

AACBIS

American Academy for the Certification
of Brain Injury Specialists



Certification Exam Preparation Course

Participant Guide

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The information in these curriculum materials is based on the 2007 edition of “The Essential Brain Injury Guide” and reflects the current state of knowledge at that time. The information and recommended systems of care for persons with brain injuries outlined in the Guide, these preparation course materials, or the ACBIS examination may not be appropriate for use in all circumstances. Client services should be based on the facts and circumstances of each particular case and rendered under the direction of competent rehabilitation professionals or physicians.

Special acknowledgement is extended to Ms. Cindy Barrus, Program Director of Spectrum Health Continuing Care Center (MI) for her work in the development of the Chapter Review questions.

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PREPARING FOR THE EXAM

How the Exam is Structured

- The exam has 70 multiple choice questions.
- 50 of the questions are stand alone, multiple choice questions.
- The remaining 20 multiple choice questions pertain to four case study scenarios.
- You will have 2 hours time to complete the exam.
- All of the questions are equal in value.
- Each question has five choices.
- There is only one correct answer for each question.
- You must answer at least 80% of the questions (56 questions) correctly in order to pass the exam.
- If you do not pass the exam, you may retake it once more.



PREPARING FOR THE EXAM *(CONTINUED)*

General Studying Techniques

Everyone is different. Different study methods work for different people. The following are only suggestions on improving upon your current studying techniques.

- It is best to review the material right after the review session when it is still fresh in your memory.
- Don't try to do all your studying the night before the exam. Instead space out your studying. Review class materials at least several times a week, focusing on one topic at a time. By studying everyday, the material will stay in your long-term memory but if you try to study at the last moment, the material will only reside in your short-term memory that you'll easily forget.
- Start out by studying the most important information.
- Learn the general concepts first; don't worry about learning the details until you have learned the main ideas.
- Take short breaks frequently. Your memory retains the information that you study at the beginning and the end better than what you study in the middle.
- Make sure that you understand the material well. Don't just read through the material and try to memorize everything.
- If you choose to study in a group, only study with others who are serious about the exam.
- Eat before the exam. Having food in your stomach will give you energy and help you focus, but avoid heavy foods which can make you groggy.
- Try to show up at least 5 minutes before the exam starts.
- Set your alarm and have a backup alarm set as well.



PREPARING FOR THE EXAM *(CONTINUED)*

If You Must Cram

Cramming for exams should be avoided at all costs. You should only cram for an exam as a last resort. It is hard to take in and retain a large amount of information in a short period of time. Some of the tips on studying and preparing for a exam may overlap with the cramming techniques below.

- Eat some food to give you energy to study. An apple does a better job at keeping you focused and awake than caffeine.
- Find a well lit place with no distractions around to study but don't get too comfortable or you may fall a sleep.
- Keep a positive attitude. It is easier to study when you are relaxed than when you are stressed out.
- Since your time is limited, you have to choose what you study. Don't attempt to learn everything. Focus on things that will get you the most points on the exam.
- Focus on the main ideas and learn key information. Skip the details for now and only come back to them if you see that you have time after you have learned the key points.
- Highlight the important points in your notes and focus on that.
- Take at least one five minute break an hour so that you can gather your thoughts and let your brain relax.
- If time permits, try to get at least 3 hours of sleep before the exam so that you don't fall asleep when taking your exam.
- Don't forget to set your alarm!

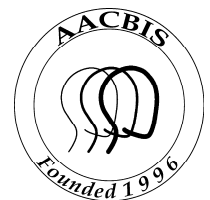


PREPARING FOR THE EXAM *(CONTINUED)*

Helpful Tips When Taking the Exam

The following are tips to keep in mind when taking the exam.

- Read the question and come up with the answer in your head before looking at the choices. This way the choices won't throw you off or trick you.
- Read all the choices before choosing your answer. Eliminate answers you know aren't right.
- There is no guessing penalty. Always take a guess if you don't know.
- If there is an "All of the above" option and you know that at least two of the choices are correct, select the "All of the above" choice.
- Usually the correct answer is the choice with the most information.
- Bring a watch to the exam so that you can better pace yourself.
- Keep a positive attitude throughout the whole exam and try to stay relaxed. If you start to feel nervous, take a few deep breaths to relax.
- When you first receive your exam, do a quick survey of the entire exam so that you know how to efficiently budget your time.
- Do the easiest questions first. If you don't know an answer, skip it. Go on with the rest of the exam and come back to it later. Maybe later on there will be something that will help you out with that question.
- Don't rush but pace yourself. Read the entire question and look for key words.
- Always read the whole question carefully. Don't make assumptions.
- When you are finished, if you have time, look over your exam. Make sure that you have answered all the questions. Only change an answer if you misread or misinterpreted the question because the first answer that you put is usually the correct one.



AT A GLANCE

CHAPTER 1: OVERVIEW OF BRAIN INJURY

Objectives

- Describe the incidence, prevalence and epidemiology of brain injury.
- Distinguish between traumatic brain injury and acquired brain injury.
- Describe the systems of care available in the rehabilitation continuum.
- List several of the funding issues for the support of persons with brain injury.
- Explain the TBI Act of 1996 and its impact on services and funding for persons with brain injury.

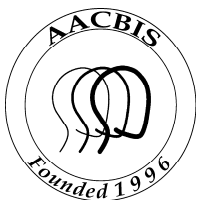


SCENARIO ACTIVITY

Chapter Scenario and Questions

John is a Caucasian, 18-year old high school graduate, looking forward to college in the fall. On July 4th weekend John was in a car accident, secondary to being under the influence of alcohol. As a result he sustained a severe traumatic brain injury. John was in a coma for 10 days. John's injuries/diagnoses included a coup-contracoup injury with damage to the right frontal lobe and prefrontal cortex as well as his left occipital lobe. In addition, diffuse axonal injuries (DAI), and injury due to anoxia were also noted. John's level of consciousness was being measured by the GCS. At day 11 his GCS was 10. Prior to that day the GCS was ≤ 8 . At the scene John needed to be resuscitated, as his heart stopped within minutes after the accident. John and his family are now beginning a new journey that will change all of their lives forever.

1. What percent of all brain injuries are considered severe like John's?
 - a. 90%
 - b. Between 2-3%
 - c. Between 5-25%
 - d. Between 10-30%
2. Whether mild, moderate, or severe, traumatic brain injuries are more common in:
 - a. Males
 - b. Females
 - c. Females and males equally
 - d. Statistics for this are not tracked
3. "Transportation-related" injuries such as John's account for what percent of all brain injuries?
 - a. 90%
 - b. 80%
 - c. 70%
 - d. 20%
4. The correlation between alcohol involvement and injury as in John's case is approximately:
 - a. 24%
 - b. 36%
 - c. 56%
 - d. 86%



SCENARIO ACTIVITY

(CONTINUED)

5. TBI is an insult of the brain, not of a degenerative or congenital nature, but caused by:
 - a. Strokes
 - b. Toxic poisonings
 - c. An external physical force
 - d. Lack of oxygen

6. Impairments following a traumatic brain injury:
 - a. May either be temporary or permanent
 - b. Are always temporary
 - c. Are never permanent
 - d. Dissipate after a few weeks

7. The 1997 GAO report of Traumatic Brain Injury determined that Medicaid and Home and Community Based Waiver programs covered an estimated 2,478 individuals and spent:
 - a. 10 million dollars
 - b. 75 million dollars
 - c. 118 million dollars
 - d. 250 million dollars



AT A GLANCE

Objectives

- Distinguish between historical and contemporary rehabilitation philosophies.
- Describe the philosophical basis of the helping role in rehabilitation.
- Identify styles of interacting between giving and receiving assistance that put contemporary rehabilitation philosophies into practice.

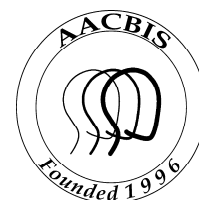


REHABILITATION CONCEPTS ACTIVITY

Directions

- With your partner, you will have 10 minutes to prepare a 1-2 minute role play on one of the following rehabilitation concepts.
- You will not be able to use your books during your role play.
- Your goal is not to just restate content but to find a way to help others to remember those details of your concept.
- Be creative! But be sure to not tell them what your topic is!
- One team will be allowed to guess what concept you are presenting. If they guess correctly, your team will earn a point and they will also earn a point for guessing correctly.
- Check off the concept that you are assigned and check off other concepts as they are role played so you can “narrow the field” when guessing other’s presentations!

Rehabilitation Concept	The Essential Brain Injury Guide
<input type="checkbox"/> Devaluation	Page 27
<input type="checkbox"/> Medical Paradigm	Page 28
<input type="checkbox"/> Interdependence	Page 29
<input type="checkbox"/> Inclusion	Page 30
<input type="checkbox"/> Self-Determination	Page 31
<input type="checkbox"/> Mutual Reinforcement and Reciprocity	Page 33
<input type="checkbox"/> Active Treatment: PEARL	Page 34
<input type="checkbox"/> No Blame	Page 34
<input type="checkbox"/> Can vs. Can’t	Page 35
<input type="checkbox"/> Outcome Oriented Model	Page 35



SCENARIO ACTIVITY

Chapter Scenario and Questions

After the accident, John was in a coma for 10 days. John's level of consciousness was being measured by the GCS. At day 11 his GCS was 10. Prior to that day the GCS was ≤ 8 . When he began emerging from coma, John spent a great deal of time within his acute care hospital within various types of mechanical restraint. Restraints were implemented to control his extreme aggression within that setting. His medical team was hopeful that the use of restraints would be faded as his behavior and coma status improved. After the accident his father became minimally involved in his care and seemed distant, confused and depressed. John's mother has remained very involved and he has an older brother.

1. In what ways might John and others who have sustained a TBI be stigmatized and devalued?
 - a. They may be labeled
 - b. They may be segregated
 - c. They may be stereotyped
 - d. All of the above
2. If John's rehabilitation is based on a medical model, what would be the treatment team's perspective on John and his injury?
 - a. John's condition is the problem
 - b. John has no responsibility for his actions
 - c. John is the "power person"
 - d. John's deficits cannot be changed
3. Which of the following would describe John's rehabilitation if it were based on a model of interdependence?
 - a. Physician driven
 - b. Therapist driven
 - c. Relationship driven
 - d. Case management driven



SCENARIO ACTIVITY

(CONTINUED)

4. Those who interact with John are encouraged to adopt which of the following perspectives with regards to “blame?”
 - a. Convince John to accept blame for his injury
 - b. Avoid blaming John
 - c. Convince John to accept blame for his injury, but not his behaviors
 - d. Convince John to accept blame for his behaviors, but not his injury

5. The term that captures the ultimate goal of rehabilitation is:
 - a. Inclusion
 - b. Integration
 - c. Segregation
 - d. Institutionalization

6. Which of the following best describes “active treatment interaction?”
 - a. Providing custodial care
 - b. Using restraints to avoid harm to the patient and others
 - c. Punishing to eliminate negative behaviors
 - d. Looking for situations to facilitate independence



AT A GLANCE

CHAPTER 3: UNDERSTANDING THE BRAIN AND BRAIN INJURY

Objectives

- Identify basic brain structures and functions.
- Describe brain-behavior relationships.
- Describe how an injury to the brain can result in various behaviors and challenges.



BRAIN GEOGRAPHY

Directions

- With your group, you will have 20 minutes to prepare a 5 minute “teach” on the part of the brain that you have been assigned.
- Be sure to include as many key points as possible.
- Use only content found in The Essential Brain Injury Guide.
- Be creative! Your goal is for the others to remember the details about your part of the brain. Can you write a rap song or a short skit that will help others remember the details about your part of the brain? How about designing a poster or an interactive activity?
- Your goal is not to just write up the details about your part of the brain but to find a way to help others to remember those details.

Our group has been assigned:

Brain Part	The Essential Brain Injury Guide
<input type="checkbox"/> Brain Stem	Page 43
<input type="checkbox"/> Diencephalon	Page 44
<input type="checkbox"/> Limbic System	Page 45
<input type="checkbox"/> Cerebellum	Page 46

We have until _____ to prepare our “teach.”



SCENARIO ACTIVITY

Chapter Scenario and Questions

John's injuries/diagnoses included a coup-contracoup injury with damage to the right frontal lobe and prefrontal cortex as well as the left occipital lobe. In addition, he suffered from diffuse axonal injuries (DAI) and injury due to anoxia. John's level of consciousness was being measured by the GCS. At day 11 his GCS was 10.

1. Since John's injury was severe and his coma lasted for ten days, what would his Glasgow Scale most likely be in the first ten days?
 - a. 20-25
 - b. 13-15
 - c. 9-12
 - d. 8 or below
2. A "coup-coutracoup" injury is caused by:
 - a. Bullet wound
 - b. Blunt trauma to top of head
 - c. Bouncing of the brain within the skull
 - d. Oxygen deprivation
3. The prefrontal cortex is responsible for:
 - a. Memory
 - b. Vision
 - c. Emotional responses
 - d. Sensation
4. The occipital lobe is responsible for:
 - a. Primary visual abilities
 - b. Balance and coordination
 - c. Body awareness
 - d. Working memory



SCENARIO ACTIVITY

(CONTINUED)

5. The medulla, pons, and mid-brain are parts of the:
 - a. Cerebellum
 - b. Brain stem
 - c. Limbic system
 - d. Hippocampus

6. Injury to the limbic system can produce serious problems with:
 - a. Breathing
 - b. Heart rate
 - c. Emotional perceptions and feelings
 - d. Higher level thinking



AT A GLANCE

CHAPTER 4: HEALTH, MEDICATIONS AND MEDICAL MANAGEMENT

Objectives

- Understand the uniqueness of an individual with a brain injury by gathering information about the person's background, injury, treatment and current factors that impact their potential for optimum recovery.
- Understand, identify and report signs and symptoms of potential medical complications that are commonly encountered after a brain injury.
- List the most commonly prescribed medications used after brain injury.
- Understand the effects of alcohol and substance abuse in brain injury.
- Identify aspects of aging with brain injury.



SCENARIO ACTIVITY

Chapter Scenario and Questions

When John was released from intensive care he was transferred to a newly opened BI rehabilitation facility. He presented with mild seizures and problems with walking, dressing, judgment, speaking, attention and concentration, and disinhibition. He frequently used foul, abusive language and exhibited anti-social behavior.

1. During initial assessment at the rehabilitation facility, which of the following information should be gathered upon intake?
 - a. How the injury happened, i.e., circumstances of the injury
 - b. Family history
 - c. Health problems prior to injury
 - d. All of above
2. John is probably on what medication to control his seizures?
 - a. Dilantin
 - b. Tylenol
 - c. Ritalin
 - d. Demerol
3. As many as _____ of individuals with an acquired (traumatic and non-traumatic) brain injury will return to using drugs and alcohol post-injury.
 - a. 20%
 - b. 50%
 - c. 70%
 - d. 10%
4. John's immediate rehabilitation program will probably include which disciplines?
 - a. Speech-language pathology
 - b. Physical and occupational therapy
 - c. Psychology and social work
 - d. All of the above



SCENARIO ACTIVITY

(CONTINUED)

5. A tracheotomy is often needed following a brain injury to help with what function?
- a. Bowel
 - b. Breathing
 - c. Heart rhythm
 - d. Feeding
6. An increase in muscle tone tension is called:
- a. Cramping
 - b. Contracture
 - c. Spasticity
 - d. Ossification



AT A GLANCE

CHAPTER 5: UNDERSTANDING AND TREATING FUNCTIONAL IMPACTS OF BRAIN INJURY

Objectives

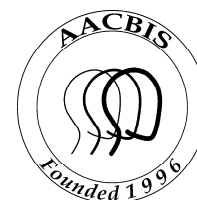
- Describe common cognitive, physical, emotional, behavioral, and social changes after brain injury.
- Describe how these changes affect the person's functioning.
- Describe the outcome-driven rehabilitation process.
- Describe and give examples of three environmental influences on behavior.
- Describe active treatment planning.



Take Home Activity

Match the related terms and concepts in the first column with the corresponding definitions and examples in the second column.

- | | |
|---|--|
| 1. One of the domains of functioning | A. Praise |
| 2. Frequency | B. Identify positive reinforcers |
| 3. Rate | C. The length of time that it takes a person to start or complete a behavior |
| 4. Positive reinforcement | D. Providing reinforcement only when a person gets progressively closer to the ultimate target behavior |
| 5. Fading | E. The addition of something enjoyable that follows a behavior and makes it more likely to occur again |
| 6. A task analysis | F. Using a gradual change from artificial to more natural cueing stimuli |
| 7. Shaping | G. The number of times a skill or behavior occurs |
| 8. Negative reinforcement | H. Analyzing the overall skill into components that can be taught and measured |
| 9. Latency | I. Yelling and angry outbursts |
| 10. A treatment component | J. Mobility |
| 11. A potential reinforcer | K. The number of times a behavior occurs in a specified time period |
| 12. A behavioral or emotional change after BI | L. The removal of something unpleasant following a behavior that makes the behavior more likely to occur again |
| 13. Reward | M. Poor organizing skills |
| 14. Punishment | N. A good thing that happens after a behavior and makes it more likely to be repeated in the future. |
| 15. An executive functioning impairment | O. A negative consequence of behavior that makes it less likely to happen again |

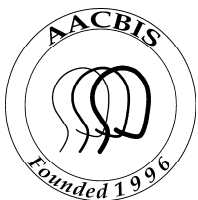


SCENARIO ACTIVITY

Chapter Scenario and Questions

The treatment team meets regularly with John to discuss goals and progress. John's father is starting to attend these sessions. John's mother remains very involved and John's brother attends once in a while. The team and family have agreed to a discharge goal of having John return home and seek appropriate employment until he may be ready to start classes at a community college. With John's memory problems, they are not sure what kind of job he could hold or if he will return to school. They are concerned about his previous alcohol abuse and that the same thing could happen again. They are also very concerned about his inappropriate behaviors and language.

1. To help John remember his daily routine, the treatment team may suggest:
 - a. Written diary or planner
 - b. Relying on his mother
 - c. Allowing frequent mistakes until he learns
 - d. Negative reinforcement when he forgets
2. Which of the following describes the significance of substance abuse counseling for John's rehabilitation?
 - a. Of no value now since the accident already happened
 - b. Will not work for John because of his cognitive impairments
 - c. Should only be provided if he requests it
 - d. Should definitely be integrated into his rehabilitation plan
3. Which of the following is most true of rehabilitation "outcomes?"
 - a. Cannot usually be determined
 - b. Can be measured by objective data
 - c. Needed only when required by insurance company
 - d. Should be directed solely by the attending physician



SCENARIO ACTIVITY

(CONTINUED)

4. Which of the following is true regarding an individual's preferences with respect to living arrangements?
 - a. The individual's preferences are a primary driver in considering living options
 - b. The individual's choice is not a fundamental element of the treatment plan
 - c. The individual is too cognitively impaired to have input on his living arrangements
 - d. The individual has no legal right toward deciding where to live

5. To manage John's inappropriate language, a behavior plan would probably include which of the following strategies?
 - a. Immediately reprimanding John
 - b. Nonverbal display of dissatisfaction
 - c. Ignoring the behavior
 - d. Applying punishment

6. Which of the following conclusions is true if John is having difficulty meeting his goals?
 - a. He is not trying hard enough
 - b. The team must never change a goal once established
 - c. The team must stop treatment
 - d. The treatment plan needs to be assessed



AT A GLANCE

CHAPTER 6: CHILDREN AND ADOLESCENTS WITH BRAIN INJURY

Objectives

- Describe the incidence of brain injury in children and adolescents.
- Recognize developmental issues for children and adolescents after brain injury.
- Understand the public special education laws for children and adolescents with brain injuries.
- Understand the practice of individualized educational planning for children and adolescents.



CASE WORK WORKSHEET

Case #1

Think of a case in which you either observed or assisted a student as s/he transitioned from rehabilitation to school or the community. List the key points of the case and note the key people involved.

-
-
-
-
-

REHABILITATION STAFF SCHOOL STAFF STUDENT
 FAMILY OTHER _____

Case #2

Think of a case in which a student with a brain injury needed several accommodations in which to be successful in the school environment. List the key points of the case and note the key people involved.

-
-
-
-
-

REHABILITATION STAFF SCHOOL STAFF STUDENT
 FAMILY OTHER _____



SCENARIO ACTIVITY

Chapter Scenario and Questions

John continues to struggle to return to his life as a teenager/young adult. He would like to find a program that provides some accommodations for his resulting learning difficulties. John would also like to move out of his parent's home within the next couple of years.

1. Public Law 101-476 IDEA, provides funding for special education and applies to:
 - a. College
 - b. High school
 - c. Elementary school
 - d. b & c only

2. The brain continues to develop through approximately 21 years of age. The region that is the last to mature is the:
 - a. Frontal lobe
 - b. Sensory and motor systems
 - c. Temporal lobe
 - d. Occipital lobe

3. Teenagers 15-19 years old are most susceptible to
 - a. Non-accidental trauma
 - b. Physical abuse
 - c. Sports and auto occupant accidents
 - d. Pedestrian/motor vehicle accidents

4. A student returning to school after a BI may need accommodation for:
 - a. Attention/concentration
 - b. Memory/organization
 - c. Following directions
 - d. All of the above



SCENARIO ACTIVITY

(CONTINUED)

5. To qualify for a 504 accommodation in a school that receives federal funding, the student is only required to have a:
- Presumed disability
 - Physician's note
 - Emergency room discharge
 - None of the above
6. The greatest percentage of brain maturation occurs:
- Birth to age 5
 - Age 5-7
 - Pre-teen years
 - Late teen years



AT A GLANCE

CHAPTER 7: BRAIN INJURY – A FAMILY PERSPECTIVE

Objectives

- Describe the impact of brain injury on the family.
- Understand the severity of trauma that families experience.
- Educate the family about current and future brain-related challenges.
- Identify different methods for interacting with families.



FAMILY ADJUSTMENT STAGES

□ Stage 1 – One to Three Months

- Shock dominates the minds of the family
- Hopes for full recovery in a short period of time
- Denial
- Repressed feelings
- Avoid discussing the severity of the situation
- Transfer negative feelings onto others

□ Stage 2 – Three to Nine Months

- Begin to recognize the severity of the situation
- Feelings of helplessness and frustration often escalate
- Change from feelings of denial to anxiety, anger, fear, depression, and loss
- Realize they lack the knowledge about what will happen next or what they can do

□ Stage 3 – Six to Twenty-Four Months

- May get annoyed with the survivor, thinking the person is not trying hard enough
- Experience feelings of depression, more guilt, and discouragement
- Start to recognize that the person is more impaired than they first thought
- Realize that there is really nothing they can do to speed up the healing process
- Start seeking additional information about the process of living with a brain injury



FAMILY ADJUSTMENT

STAGES *(CONTINUED)*

□ Stage 4 – Ten to Twenty-Four Months

- Beginning of realism
- The disability or negative behaviors may sometimes bother the family immensely
- Family members may need additional breaks to tolerate unconstructive behaviors
- Fear that the person may act this way permanently
- Family is exhausted from the ordeal and lacks the stamina to continue at this pace
- Family feels desolate, despondent, and/or trapped in the situation
- May experience emotions similar to those of bereavement

□ Stage 5 – Twelve to Twenty-Four Months

- A time of profound sadness with few expectations
- Grieving cycle often starts over again
- Family requires special attention to the deep mourning as they go through this stage
- With time and support, most families pass this stage toward understanding what has occurred
- Families mourn the loss and experiencing the anguishing process of accepting the losses

□ Stage 6 – Two to Three Years Post Injury

- Dramatic changes in the family as they accept their loved one's condition and the changes
- Family no longer feels guilty and becomes creative in helping the person who has been injured
- Family understands what has occurred and now can address the needs of the entire family unit
- Family has become well versed about BI and invests time and money on accommodations
- Transfer from anguish to something that offers family sovereignty



SCENARIO ACTIVITY

Chapter Scenario and Questions

After transfer to the rehab facility, John's father started to visit more often and attend progress conferences. However, he frequently seemed dazed, confused, and angry. He would get into arguments with John's caregivers. The staff saw him as an annoyance and would try to avoid him when he visited.

1. Which is the best approach to family involvement in rehabilitation?
 - a. Minimize involvement at all times
 - b. Minimize involvement unless they insist
 - c. Encourage visits but minimize involvement in treatment
 - d. Encourage involvement in all aspects of rehab

2. Family members of TBI survivors:
 - a. Learn to adapt to the situation easily
 - b. Frequently experience isolation, depression, or guilt
 - c. Are best left to cope in their own way
 - d. Are not the responsibility of the rehab team

3. Family members may experience which of the following?
 - a. Post traumatic stress disorder
 - b. Post injury amnesia
 - c. Medical complications
 - d. Heart attacks

4. Which of the following symptoms of Posttraumatic Stress Disorder (PTSD) are accurate?
 - a. Vigilance and aggressive behavior
 - b. Depression and substance abuse
 - c. Suicidal ideation and survivor guilt
 - d. All of the above



SCENARIO ACTIVITY

(CONTINUED)

5. When working with families, staff must be aware of the multiple needs of families and understand:
 - a. The devastation associated with the physical injury
 - b. The emotional instability of the family
 - c. The financial burdens associated with care
 - d. All of the above

6. There are many stages of recovery for a family when dealing with a loved one who is brain injured. John has been in a hospital/rehab setting for 12 months. It may be expected that his family may be beginning to enter which of the following stages?
 - a. Realism
 - b. Annoyance
 - c. Helplessness
 - d. Denial

7. When a family member has a brain injury, working family members may have to leave their current career, which often strains:
 - a. Their finances as well as the emotional stability of the family
 - b. Their finances and friendships
 - c. Their religious beliefs and hobbies
 - d. Their emotions and fears



AT A GLANCE

CHAPTER 8: LEGAL AND ETHICAL ISSUES

Objectives

- Describe the legal rights of persons receiving rehabilitation services.
- Explain the ethical standards of rehabilitation staff.
- Define basic legal terms and concepts.
- Explain the rights of an individual in rehabilitation under the Americans with Disabilities Act.



CLIENT RIGHTS ACTIVITY

Common Charades Gestures

- **Number of words:** Hold up the number of fingers.
- **Which word you're working on:** Hold up the number of fingers again.
- **Number of syllables in the word:** Lay the number of fingers on your arm.
- **Which syllable you're working on:** Lay the number of fingers on your arm again.
- **Length of word:** Make a "little" or "big" sign as if you were measuring a fish.
- **The entire concept:** Sweep your arms through the air.
- **On the nose** (i.e., someone has made a correct guess): Point at your nose with one hand, while pointing at the person with your other hand.
- **Sounds like:** Cup one hand behind an ear.
- **Longer version of :** Pretend to stretch a piece of elastic.
- **Shorter version of:** Do a "karate chop" with your hand.
- **Plural:** Link your little fingers.
- **Past tense:** Wave your hand over your shoulder toward your back.
- **A letter of the alphabet:** Move your hand in a chopping motion toward your arm (near the top of your forearm if the letter is near the beginning of the alphabet, and near the bottom of your arm if the letter is near the end of the alphabet).



CLIENT RIGHTS

ACTIVITY *(CONTINUED)*

Client Bill of Rights

Check off the Bill of Rights statements that are acted out during the activity.

- Not be physically or mentally abused or exploited.**
- Not be physically or chemically restrained** unless the restraining is necessary in an emergency to protect the person or others from imminent danger, or is authorized in writing by a licensed physician for a limited and specified period of time.
- Participate in restrictive interventions only in accordance with least restrictive treatment guidelines.**
- Be treated with the respect, consideration, and recognition** of the individual's dignity and individuality. In a residential program, a person shall receive personal care and private treatment in a safe and decent living environment.
- Not be denied appropriate care on the basis of the individual's race, religious practices, color, national origin, sex, age, disability, marital status or source of payment.**
- Not be prohibited from communicating in the individual's native language with other individuals or employees for the purpose of acquiring or providing any type of treatment, care or services.**
- Be encouraged and assisted in the exercise of the individual's rights. A person may present grievances on his/her own or another's behalf to the director, manager, state agencies, or other persons without threat of reprisal** in any manner. The person providing services shall develop procedures for submitting complaints and recommendations and for assuring a response by the person providing the services.
- Receive and send unopened mail.**
- Engage in unrestricted communication, including personal visitation with any person of the individual's choice**, including family members and representatives of advocacy groups and community service organizations at any reasonable hour.
- Make contacts with the community and achieve the highest level of independence, autonomy, and interaction with the community of which the person is capable.**
- Manage financial affairs** or shall be given at least quarterly accounting of financial transactions made on the individual's behalf by the program should the program accept the individual's written delegation of this responsibility for any period of time in conformance with state law.
- Have confidential records** that cannot be released without the individual's written permission. A person may inspect his or her personal records maintained by service providers.



CLIENT RIGHTS

ACTIVITY *(CONTINUED)*

Client Bill of Rights (continued)

- Have the person providing services answer questions** concerning health, treatment, and condition unless a physician determines that the knowledge would harm the individual. The physician must record that determination in the individual's record.
- Choose a personal physician.**
- Participate in planning the individual's service plan.**
- Be given the opportunity to refuse treatment, including medications,** after the possible consequences of refusing are fully explained.
- Be provided unaccompanied access to a telephone** at a reasonable hour in case of an emergency or personal crisis.
- Privacy (not necessarily a single bedroom).**
- Retain personal clothing and possessions** as space permits. The number of personal possessions may be limited for health and safety reasons which are documented in the individual's record.
- Determine the individual's dress, hairstyle, or other personal effects according to individual preference,** except the resident has the responsibility of maintaining personal hygiene.
- Retain and use personal property in the immediate living quarters and to have a private locked area (cabinet, closet, drawer, footlocker, etc.) in which to keep personal property.**
- Refuse to perform services for the program,** except as contracted for the individual and facility.
- Be informed, in writing, by the person providing services of available services and the applicable charges if the services are not covered by Medicare, Medicaid, or other form of health insurance.**
- Unless previously arranged, not be transferred or discharged,** except in an emergency situation. The individual, the guardian (if applicable) and other responsible persons shall be notified immediately.
- Leave the program temporarily or permanently,** subject to contractual or financial obligations.
- Not be deprived of a constitutional, civil, or legal right solely by reason of residence in a program for persons with brain injury.**
- Have access to the services of a representative of the state agency or program charged with regulating licensing, or monitoring the program.**



SCENARIO ACTIVITY

Chapter Scenario and Questions

Due to frustrations with John's family and John's behaviors, and since this was a new BI facility, the staff meant well and tried hard, but they were not well trained, and inadvertently violated some legal, ethical, and professional elements of care.

1. Staff started screening John's mail since he became more noticeably agitated and angry after receiving mail from his drinking buddy. Which of the following is true?
 - a. This is an acceptable practice
 - b. This is a violation of privacy
 - c. Screening is permitted only for third class mail
 - d. John should not react that way

2. To help manage John's behavior, staff would frequently withhold his dinner. This is:
 - a. Good behavior management
 - b. Neglect
 - c. Exploitation
 - d. Advocacy

3. Which of the following is true of guardianship?
 - a. It may be granted if a client's IQ is low
 - b. A court must establish it
 - c. If established, client gives up all legal rights
 - d. Must be approved by the rehabilitation team

4. Competency or capacity is:
 - a. A person's ability to complete all self care tasks independently
 - b. A person's ability to go back to school or work
 - c. A person's ability to understand the effect of one's decisions
 - d. A term to describe a person's level of physical independence



SCENARIO ACTIVITY

(CONTINUED)

5. Informed consent is:
 - a. Always required
 - b. Optional in a rehabilitation facility
 - c. Needed only if the insurance company requires it
 - d. Required only in government facilities (i.e. VA hospitals)

6. HIPAA standards for BI patients:
 - a. Are automatically waived
 - b. Are optional
 - c. Must be followed
 - d. Are required only if doctor orders



AACBIS Course Evaluation/Feedback

Please complete both sides of this evaluation/feedback form.

Training Session: _____

Date: _____

Facilitator: _____



1. Before attending this training session, how prepared did you feel you were for the examination?

Not Prepared	Somewhat Prepared	Mostly Prepared	Very Prepared

2. After attending this training session, how prepared do you feel you are for the examination?

Not Prepared	Somewhat Prepared	Mostly Prepared	Very Prepared

3. Overall, how helpful were the ideas and information covered in this training?

Not Helpful	Somewhat Helpful	Mostly Helpful	Very Helpful

4. How confident do you feel that you will be able to apply what you have learned in this training on the exam?

Not Confident	Somewhat Confident	Mostly Confident	Very Confident

5. How valuable do you feel the training materials and handouts were in preparing you for the examination?

Not Valuable	Somewhat Valuable	Mostly Valuable	Very Valuable

6. How valuable do you feel the training activities were in preparing you for the examination?

Not Valuable	Somewhat Valuable	Mostly Valuable	Very Valuable

7. How helpful were the facilitator(s) in helping you to understand the ideas and information included in this training (including answering your questions)?

Not Helpful	Somewhat Helpful	Mostly Helpful	Very Helpful

8. What do you anticipate will be the greatest benefit of this training to you for taking the examination?

9. Overall, of the content taught, materials or instructional methods used, which part(s) of the training was/were **most** valuable to you?

10. Overall, of the content taught, materials or instructional methods used, which part(s) of the training was/were **least** valuable to you?

11. What suggestions do you have for improving this training?

When complete, please return this form to your facilitator. Thank you for your participation!