through the funding support and the clear marketing efforts, was that many of those initiatives were brought to fruition. The numbers themselves are a great indicator of the story, as seen in Figure 4. The efforts in 2003 resulted in more than a 300 percent jump in certifications in the next year alone. That burst of momentum proved to be a major factor in the ongoing success of AACBIS.

Overall, the first decade of AACBIS was a clear success. While the number of certificants was not earth-shattering, the founding members had accomplished major goals. AACBIS established a baseline of knowledge for any individual working in the field of brain injury and for many in direct care roles, provided an avenue to tangibly demonstrate that they specialized in the care of individuals living with a brain injury.

The founders developed a strong, enduring curriculum and trained thousands in those years. They made AACBIS a household name for those of us working in brain injury, and they provided enumerable opportunities for young upstarts working in the field (say, like me) to find a niche in the wonderful, crazy world of brain injury rehabilitation.

AACBIS was in a position of forward momentum, and all future success was built on the blood, sweat, tears and vision of these remarkable people. While I know it would be impossible to name all those who impacted the AACBIS program, I would be remiss not to try. Folks who made a significant contribution are listed on the right. From all of us who have benefited from their hard work, we say a big, loud

**SIGNIFICANT CONTRIBUTORS IN THE FOUNDING OF THE AACBIS PROGRAM**
George Nieman, Ph.D.
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Richard Ferrante, Ph.D.
Sheldon Herring, Ph.D.

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Karen Flippo
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Centre for Neuro Skills
Gentiva Rehab Without Walls
Lakeview NeuroRehabilitation Centers
Learning Services Corporation
The May Institute
The Mentor Group
Rainbow Rehabilitation Centers, Inc.
ReMed
Robert Voogt & Associates
“THANK YOU!”

THE SECOND DECADE

The success of the first decade of AABCIS didn’t dissuade the Board from looking forward. The year 2006 brought important numerous changes. Responding to questions received by AABCIS staff about the CBIS–Level 1 certification (questions like “what is Level 2”), the CBIS–Level 1 was simplified to CBIS. Additionally, the Board of Governors voted to change the CBIT designation to CBIST (Certified Brain Injury Specialist Trainer), to more accurately reflect their standing as both trainers and specialists.

As a continuation of the goals set by the Board of Governors and the CAC, the first online application system was rolled out in 2006. This significantly improved the application process and, to a large degree, applicant satisfaction. As processes became enhanced, both application rates and certification rates rose concomitantly.

By early 2007, the AABCIS Program had certified a total of 2,417 individuals over 11 years. Individuals conferred either a CBIS or CBIST were represented in 46 of 50 states. Table 1 outlines the total number of certificants by geographical region.

The state of Michigan had the largest number of AABCIS certified individuals, followed by Pennsylvania, New Jersey, Minnesota and Illinois. The Academy also had a percentage of international certificants as well, including individuals from Canada, Saudi Arabia, Singapore, and the United Kingdom.

The data in Table 1 shows a large representation from the East and Midwest and underrepresentation from the West. The region with the largest percentage of certificants was the Midwest, which was likely bolstered by the number of certificants from Michigan. Michigan's overwhelmingly large volume of AABCIS certified individuals was and is impacted by the commitment of the Brain Injury Association of Michigan and state providers. Michigan's auto no-fault insurance provides resources that other states do not have in terms of number of providers and clients served. The collaborative efforts made in Michigan included providing three educational training opportunities throughout the state each year. This successful collaboration stood as a formidable model for other states.

One of the most significant enhancements to the program was an update of the training manual. In 2007, the AABCIS Training Manual version 3.0 was revised and renamed The Essential Brain Injury Guide, Edition 4.0 (Figure 5). The content remained largely the same, but the book went from a black and white document with a handful of graphics to a full four-color document designed with publishing software. The new format of the manual enhanced the certificants experience and readability of the material. In addition, as the manual was being developed, so too were training materials for CBIST trainers to use.

Ongoing feedback from applicants indicated that there was significant variability in the content and quality of training courses provided by Certified Brain Injury Specialists/Trainers. The AABCIS Board of Governors felt it was important to maintain consistency in education and content.

The AABCIS Program, in concert with an outside consultant, developed a course curriculum for applicants preparing for the national certification. The course provided detailed instructions to both the trainers and the participant. The course utilized combinations of didactic lectures, scenario-based practicums, and interchangeable review activities. These interchangeable activities allowed the instructor to customize the learning needs and styles of the audience.

This training curriculum was met with very positive feedback from both trainers and applicants. Two important needs were met with this program: it

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<th>Region</th>
<th>2007 Certificants</th>
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<td>Northeast</td>
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<td>827</td>
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<td>Southwest</td>
<td>247</td>
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TOTAL 2108


Table 1. Number of Certificants by Region from Years 1996 to 2007

Figure 5. The Essential Brain Injury Guide Edition 4.0.
provided a consistent structure base for knowledge crucial to effective brain injury rehabilitation across the spectrum as well as versatility to utilize different supportive learning activities based upon the needs and desires of the audience. Figure 6 shows a slide from the Chapter 1 PowerPoint presentation. As numbers of applications and certificants began to rise steadily, the AACBIS board recognized that more and more individuals applying and expressing interest in certification were coming from afar. With this recognition, the board voted to rename AACBIS to reflect a more inclusive academy that encouraged more international participants. In 2008, the name formally changed from the American Academy for the Certification of Brain Injury Specialists, to the Academy of Certified Brain Injury Specialists or ACBIS. Over the course of time, many international applicants have become certified. As of January 1, 2016, there are 222 current certificants (including both CBIS and CBIST) from outside the United States (Table 2). These numbers reflect a clear desire for training and certification in brain injury internationally. It was inevitable that at some point international participants would prefer materials and training specific to their country and culture. The first to make this a reality was a group from Ireland, led by the tireless Barbara O’Connell. In 2009, ACBIS sent a contingent to Ireland to begin dialogue about developing a program on the Emerald Isle. In an effort to expand ACBIS training to an international level, Board members Tom Hall and Erika Mountz were invited to train 13 staff from Acquired Brain Injury-Ireland (ABI-I), which operates community-based residential and day treatment programs across Ireland. As a result of this successful venture, ACBIS established an international subcommittee to address certification processes and protocols.

With international efforts underway, energies turned toward improvements in the testing process. In 2010, ACBIS rolled out the first online testing program. This considerably improved test security and provided instant results to the applicant. As described earlier, prior to this online process, tests were shipped from the ACBIS office in Virginia to the test proctor. The applicants completed the examination, after which the test proctor immediately overnighted the exams back to the ACBIS office in Virginia. After the ACBIS staff graded the exam(s), they then contacted either the applicant directly or the group administrator with the results. As anyone who has ever taken a test of this magnitude, waiting for results can be stressful, harrowing, and for some, traumatic. For applicants and proctors alike, online examinations, with instant results, were an enhancement for certain!

The year 2010 also saw the addition of a new type of certification—the Provisional Certified Brain Injury Specialist or PCBIS. Prior to this certification, all other ACBIS certifications had a vocational requirement of working in the field for a specified time, depending on the certification type. The PCBIS marked the first time that ACBIS had opened certification to graduate students

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Table 2. Number of Certificants by country effective Jan. 1, 2016
who were enrolled in an accredited university degree program. The PCBIS was started to provide training for pre-professionals who intend to work with individuals who are living with a brain injury. It was designed for students enrolled in an allied health, psychology, pre-medical, or special education program.

The requirements for a provisional certification include:
1. Enrollment in an accredited University
2. Training by a CBIST or self-study
3. Passing the CBIS examination to obtain provisional certification
4. Completion of 500 hours of verified clinical employment or a supervised academic internship (in a setting with individuals who have a brain injury) to obtain certification as a CBIS.

Starting in 2011, 142 individuals have attained their provisional certification. From the perspective of a potential employer, that represents 142 professionals who are trained and ready to provide services and treatment to individuals living with a brain injury! The PCBIS is a model program for preparing future professionals in a niche profession like brain injury rehabilitation.

In 2011, ACBIS introduced the Alliance Program. The ACBIS Alliance recognizes and honors providers of brain injury services that support and encourage national certification for their staff. It shows their commitment to providing high-quality services to persons with brain injury. Membership in the Alliance communicates that the organization is committed to excellence in care through the training and certification process. To qualify, the organization must achieve and maintain certification of at least 20 percent of eligible staff as CBIS or CBIST.

The years 2012 and 2013 brought continued success in the international arena. The International Committee led by Tom Hall worked diligently with the ABI–Ireland group and developed an Irish centric manual and training materials. The EBIG–Irish edition was finalized and distributed in 2013. It is a beautiful edition in which the ABI-Ireland group and the ACBIS Board hold great pride (Figure 7). It was an excellent learning experience for the ACBIS board, as we learned the trials and tribulations of going “international.” The experiences in working with this group were invaluable, and each successive international effort will be all the wiser for having developed the EBIG–Irish Edition. Efforts are now underway in the United Kingdom with an expected rollout of the EBIG–UK Edition expected in 2016. The next significant area in the international arena would be the development of the first non-English version of the EBIG. We certainly look forward to this challenge!

The last three years have been dominated by the development of the EBIG 5.0. These efforts are documented in the article titled Introducing The Essential Brain Injury Guide 5.0, on page 6.

Overall, the last 10 years of ACBIS have certainly been productive! With 20 years of ACBIS behind us, two questions come to mind: Where are we now, and where are we going?

**WHERE ARE WE NOW?**

**Current Data**

Currently, ACBIS has 6,512 total certificants, including 126 PCBIS, 209 CBIST, and 6,177 CBIS (Figure 8). Since 1996, over 18,000 applications have been processed. During that same time, more than 13,000 certificates have been awarded. In 2006, renewal data began to be tracked, with over 25,000 completed over the last 10 years.

Since 2010, when tracking of this data began, of 11,394 applicants, 9,285 have been certified. This accounts for 81 percent of applicants achieving certification, with 19 percent not having achieved certification. Because this includes 2015 YTD data, the majority of applicants who
applied in 2015 still have time to complete their certification process. It is likely this percentage will rise by 81 percent.

**Trending Data**

ACBIS continues to grow at an upward pace. The application data shows a tale of two eras (Figure 9). When looking at the number of applications by year, from 1996 to 2007, the average number of applications was 395. For the years of 2008 to 2015 year to date, the average number of applications was 1,798. That is an average increase of over 450 percent. Two major events coincided to create this significant difference in the number of applications over time. The first included efforts of the ACBIS Board and CAC to improve processes and intensely market ACBIS in 2005 and 2006. The second is the publishing of the EBIG 4.0 in 2007. Together, these events substantially impacted the visibility and accessibility of ACBIS for years to come.

Looking at five-year increments from 1996 to 2015 for both applications and certificates awarded, the pace of growth has been excellent. Looking at applications (Figure 10), from the first five-year span (1996-2000) to the second five year span (2001-2005) application growth exceeded 350 percent; from the second (2001-2005) to third (2006-2010) growth exceeded 350 percent; and from the third (2006-2010) to fourth (2011-2015) growth exceeded 120 percent.

When looking at certificates awarded in the same time frame (Figure 11), from the first five-year span (1996-2000) to the second five year span (2001-2005) certificate growth exceeded 650 percent; from the second (2001-2005) to third
WHERE ARE WE GOING?

This is truly an exciting time at ACBIS. The EBIG 5.0 is complete. Training materials and the test have been reviewed and revised. We look forward to more record-breaking years in terms of CBIS applicants and cannot wait to share the 25 outstanding chapters of the EBIG 5.0 with everyone.

Moving forward, we are working on two exciting initiatives. The first initiative in the works is the development of an Advanced Practice in Neurorehabilitation. This initiative is aimed at professionals in the field who wish to work toward a certification in Neurorehabilitation with a strong cognitive training component. The Advanced Practice in Neurorehabilitation is in its infancy, with much to work on before we have solid news to report.

PERFORMANCE-BASED ASSESSMENT

The PBA was designed to have the candidate demonstrate that they could perform skills and competencies outlined in the AACBIS Training Manual. The Clinical Examiner’s role was to guide the candidate through a series of tasks to determine their understanding and ability to practice fundamental skills in working with individuals with brain injuries. To do this, the candidate was instructed to select an individual with a brain injury with whom they currently worked to help the Clinical Examiner assess their skills. By way of example, below is an excerpt from the PBA manual from the Overview of Brain Injury Rehabilitation and the Brain and Behavior Relationships sections of the AACBIS manual.

Using your skills and knowledge of the individual you have selected, DEMONSTRATE your ability to:

1. Explain the areas of the brain that were injured in this individual and the common patterns of resulting problems, such as:
   a. Injury to the left or right hemisphere
   b. Injury to the frontal, temporal, parietal, occipital lobes
   c. Injury to the limbic system, brain stem, cerebellum

The Clinical Examiner may ask questions at any time during the PBA to determine that the applicant has mastered the competencies required to pass. Through intensive probing and testing of limits, the Clinical Examiner should select questions that will ensure that the candidate can demonstrate similar competencies to any other Clinical Examiner and also be passed by a totally objective and independent reviewer. Ultimately, the Clinical Examiner must be satisfied that the candidate can deliver brain injury services at this basic level of competency in a proficient manner so that a higher quality of care is clearly achievable for the people served.

The Clinical Examiner uses the information gathered from the assessment to provide a determination of whether the candidate’s demonstration was Satisfactory, Needs Improvement, or was Not Applicable (candidates who did not work with children were opted out of the Pediatric and Adolescent section).
Another initiative that has been discussed is the formation of a more active, vibrant Academy for our certificants. Currently CBIS and CBIST certificants interact through trainings, webinars and other venues supported by ACBIS. We are looking for new and innovative ideas to find additional ways for our members to learn, interact and otherwise find community as brain injury specialists. The goal of the broader academy is to foster greater interaction, sharing and inclusion amongst our ACBIS family, and to continue to grow over the next 20 years as we have over the last 20 years.

I, for one, can't wait!