

# BI-ISIG

# Moving Ahead

A semi-annual publication for members of the ACRM BI-ISIG

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## Message from the Chair

The last two years have zoomed by. As I end my tenure as BI-ISIG Chair, I am grateful to the BI-ISIG Executive Committee (EC) for their tremendous comradery, their unflinching willingness to take on hard tasks, and the fact that they make our meetings just downright funny and fun on a regular basis!

Allow me to offer some tributes to my dear colleagues: **Kristine Kingsley**, Communications Officer — your energy, focus, and creativity have been inspiring, and have transformed our newsletter, *Moving Ahead*, into an exciting communication well-worthy of this active and growing organization. You are amazing for all that you take on and accomplish. **Karen McCulloch (K-Mac)**, Secretary — your calm and steady clarity and your immense sense of responsibility in the face of personal and professional challenges over recent years have been extraordinary and deeply admirable. **Dawn Neumann**, Program & Awards Officer — you are an organized and impressive dynamo! It's been a total delight to work with you. **Monique Pappadis**, Early Career Officer — I have admired your sensitivity and sense of fairness and responsibility toward your fellow Early Career members. You have been a tremendous representative and advocate, while adding structure and precision to many Early Career initiatives. **Alan Weinberg**, Treasurer — I have greatly appreciated your dry sense of humor and your acuity in hitting the nail directly on the head time after time. Thank you for your gifted counsel. **Lance Trexler**, Past Chair — you have honored me with your time, your easy-going advice, your phenomenal wisdom and vision, and your steady friendship. I have treasured all of those, and look forward to seeing you more often in NYC! **Jenny Bogner**,



DONNA LANGENBAHN,  
PHD, FACRM

Chair-Elect - you are an amazing integration of clear-headedness, logic, foresight, and compassion, a BI-ISIG treasure as incoming Chair. It has been my great pleasure to work closely with you these past two years, and I look forward to your leadership over the next two.

To the impressive BI-ISIG Task Force Chairs: Your dedicated hard work is the core of the BI-ISIG, and I have only the most wholehearted admiration and appreciation for you. In the tradition of the BI-ISIG and beyond, you and your members continue to produce landmark reviews, guidelines, projects, and materials that advance clinical care, research, education, and advocacy in brain injury. You have embraced the EC initiatives of greater communication and membership growth with vigor, and have increased BI-ISIG numbers and productivity significantly in the past two years. Thank you.

My thanks go also to the ACRM staff, **Jon Lindberg**, **Jenny Richard**, **Cindy Robinson**, and others, for your hard work, support and availability. My deep appreciation goes to **Terri Compos**, ACRM Community Relations Manager - you have made my job vastly easier. Your ready knowledge, constant patience, and kind guidance have been unfaltering, and I am very grateful.

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ACRM  
93<sup>rd</sup> Annual  
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PROGRESS IN  
REHABILITATION  
RESEARCH #PIRR2016  
TRANSLATION TO  
CLINICAL PRACTICE



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A few words about the 2016 Annual Conference at the Hilton Downtown Chicago: Instructional courses start on Sunday 30 October, and the core conference begins on Wednesday 2 November and extends through Friday 4 November. There will be exciting educational content in 15 focus areas, including four tracks of cross-cutting topics.

View all conference content for brain injury at [ACRM.org/BIcontent](http://ACRM.org/BIcontent).

Please take this opportunity to download the ACRM 93rd Annual Conference App (enter "ACRM" at your smartphone store or visit [ACRM.org/app](http://ACRM.org/app) to download), and spread the word to colleagues, co-workers, and

students. Also available are "landing page" links that will take you directly to view courses, focus or topic areas, and events. Ask your task force chair or any BI-ISIG EC member to send you these, if you don't already have them. Individual task force meetings will take place Wednesday through Friday, starting at 7:00 am. Visit [ACRM.org/PIRRmeetings](http://ACRM.org/PIRRmeetings) for specific dates and times.

Best wishes and we hope to see you in Chicago!

*Donna Langenbahn, PhD*

**Donna Langenbahn, PhD, FACRM**  
BI-ISIG Chair

## MESSAGE FROM THE CHAIR-ELECT

**Gulp...I will soon have to fill WHOSE shoes????**

During the past two years, I have had the honor of working with and learning from Dr. Donna Langenbahn in her role as Chair of the BI-ISIG. Her dedication and tireless commitment to the BI-ISIG has been absolutely awe-inspiring. Despite personal challenges, she has continued to keep the needs and mission of the BI-ISIG at the top of her priority list. With her primary goals being to increase support of the task forces and to encourage Early Career member involvement, key initiatives include:

- Making funds available to the task forces to support their work
- Encouragement of Early Career Member involvement in the task forces through the provision of scholarships to attend the MYM and (new this year) the annual conference.
- Establishment of a list of liaisons with other organizations with interests in the promotion of brain injury rehabilitation and research.
- Supporting the quality of the BI-ISIG tracks offerings at the annual conference through the distribution of financial incentives to top researchers invited to present their work at our conference



**Jennifer Bogner, PhD, ABPP, FACRM**

In addition to the new initiatives above, Dr. Langenbahn's leadership of the Executive Committee has encouraged collaborative relationships between the officers that have allowed us to make contributions to the BI-ISIG that far exceed what we would have each been able to accomplish individually.

Please join me in thanking Donna for her exceptional leadership and unparalleled contributions as Chair of the BI-ISIG. She is my Hero, and truly a Champion for the BI-ISIG.

**Jennifer Bogner, PhD, ABPP, FACRM**  
BI-ISIG Chair-Elect

PS: I would appreciate your input in prioritizing BI-ISIG's goals for the next two years. Please send me an email (Bogner.I@osu.edu) or touch base with me at the annual conference to share your views.



Kristine Kingsley, PsyD, ABPP

## Letter from the Editor

Dear BI-ISIG reader:

With the ACRM 93rd Annual Conference fast approaching, we welcome a very exciting program. Our membership is growing, registrations for the conference have exponentially increased over 2015 Dallas, and our task forces are literally buzzing with ideas and projects. This new issue of Moving Ahead, your semi-annual BI-ISIG newsletter, is full of announcements, updates and important information regarding the upcoming meetings and lectures. Keep in touch by following us on Facebook, and join us on LinkedIn at the ACRM groups. I am looking forward to seeing again Cindy Robinson, Signy Roberts, Terri Compos, Jenny Richard, and all the gracious and supportive ACRM staff. Without them this newsletter would never launch. Thank you, thank you.

**So what are you waiting for? #StayConnected & book your ticket for the Windy City! Frank Lloyd Wright, here we come.**

To suggest or submit stories/photos, please contact me at: [Kristine.Kingsley@nyumc.org](mailto:Kristine.Kingsley@nyumc.org).

**Kristine Kingsley, Psy.D, ABPP- Rp**

Editor, *Moving Ahead*

BI-ISIG Communications Officer

BRAIN INJURY  INTERDISCIPLINARY  
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## Roll Call

Executive Committee Members introduced

**Action Item:** Sign-in sheets distributed and emailed to Sarah Barah/ACRM Membership Manager to update ACRM Database/ TCompos 4.15 10.23

## Opening

- Meeting Minutes Reviewed and Approved by the BI-ISIG Executive Committee and task force chairs.

## Introduction & goals

- History and goals of the BI-ISIG Reviewed
- Organization of the BI-ISIG
- Review of the Task Forces and Projects
- Invitation to new members to join the Task Forces

## Officer Reports

### Secretary

Dr. Kristine Kingsley/Communications officer led the motion to approve minutes on behalf of Karen McCullough.

**Motion:** To approve Annual Conference Minutes: yea Keith Ganci, all in favor — All approved.

### Treasurer

Dr. Donna Langenbahn reviewed the budget on behalf of Dr. Alan Weintraub

- Income from Cognitive Rehabilitation Training
- Income from BI-ISIG membership
- Awards Expense Reviewed/Early Career Scholarships Reviewed
- Support provided to Task Forces to support funding requests up to \$1,000

## Communications Officer Update

Dr. Kristine Kingsley: reviewed *Moving Ahead*, looking for more content: Publications and Projects from Task Forces, Presenting in other parts of the world representing your ACRM Task Force, Collaborations within the Task Forces, send the emails to Kristine Kingsley. Suggestions for better communication is welcomed.

**Thank you** for quality product from Dr. Langenbahn to Dr. Kingsley

## Early Career Officer Report

### Dr. Monique Pappadis

- Last year at Annual Conference: Out of 271 poster and oral presentations, 44/15% had first authors who were early career.
- BI-ISIG had 63 with 7 Early Career members (11%). The Goal for 2016 is to increase with more participation from our Early Career members.
- Four \$400 MYM Scholarships were available.
- Eligibility for Early Career Travel Scholarship: Early Career member within first 5 years after completion of terminal degree or post-doctoral study, actively involved with one or more BI-ISIG task forces or define which group they will participate in. The MYM Travel Scholarship recipients were:
  - Yelena Guller Bodien, Spaulding, DOC Task Force
  - Maria Kajankova, IAACN School of Med, Ped & Adolescent Task Force
  - Emily Nalder, University of Toronto, Long-Term Issues Task Force
  - Shital Pavawalla, PhD, ABPP-CN, Sutter Alta Bates Summit Medical Center, DOC Task Force
- There will be three \$650 Early Career Travel Scholarships available for the Annual Conference. The application will be online after the MYM, with a deadline of August and notification in August.

**Early Career member invited all BI-ISIG members** to join the ECNG meeting at 1:30.

**Early Career Development Course Chair, Dr. Monique Pappadis**, invited early career and senior BI-ISIG members to participate in this year's course. Contact her if interested.

**Dr. Douglas Katz** raised a question about how information is being communicated to Early Career BI-ISIG members regarding the Posters and Papers request.



## Awards/Programs

### Dr. Dawn Neumann

- Reported on the status of the Chautauqua and Ylvisaker symposia. Dr. Shari Wade will present the Ylvisaker symposium on the topic of TBI and the Family.
- There will be a third special brain injury symposium presented by Drs. Cicerone, Dawson and Sohlberg on the topic of contextualized versus non-contextualized cognitive rehabilitation.
- The Sheldon Berrol Memorial Chautauqua will be presented by Bill Gaventa, MDiv and others on the topic of spirituality & religion in disability and rehabilitation. The symposium intends to be interactive. Questions will be sent to the meeting participants to elicit interesting cases, prior to the presentation.
- Finally, the 2016 Joshua Cantor Award recipient is still being finalized.
- The deadline for paper and poster submissions is April 25th.

## Nominations Committee Update

### Chair-Elect, Dr. Jennifer Bogner

- Reported the committee is accepting nominations for all positions on the Executive Committee, many Exec members are electing to re-run. There are many nominations so far.
- Today is the last call before the slate of candidates is finalized. Send nominations to Jenny Bogner or Lance Trexler.
- Committee Members are: Jenny Bogner, Lance Trexler and Tom Bergquist.

## Task Force Update

## Cognitive Rehabilitation

### Dr. Keith Cicerone

- Reviewed the current project meeting today in 4C by invitation, but will entertain observers.
- General Meeting is in same room 1:30-3:00 all welcome.
- There are 4 systematic reviews in process.

## Community-Based Treatment

### Ms. Nina Geier and Dr. Ann Marie McLaughlin reported

- They have finalized their current project and are beginning a new project. A communication was sent to the BI-ISIG membership.
- Project reviewed, new members welcomed.
- Task force will meet today on the 4th floor, 4B

## Disorders of Consciousness

### Dr. Risa Nakase-Richardson

- Review of Projects
- Use of Listserves

- Dr. Whyte is presenting at Shephard on behalf of the DOC Task Force
- Finalization of a Delphi Study in the past few months-review of Study details, a manuscript is being finalized.
- Systematic Reviews in process:
  - #1 a project by AAN/ACRM by Dr Giacino
  - #2 Dr Seel, Dr. Amy Rosenbaum, developing new materials/fact sheet for the model systems that focuses on DOC and outcomes, Target Audience: Family members in Acute Care and questions to ask and map to obtain care
  - New Project for Dr. Schultz's group, ABIA is now part of collaboration
- Finally a new project, need for workforce educational materials that are easy to consume. YouTube videos, online material. Dr. Richardson brought a camera and tripod to video tape those available today.

## Girls and Women with ABI

**Dr. Angela Colantonio & Dr. Yelena Goldin not present Dr. Kristine Kingsley reviewed the MA content for this group.**

- Archives supplement in Feb 2016
- Presented at the PINK Concussion for Girls with Concussion
- Working on developing a new track. Dr. Monique Pappadis, task force member, commented on information published in newsletter: Task Force is doing a lit review for G&W led by Dr. Pappadis with growing membership
- Questionnaire head by Dr. Goldin in collaboration with BIAA regarding unmet needs for consumers with Brain Injury
- Dr. Colantonio is putting together speakers from PINK Concussion, while Katherine Snedaker is bringing those available to speak at ACRM.

## Long-Term Issues

**Chairs Dr. Flora Hammond & Dr. Kristin Dams-O'Connor not present; Dr. Maria Kajankova, task force member, represented the group.**

- Projects reviewed; if any questions, please contact the chairs.
- Great time to join, as projects are beginning.
- Looking at Chronic health conditions 10 years post injury.

## Pediatric and Adolescent

### Dr. Drew Nagele and Dr. Julie Haarbauer-Krupa

- Meeting Room 4B at 3:00, Interested in any project with injuries with children and adolescents.
- Models of Care papers looking at current practices led by Julie

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- Survey of needs of professionals in the field and identified the gaps looking at the difference in perceptions Dr Nagele.
- Systematic review is in process, Group is working on Pediatric Content to contribute to the 2nd edition of the Cognitive Rehabilitation Manual
- CDC report to congress in process by Julie Haarbauer-Krupa, Group works closely with Pediatric Rehabilitation Networking Group who is currently doing a podcast, check by the registration desk for the location of the podcast
- ACBIS is in process of being put together for the Annual Conference

## Prognosis after TBI

Drs. Chari Hirshson/Rosette Biester not present, phone call scheduled by Chari Hirshson at 3:00 today. Dr Katz summarized the group's activities

- Survey of persons with Brain Injury and family and perception of prognosis.
- Next project beginning discussed on phone today
- Talk about renaming the group depending on the next project.

## Other Business

- Questions entertained, none presented
- Meeting closed with thank you to members for attending
- Motion to Adjourn: Michael Cross, 2nd Ron Seel All in favor—yes

## Next Call

Meeting: BI-ISIG Business Meeting  
Annual Conference  
Time TBD

Prepared by tcompos ET4-15  
11:23 pm ET



# CURRENT TASK FORCE UPDATES & PROJECTS

BRAIN  
INJURY



INTERDISCIPLINARY  
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## COGNITIVE REHABILITATION TASK FORCE

### • Systematic Review of CR with TBI & Stroke

— Many sections have been written in outline or draft form and submitted to Keith Cicerone. Keith would like to move that towards a narrative summary emphasizing new trends, future recommendations, and whether any guidelines have changed. Section writers are to get good drafts to Keith by June 1, 2016, and he will integrate them into an article and get it back to the group in late summer, to have a draft ready by our October Annual Meeting. Also looking at another opportunity to re-analyze our data using the AAN Guidelines, which are stricter, but could help give the resulting guidelines more impact (e.g., with insurance companies).

### • Systematic Review of CR with MCI and dementia

— Kristine Kingsley and Yelena Bogdanova reported that they have gotten a lot of abstracts (Yelena Goldin will come back in June). There is one systematic review that says that it is not a recommended intervention. They invited others interested in this review process to join them. Please contact: Dr. Yelena Goldin, [ygoldin@jfkhealth.org](mailto:ygoldin@jfkhealth.org)

### • Systematic Review of CR with Psychiatric Disorders

— Keith Ganci and Tom Bergquist reported that they found a systematic review of 40 studies with the schizophrenic population, with lots of psychosocial interventions; another review had 18-20 studies, trend to show greater improvement with CR among those with schizo-affective and affective disorders than with schizophrenia diagnoses. However, what the review authors call cognitive rehabilitation is often not what we would label as such. Some interventions are computerized programs, and may be more global, i.e., not specific to memory, attention, so forth. Their plan is to analyze the papers for evidence of well-defined and good



KEITH CICERONE



KRISTINE KINGSLEY  
YELENA BOGDANOVA



CHRISTOPHER CARTER, &  
YELENA BOGDANOVA



KEITH GANCI AND AMY  
SHAPIRO-ROSENBAUM



THOMAS BERGQUIST

# CURRENT TASK FORCE UPDATES & PROJECTS

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cognitive rehabilitation interventions and then re-analyze just those that are domain specific, include therapist involvement, etc.

- **Systematic review of CR with other Medical Conditions** — Donna reported some background and current status. The first review was published in 2013, based on AAN guidelines, which basically encompass quality indicators. First article includes diagnostic areas of brain tumor, toxic encephalopathy, systemic lupus erythematosus, encephalitis, anoxia, epilepsy, Parkinson's disease, and Huntington's disease. Current review search has also included Lyme disease, and multiple sclerosis. They will include articles through end of 2015. Those interested in this review please contact Dr. Donna Langenbahn, [donna.langenbahn@nyumc.org](mailto:donna.langenbahn@nyumc.org)
- **CR Manual 2nd Edition and Workshops** — Rebecca Eberle and Michael Fraas reported there are new chapters being considered, including single-case design considerations and groups. There will be an updated table of contents. There was a question whether a chapter on pediatric CR would be included. The authors hope to have a draft by next spring and to publish in fall 2017 with new training to follow. There have now been 13 Workshops presented, four international, and six planned this year. They have brought in new faculty, and have more systematic slide decks and handouts for standardization.
- **Curriculum Committee** — Rebecca Eberle and Michael Fraas reported on background and status of the project. In 2012 this group formed to turn the Cognitive Rehabilitation Manual into a textbook, and the committee has been investigating the need and the market for this project, who is currently teaching CR, and what tools they are using. A survey was developed to send to graduate program directors to assess what programs were using what tools and what they are teaching. At the Dallas annual meeting they analyzed those data and agreed that there was a need and a market for developing a textbook. The committee made recommendations on what would need to be added to the CR Manual to make it into an academic textbook. So they are taking the Manual 2nd Edition Table of Contents to expand it further to make it into an ACRM Textbook. Expansion ideas include a chapter on the demographics of brain injury, a glossary, case studies at end of each chapter, and discussion/study questions, as well as an electronic interactive tool for knowledge checks and video demonstrations, and a chapter on assessment/testing methods. If interested contact Rebecca Eberle, [rebeberl@indiana.edu](mailto:rebeberl@indiana.edu)
- **Implementation of Recommendations** — Larissa Swan reported that the first steps in the implementation project are to survey CR Manual Workshop attendees to see what recommendations they have been able to implement and where they have met barriers. They will look at personal implementation of strategies as well as implementation within a team/facility/organization-wide. They will break down results into domains, and also will look at cultural differences (reported as a factor). They are holding monthly calls to work on this project. If interested, contact Larissa Swan, [larissa.swan@rhin.com](mailto:larissa.swan@rhin.com)



DONNA LANGENBAHN



REBECCA EBERLE



MICHAEL FRAAS

# CURRENT TASK FORCE UPDATES & PROJECTS

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- **New Projects** — Jennifer Wethe reported on the systematic review for outcome measures for stroke, led by Robyn Tate, with 13,000 abstracts to review. There was a question regarding interest in looking at cultural factors, such as Spanish speakers or other ethnic minorities that are not represented well in the norms. This does not appear to be a part of the current project. Measures are currently being categorized by measurement domains, such as participation, quality of life, etc. If interested, contact Jennifer Wethe, [wethe.jennifer@mayo.edu](mailto:wethe.jennifer@mayo.edu)



JENNIFER WETHE

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CONTENT

## \*SPECIAL SYMPOSIUM\*

### *Let's Think: Conceptualizations of Cognitive Rehabilitation*

In 1990, in a brief article on “Issues in Cognitive Rehabilitation” as part of the Controversies in Neurology section of the green Neurology journal, Dr. Berrol said “The argument that cognitive rehabilitation is a ‘fad’ has some merit. As with many therapeutic approaches, some programs deviated from the basic principles in their application. However, well-documented evidence shows that appropriate patients who have sustained brain injury can be identified; that deficits responsive to cognitive interventions can be identified; that hierarchical interventions are more effective than non-specific therapies; and that functional abilities can be substantially increased as a result.”

The past 25 years have produced a wealth of evidence and synthesis of information, although many of the same questions posed by Dr. Berrol remain relevant today.

The objective of this talk is to address the conceptual underpinnings of cognitive rehabilitation through two juxtaposed dimensions of cognitive rehabilitation provided in the Institute of Medicine Report on Cognitive Rehabilitation Therapy for Traumatic Brain Injury, Contextualized and Decontextualized Treatments. Cognitive rehabilitation interventions can vary in the degree they take place in the real world or use materials for the patient’s everyday life. Decontextualized assessment and treatment targets specific cognitive processes often using artificial treatment tasks, (on the assumption that specific cognitive processes can be isolated and treated somewhat independently from each other), while Contextualized therapy addresses cognitive impairments as they disrupt activities and skills in various milieus. It has been argued that contextualized treatments that occur within a familiar environment, or deal with personally important tasks, are likely to enhance motivation for treatment, improve self-awareness of strengths and weaknesses, and ensure that the strategies learned are applicable to the patient’s personal situation.

The symposium will try to provide some dimension to the following questions:

- What are the conceptual underpinnings and presumed “effective ingredients” of each intervention, and how do these relate to the therapist’s behaviors?
- To what extent does each approach reflect or require neuroplasticity?





# CURRENT TASK FORCE UPDATES & PROJECTS

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- What is the relevance of metacognitive strategy training to each approach, and to what extent does metacognitive training provide the bridge from the treatment environment to the person's real-life milieu?
- Can we identify certain patients and certain circumstances (e.g., level of impairment, level of awareness, motivation, cognitive reserve) which in turn dictate the decision to apply process-specific versus functional skills training?
- What are the assumptions, and what clinical practices support, transfer and generalization?

## **MODERATOR: Keith Cicerone, PhD, ABPP, FACRM**

Director of Neuropsychology & Rehabilitation Psychology and Clinical Director of the Cognitive Rehabilitation Department, JFK-Johnson Rehabilitation Institute and New Jersey Neuroscience Institute, JFK Medical Center; Project Director, New Jersey Traumatic Brain Injury Model System. Clinical Professor of Physical Medicine and Rehabilitation, University of Medicine and Dentistry of New Jersey. Associate Professor of Neuroscience, Seton Hall University Graduate School of Medical Education

Dr. Cicerone's research has addressed the development and validation of interventions for impairments of attention and executive functioning after traumatic brain injury, and controlled trials of holistic neuropsychological rehabilitation. He is the primary author of three evidence-based reviews of cognitive rehabilitation after traumatic brain injury and stroke, conducted through the Brain Injury Interdisciplinary Special Interest Group of ACRM.

## **PRESENTERS:**

**McKay Moore Sohlberg, PhD** is a Speech and Language Pathologist who has extensive clinical, research and training experience related to cognitive rehabilitation and is the principle developer of Attention Process Training. Dr. Sohlberg will present the initial rationale for the decontextualized, process-specific treatment approach.

**Deirdre Dawson, PhD** is an Occupational Therapist and Neuropsychologist who has extensive clinical, research and training experience related to cognitive rehabilitation. Dr. Dawson has particular experience and expertise with the Cognitive Orientation to Occupational Performance, a well-established "functional" approach; Dr. Dawson will present the initial rationale for the contextualized treatment of cognitive impairments.

**PLEASE JOIN US!**

Friday, 4 November 2016 // 10:00 AM – 11:15 AM



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**PLEASE JOIN US**  
**FRIDAY  
4 NOV**  
10:00 AM – 11:15 AM



**KEITH CICERONE**



**MCKAY MOORE  
SOHLBERG**



**DEIRDRE DAWSON**

# CURRENT TASK FORCE UPDATES & PROJECTS

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## COMMUNITY-BASED TREATMENT TASK FORCE

### CO-CHAIRS: Nina Geier & Ann Marie McLaughlin

Seeking Collaborators on New Compensatory Strategies Project – The Community-Based Treatment Task Force of the BI-ISIG is seeking members to join in a new project on utilization of Compensatory Strategies to improve functional independence for individuals with traumatic brain injury (TBI) in community-based settings (e.g., home, work, school, leisure). This project will begin by doing a literature search for research evidence related to compensatory strategy use for individuals with TBI, followed by developing a resource (e.g., compendium, manual, guide) that includes compensatory strategies used by leading providers of brain injury-related community-based treatment across the United States and internationally.

*Interested members are welcome to join* the Community-Based Treatment Task Force meetings at the ACRM Annual Conference in Chicago. For more information, please contact the task force co-chairs, Nina Geier, PT, MPT, [ninag\\_pt@msn.com](mailto:ninag_pt@msn.com) and Ann Marie McLaughlin, PhD, [amclaughlin@remed.com](mailto:amclaughlin@remed.com).



MARIE MCLAUGHLIN AND  
NINA GEIER  
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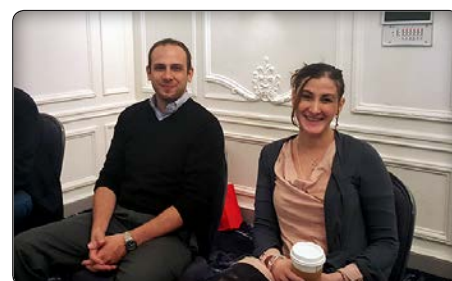
## DISORDERS OF CONSCIOUSNESS TASK FORCE

### NIDRR and VA TBI Model System Disorder of Consciousness Special Interest Group and ACRM BI-ISIG Disorder of Consciousness Task Force

### CO-CHAIRS: Risa Nakase-Richardson, PhD & John Whyte, MD, PhD

#### CURRENT ACTIVE PROJECTS:

- **Public Awareness and Advocacy Working Group** (replacing Media Education Campaign): For more information, contact Dr. Amy Shapiro Rosenbaum. The objectives are to create a (worksheet/feedback, as well as questionnaire to better identify gaps for this level of education. The project will collect data on where patients are being referred (subacute nursing facility/LTACH) and members will discuss how to translate MCR to a tool for implementation and educational curriculum (videos) on topics relevant for workforce education across settings.
- **Acute Confusion Case Definition Position Paper** – Project leaders: Mark Sherer / Douglas Katz. Abstractions have been collected; group is currently creating evidence table for other areas. Status of abstractions — done; evidence



KEITH GANCI AMY SHAPIRO  
ROSENBAUM  
ACRM MID-YEAR MEETING  
CHICAGO 2016



DOUGLAS KATZ  
ACRM MID-YEAR MEETING  
CHICAGO 2016

# CURRENT TASK FORCE UPDATES & PROJECTS

BRAIN  
INJURY



INTERDISCIPLINARY  
SPECIAL INTEREST GROUP



extractions and creating evidence table for other areas.

- **Minimal Competency Recommendations** – 21 recommendations finalized  
Manuscript Update – Will try to get the position statement published with Archives; will publish with short narrative supporting text (150-200 words under each recommendation) to give a gist and references. Remaining material will be online supplementary material. Material developed early on will serve primarily as reference material. Discussion ensued on writing assignments and deadline.
- **AAN Systematic Review** on Diagnosis, Prognosis, Treatment, Natural History. Status of Second Review Round – awaiting full text articles; Outcome Review Paper – Ron Seel
- **RNR — Reconciliation Update** in progress
- **Family Education Materials** – Susan Johnson
  1. **Project Update** — Finished reviewing educational materials sent in by surveying the field. Team sorted by areas and currently identifying gaps. Once they finish the gaps, they will use a framework and model for developing educational materials. ACRM symposia accepted.
  2. As an aside, the **TBIMS clinical leadership forum** was during the Mid-Year Meeting and John Whyte did a great job. Keeping materials on box.com.
  3. **Organizational update** — special guests from Europe and abroad from **Disability and Spiritual Issues Conference**. Risa Nakase-Richardson updated that they can be added to the communication infrastructure if they are non-members and be removed when project is complete — unless they join ACRM or the BI-ISIG.



**RON SEEL**  
ACRM MID-YEAR MEETING  
CHICAGO 2016

## **YouTube Educational Videos** – Shital Pavawalla (early career) –

Risa Nakase-Richardson

Project Conceptualization discussed; request for funding to help with labor. Develop a list of questions and requesting videos from the field. ACRM is interested in this as a venue. Medium can be used for families as part of educational material. May consider soliciting corporate sponsor and/or partner with media agency to help distribute the products. IBIA email list can help task force members connect; massive online courses can generate a huge number of professionals who can access the material for career development. There was a website for videos in the past by professionals answering questions. ACRM may have an interest due to collaboration with ASIA. Educational modules can be supported by sponsors and/or foundations. CME/CEU credits can be offered.



**SHITAL PAVAWALLA AND  
RISA NAKASE-RICHARDSON**  
ACRM MID-YEAR MEETING  
CHICAGO 2016

**Family Educational Committee:** Address gaps by developing specific presentations. First step is to poll staff. Poll staff, clinical and others, about gaps and get the pulse on attitudes and language healthcare professionals use.

# CURRENT TASK FORCE UPDATES & PROJECTS

BRAIN  
INJURY



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CONTENT

## 2016 SHELDON BERROL MEMORIAL CHAUTAUQUA

Spirituality & Religion in Disability & Rehabilitation

**SPEAKER:** Bill Gaventa, MD

Religious and spiritual beliefs are a significant part of many people's lives. Whether explicitly professed or implicitly held, they form the frameworks of meaning through which most of us interpret important life events, including the onset of illness and disability. As such, spiritual and religious beliefs constitute an important part of the lived experience of rehabilitation for many patients and families; for them, disability and its aftermath are not only clinical events but also life-changing experiences with deeply existential and spiritual implications. Although important, the specific impact of an individual's religious/spiritual beliefs can be complex: dramatic or subtle, positive and/or negative.

Unfortunately, despite our commitment to a holistic approach, rehabilitation professionals are often unsure how to elicit and engage the religious and spiritual beliefs that frame the experiences of our patients and families. As a result, we are unable to understand and appreciate a significant portion of their experience. Also limited is our ability to intervene, either to defuse a situation where religious/spiritual beliefs are impeding recovery or to potentially leverage these beliefs in enhancing recovery.

Rehabilitation professionals themselves can also have strongly held spiritual and religious beliefs, which can affect their interactions with their patients and families. As professionals, we often struggle with the relationship of our own beliefs and our work with our patients and families. Compartmentalizing our beliefs might deprive us of making a meaningful and potentially helpful connection with our patients and families. On the other hand, sharing our beliefs might cross professional boundaries, potentially harming our patients and their families.

The goal of this Chautauqua is to help rehabilitation professionals better understand and navigate the spiritual and religious domains of the rehabilitation process. In particular, it is hoped that the Chautauqua will help rehabilitation professionals recognize and constructively engage with religious and spiritual beliefs, whether our own or those of our patients and families. The format will consist of a brief presentation followed by an extensive discussion with the audience of several paradigmatic cases that exemplify these issues. Sample cases will be included from responses sent by BI-ISIG members at large.



**BILL GAVENTA, MD**

**PLEASE JOIN US**  
Thursday  
3 November 2016  
4:45 PM – 6:00 PM

ACRM  
93<sup>rd</sup> Annual  
Conference

PROGRESS IN  
REHABILITATION  
RESEARCH #PIRR2016  
TRANSLATION TO  
CLINICAL PRACTICE





# CURRENT TASK FORCE UPDATES & PROJECTS

BRAIN  
INJURY



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## GIRLS & WOMEN WITH ABI TASK FORCE

### CO-CHAIRS:

**Angela Colantonio**, PhD, FACRM, [angela.colantonio@utoronto.ca](mailto:angela.colantonio@utoronto.ca)

**Yelena Goldin**, PhD, [YGoldin@JFKHealth.org](mailto:YGoldin@JFKHealth.org)

In addition to ongoing advocacy and support of care and research for girls and women with ABI, we currently have 2 specific projects people can get involved in:

- One project is concerned with conducting a survey of the literature to get an understanding with respect to disparities in access to care among women with TBI. The literature search is complete and the next stage is to review the literature and then integrate it.
- The second project is focused on identifying specific consumer (girls and women with ABI) needs. First step is to survey the literature, then develop a questionnaire, and distribute it to consumers nationally through BIAA and local BIAs in order to get a sense of what their perceived and especially unmet needs are.



**ANGELA  
COLANTONIO**



**YELENA  
GOLDIN**

### *In the news...*

## Action Alert!

**CBITF to Hold Briefing on Women and TBI // June 14, 2016**

### **A BRIEFING ON “WOMEN AND TRAUMATIC BRAIN INJURY: A FRONTIER YET TO BE EXPLORED”**

*Hosted by the Congressional Brain Injury Task Force (Congressmen Bill Pascrell, Jr. and Thomas J. Rooney) and Congresswomen Jan Schakowsky and Diane DeGette*

**June 14, 2016 // 2:30 - 4:30**

2456 Rayburn House Office Building

**A PANEL DISCUSSION MODERATED BY: JOANNE FINEGAN, MSA, CTRS, FDRT**  
President and CEO of ReMed, US Community Behavioral and Embassy Management, LLC


### FEATURING

**BRIANA SCURRY** Retired Goalkeeper for U.S. Women's National Soccer Team, Two-Time Olympic Gold Medalist, 1999 FIFA World Cup Champion Goalkeeper; TBI Survivor

**YELENA GOLDIN, PH.D.** Co-chair of the Girls and Women with Acquired Brain Injury Task Force of the American Congress of Rehabilitation Medicine, JFK-Johnson Rehabilitation Institute Clinical and Research Neuropsychologist, Rutgers-Robert Wood Johnson Medical School Clinical Assistant Professor

**ALISON CERNICH, PH.D.** Director of the National Center for Medical Rehabilitation Research, Eunice Kennedy Shriver National Institute of Child Health and Human Development, Board Certified Neuropsychologist

**ROSEMARIE SCOLARO MOSER, PHD, ABN, ABPP-RP** Director, Sports Concussion Center of New Jersey

**NAVY CAPT. (DR.) MIKE COLSTON** Director, Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury 

# CURRENT TASK FORCE UPDATES & PROJECTS

BRAIN  
INJURY



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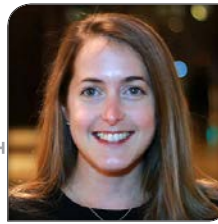
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CONTENT

## LONG-TERM ISSUES TASK FORCE

### CO-CHAIRS:

**Kristen Dams-O'Connor, PhD,**   
kdams13@gmail.com

**Flora Hammond, MD, FACRM,**   
flora.hammond@rhin.com



The mission of the task force is to work on a series of projects aimed at understanding and improving long-term (chronic) brain injury outcomes.

### CURRENT PROJECTS:

- **STUDY OF COMMONLY EXPERIENCED MEDICAL CONDITIONS AMONG SURVIVORS OF MODERATE-SEVERE TBI 20+ YEARS POST-INJURY** (Lead: Mary Pat Murphy, ReMed)

PROJECT OVERVIEW: Replicate ReMed's methods at other sites with access to long-term TBI survivors: collect ICD9 codes from medical records twice yearly to track emerging medical issues and rehospitalization.

COLLABORATORS: Mary Pat Murphy, Mel Glenn, Cindy Davie (and possibly Mike Mizzoni, Joe Giacino).


- **"TBI 101" PAPER** to be published in a Family Medicine/Primary Care journal.  
FOCUS: long-term health management issues in TBI survivors (what PCPs need to know about TBI).

COLLABORATORS: Kristen Dams-O'Connor, Dave Arciniegas, Maria Romanas

- **CONSUMER/CAREGIVER-ORIENTED TIP SHEET ON MEDICAL SELF-MANAGEMENT**

(Lead: TBD). Suggested mechanism for dissemination: ACRM Communications Committee "Consumer Tip Sheet."  
CONTENT: Tips to be extracted from patient and caregiver focus groups conducted at MSSM and UW, literature search.

COLLABORATORS: Kristen Dams-O'Connor, Mary Pat Murphy, Tessa Hart, Anne Guernon.

ACTION ITEM: Kristen will begin to compile tips/recommendations that emerged from recent focus groups. 

### Health and Aging after TBI: Current Knowledge, Remaining Questions, and Healthy Next Steps

PRESENTERS: Kristen Dams-O'Connor, PhD; Shannon Jeungst; Raj Kumar; Mel Glenn; Brent Masel.

Traumatic brain injury (TBI) is increasingly recognized as a chronic health condition resulting in lasting health consequences. Recent research documenting neurodegeneration and elevated risk for dementia associated with single or multiple TBI has contributed to an unprecedented level of concern among patients and their families over the long-term prognosis after TBI. The conceptual shift which considers TBI a disease process that unfolds heterogeneously over time has informed the work of a growing number of TBI researchers and clinicians. Efforts are underway to conduct research necessary to understand the implications of TBI for long-term health and function, and to identify opportunities to improve health and life quality for TBI survivors. Leaders in these efforts include the TBI Model Systems Special Interest Group (SIG) on Aging with a TBI, the ACRM's Brain Injury Interdisciplinary Special Interest Group (BI-ISIG) Long Term Issues Task Force (LTITF), and the organizers of the Galveston Brain Injury Conference (GBIC). The TBI Model System National Database, with over 14,000 cases followed for up to 25 years, is a premier resource for researching long-term TBI outcomes; the Aging SIG focuses primarily on research questions of relevance to individuals living (and aging) with a TBI. The BI-ISIG LTITF conducts a range of individual and collaborative research projects using existing databases and new data collection efforts. The GBIC has focused on the implications of TBI as a chronic condition and informed the research agenda on this topic. The proposed symposium will present an overview of recent work from these collaborative groups and will include an extended question-and-answer period during which attendees can engage in dynamic discussion with the individuals representing each of these working groups.

**Shannon Jeungst, PhD, CRC** (certified rehabilitation counselor) specializes in the predictors of behavior and mood and their effects on community integration after TBI. As a postdoctoral associate in the department, she coordinates multiple studies, conducts analyses, and participates in education initiatives.

**Raj Kumar, MPH** is an epidemiologist by training, and has extensive experience with statistics and methods as they apply to applied clinical research in the field of Traumatic Brain Injury. He also actively participates in patient recruitment, data management, and medical record abstraction.

**Mel (Melvin) B. Glenn, MD**, is the Director of Outpatient and Community Brain Injury Rehabilitation, at Spaulding Rehabilitation in Boston, MA and the Medical Director of NeuroRestorative, MA and Community Rehab Care, MA.

**Brent Masel, MD** is the President and Medical Director of the Transitional Learning Center at Galveston, TX. He holds clinical appointments at UTMB in the Departments of Neurology, Internal Medicine, Family Medicine, Physical Therapy and Occupational Therapy. He has conducted research and published in the areas of brain injury rehabilitation and virtual reality, as well as hyperbaric oxygen treatment, sleep abnormalities, metabolic abnormalities, and hormonal dysfunction after brain injuries. He is the National Director of the Brain Injury.

**PLEASE JOIN US!** Wednesday, 2 November 2016 // 11:00 AM – 12:15 PM

# CURRENT TASK FORCE UPDATES & PROJECTS

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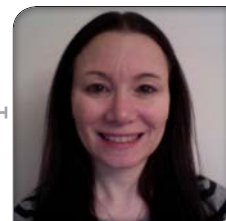


## PROGNOSIS AFTER TBI TASK FORCE

### CO-CHAIRS:

**Rosette Biester**, PhD, [rcbiester@yahoo.com](mailto:rcbiester@yahoo.com)

**Chari I. Hirshson**, PhD, [charihirshson@gmail.com](mailto:charihirshson@gmail.com)

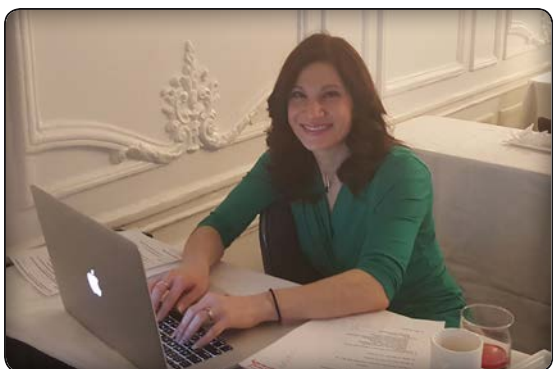


The mission of the Prognosis after TBI Task Force is to develop projects and products that further the understanding of factors that influence long-term outcomes after TBI and how those factors are communicated to those who have sustained TBI and their families. The task force strives to contribute to the process of knowledge translation associated with prognosis in a way that helps professionals meet the needs of patients and families in understanding the long-term impact of TBI. Currently the task force has been focusing on the following:

- Expand a study (originally conducted at Indiana University) regarding prognosis predictions based on patient vignettes given to health care providers. To date, 4 case vignettes have been reviewed by trauma surgeons, neurosurgeons, palliative care providers, and PM&R physicians. Plan is to expand this study to include additional physician reviews to increase to 100 reviewers and add additional questions regarding communication from physician to families.
- Consider name change to “Communication & Prognosis” to better describe our focus, including communicating results and information to our patients/families about diagnostic and prognostic information



## 2016 Mid-Year Meeting



DAWN NEUMANN



JPRESTON HARLEY AND  
MARIA KAJANKOVA



LYNNE GAUTHIER

# CURRENT TASK FORCE UPDATES & PROJECTS

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## PEDIATRIC & ADOLESCENT TASK FORCE

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CONTENT

### CO-CHAIRS:

**Julie Haarbauer-Krupa**, PhD, [jhaarbauerkrupa@cdc.gov](mailto:jhaarbauerkrupa@cdc.gov)

**Drew A. Nagele**, PsyD, CBIST, [DNagele@woods.org](mailto:DNagele@woods.org)



### Mark Ylvisaker Pediatric Memorial Symposium

Annual talk and discussion aligned with the principles and publications of Dr. Mark Ylvisaker. **CONTACT:** Dr. Julie Haarbauer-Krupa, [jhaarbauerkrupa@cdc.gov](mailto:jhaarbauerkrupa@cdc.gov)

Mark Ylvisaker was a pioneer in the field of pediatric brain injury whose work emphasized practical innovative approaches in everyday activities with emphasis on collaborations.

The BI-ISIG Pediatric & Adolescent Task Force is pleased to announce the 2016 Mark Ylvisaker Memorial Pediatric Brain Injury Symposium lecturer, **Shari L. Wade, PhD.**



WADE

Dr. Wade is a Professor of Pediatrics at the University of Cincinnati, College of Medicine, and Director of Research, Division of Physical Medicine and Rehabilitation, Cincinnati Children's Hospital Medical Center. She will be presented on: **Families and Rehabilitation following Pediatric Brain Injury: Challenges, Opportunities and the Role of Everyday People.**

This talk will examine the effects of pediatric brain injury on families and the essential role of the family and the broader home environment in the child's recovery. Consideration will be given to the emerging evidence base for family-centered rehabilitation interventions for pediatric brain injury including the growing evidence supporting the efficacy of problem-solving and parenting skills interventions. Emphasis will be placed on the quality of existing evidence and challenges and opportunities for advancing family-centered interventions. These include consideration of how to move beyond the primary caregiver, engage diverse populations, and incorporate novel trial designs to address heterogeneity within the population.

**PLEASE JOIN US!** Wednesday, 2 November 2016 // 2:15 PM – 3:30 PM

ACRM  
93<sup>rd</sup> Annual  
Conference  
CONTENT

### \*SPECIAL SYMPOSIUM\*

#### THE PUBLIC HEALTH APPROACH TO TRAUMATIC BRAIN INJURY

FEATURING: Juliet K. Haarbauer-Krupa, Jeneita Bell,  
Mathew Breiding and Lara Depadilla

The public health model provides a framework for understanding a broader impact of TBI. This symposium will highlight key areas of focus at the Centers for Disease Control and Prevention to better describe the public health burden of TBI and to identify approaches to improve outcomes for those who experience TBI.

**PLEASE JOIN US!**

Thursday, 3 November 2016 // 11:15 AM – 12:30 PM



HAARBAUER-KRUPA



BELL



BREIDING



DEPADILLA



# CURRENT TASK FORCE UPDATES & PROJECTS

BRAIN  
INJURY



INTERDISCIPLINARY  
SPECIAL INTEREST GROUP




## PEDIATRIC & ADOLESCENT TASK FORCE



DREW NAGELE  
ACRM MID-YEAR MEETING  
CHICAGO 2016

### CURRENT PROJECTS:

- **Models of Care Paper**  
A paper describing currently available literature and practices. For more information, please contact Dr. Julie Haarbauer-Krupa, [JHaarbauerKrupa@cdc.gov](mailto:JHaarbauerKrupa@cdc.gov)
- **Needs Assessment Survey conducted with ACRM and NCCBI**  
For more information, please contact Dr. Drew Nagele, [dnagele@woods.org](mailto:dnagele@woods.org)
- **Systematic Reviews/ Developing scientifically sound systematic reviews**  
For more information, please contact Drs. Joe Marcantonuo, [jmarcantuono@jfkhealth.org](mailto:jmarcantuono@jfkhealth.org) & Janet Niemeier, [janet.niemeier@carolinashealthcare.org](mailto:janet.niemeier@carolinashealthcare.org)
- **Cognitive Rehab Manual-Pediatric Section**  
Adding pediatric content to the current ACRM Cognitive Rehabilitation Manual and training. For more information, please contact Drs. Tanya Brown, [brown.tanya@mayo.edu](mailto:brown.tanya@mayo.edu) & Felicia Baldwin, [fabaldwin@gmail.com](mailto:fabaldwin@gmail.com)
- **Paper on Mild TBI in Children**  
For more information, please contact Jonathan Dodd, [jonathan.dodd@bjc.org](mailto:jonathan.dodd@bjc.org)
- **Transition Manual for Children and Families with TBI**  
For more information, please contact Dr. Janet Niemeier, [janet.niemeier@carolinashealthcare.org](mailto:janet.niemeier@carolinashealthcare.org) 

## 2016 Mid-Year Meeting



MONIQUE PAPPADIS



MIN JEONG PARK



BRIAN GREENWALD



JOHN CORRIGAN



AMY GROFF

# AWARDS & RECOGNITIONS



**2016 JOSHUA B. CANTOR  
SCHOLAR AWARD**  
**STACY J. SUSKAUER, M.D.**

## DR. JOSHUA B. CANTOR SCHOLAR AWARD


---

The Cantor Scholar Award is presented by the Brain Injury Interdisciplinary Special Interest Group (BI-ISIG) to a BI-ISIG member in recognition of outstanding research that is judged to be a significant contribution to the field of brain injury rehabilitation. The award is named in honor of Dr. Joshua B. Cantor, who was well known for his research on life after TBI.

**Stacy J. Suskauer, MD.** Kennedy Krieger Institute and Department of Physical Medicine & Rehabilitation, Johns Hopkins University School of Medicine

Dr. Suskauer earned her undergraduate and medical degrees from Duke University. She completed a combined residency in Pediatrics and Physical Medicine & Rehabilitation at Cincinnati Children's Hospital Medical Center and the University of Cincinnati. Dr. Suskauer then completed a Pediatric Rehabilitation Brain Injury Research fellowship at Kennedy Krieger Institute and Johns Hopkins School of Medicine. She subsequently joined the faculty of those institutions and is currently an Associate Professor in Physical Medicine & Rehabilitation and Pediatrics.

As Director of Brain Injury Rehabilitation Programs at Kennedy Krieger, Dr. Suskauer oversees clinical services and provides direct care to children with acquired brain injury of all severities. Under her leadership, the Institute's Rehabilitation Continuum of Care has expanded to include thriving programs for children with concussions and those with disorders of consciousness.

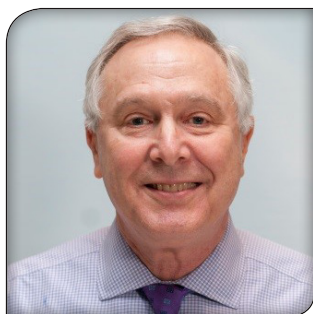
As Director of the Brain Injury Clinical Research Center at Kennedy Krieger, Dr. Suskauer is the principal investigator on a number of studies. Her research focus is to better understand and improve outcomes after childhood brain injury. She is currently working towards identifying neuroimaging and behavioral biomarkers to assess and understand recovery and long-term outcome. This work will set the stage for trialing interventions to improve outcome after pediatric brain injury. 

# CONGRATULATIONS!

## 2016 DISTINGUISHED ACRM BI-ISIG MEMBERS

Award presentations will be made during the 93rd ACRM Annual Conference at the Chicago Hilton Hotel, in Chicago, Illinois on Thursday evening, 3 November, at the Henry B. Betts Awards Gala. Congratulations to all recipients!

### SHELDON BERROL, MD CLINICAL SERVICE AWARD



**MEL GLENN, M.D.**

Dr. Sheldon Berrol ("Shelly" to all) was a man whose contributions to his world were innumerable and diverse. He made advocacy and integrity in his personal relationships, in his performance as a physician, and in his work with the disabled, a lifetime commitment. Beyond all this he had the ability to create significance and dignity in areas where obliviousness and denigration had been the standards. This award is presented to an individual who, through a long clinical service career, has made outstanding contributions to improving quality of care, professional training and/or education in the field of brain injury. The winner of the 2016 Sheldon Berrol, MD Clinical Service Award is **Mel Glenn, MD.**

### DEBORAH L. WILKERSON EARLY CAREER AWARD (SUPPORTED BY CARF INTERNATIONAL)



**YELENA GOLDIN, PHD**  
JFK Johnson Rehabilitation  
Institute

Recipients of the ACRM Deborah L. Wilkerson Early Career Award are ACRM members recognized for significant contributions to rehabilitation research during their early career (within 5 years post completion of training). Dr. Goldin will present Attention Network Functions in Adults With Chronic Traumatic Brain Injury during the ACRM 93rd Annual Conference in Chicago.

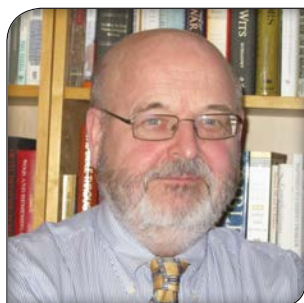
### MITCHELL ROSENTHAL MID-CAREER AWARD



**STEPHANIE A.  
KOLAKOWSKY-  
HAYNER, PHD, CBIST,  
FACRM**  
Brain Trauma Foundation (BTF)

The Mitchell Rosenthal Mid-Career Award was established in 2013 to recognize clinician-scientists working in the spirit of Dr. Rosenthal in the field of brain injury rehabilitation. ACRM members who are mid-career (6-15 years after completion of training) are eligible. Recipients of this award are leaders in rehabilitation science making significant contributions to the field through their current brain injury rehabilitation research.

### WILLIAM FIELDS CAVENESS, MD AWARD



**MARCEL DIJKERS, PHD**

This award is presented to an individual who, through research on both a national and international level, has made outstanding contributions to bettering the lives of people who have sustained a brain injury. It is fitting that this Brain Injury Association of America award should be named after William Fields Caveness, MD, whose broad interest in and concern for people with brain injury occupied the last twenty-five years of his life. Dr. Caveness was internationally known in the areas of brain injury, neurology-epilepsy, and the effects of radiation on the brain. The 2016 winner of the William Fields Caveness Award is Marcel Dijkers, PhD.





# EARLY CAREER ANNUAL CONFERENCE TRAVEL SCHOLARSHIPS

## **Congratulations to the 2016 ACRM BI-ISIG Early Career Scholars:**

**Drs. Yelena Bodien,  
Shital Pavawalla &  
Katherine O'Brien**



**KATHERINE O'BRIEN**



**YELENA BODIEN**




**SHITAL PAVAWALLA**

The Executive Committee of the BI-ISIG is committed to supporting early career involvement in the BI-ISIG. The Early Career Annual Conference Travel Scholarship is intended to help recipients attend the ACRM Annual Conference and help support participation in task force work. Eligible candidates must be a BI-ISIG member and actively involved in one of the 7 Task Forces. Additionally, they must also have the chair(s) of the task force provide an endorsement email. The scholarship involves a cash award to travel expenses to the annual conference. Recipients will be recognized and given the opportunity to meet other BI-ISIG members during the **SUMMIT MEETING** on Thursday, 3 November 2016 from 12:45 PM – 2:15 PM. Additionally, they are encouraged to attend the **Early Career Networking Group**.

**Katherine O'Brien, PhD** serves as the primary Clinical Neuropsychologist for the Disorders of Consciousness Program and is the Program Manager for the Brain Injury Program at TIRR Memorial Hermann in Houston, TX. Dr. O'Brien is a Clinical Assistant Professor in the Department of Physical Medicine and Rehabilitation at Baylor College of Medicine. She is actively involved in education, program development, and clinical research surrounding the Disorders of Consciousness Program. She participates in the Family Education Committee of the BI-ISIG DOC Task Force.

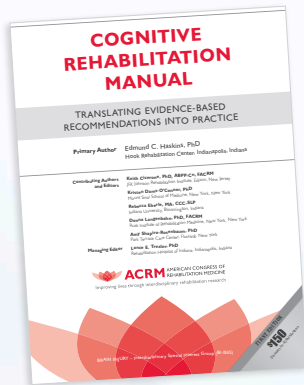
Dr. O'Brien received her B.A. in Brain and Cognitive Science from the University of Rochester, in Rochester, New York. She holds Master's and Doctoral degrees in Clinical Psychology from the University of Houston, where she pursued specialty training in Clinical Neuropsychology. After finishing her internship training at the University of Alabama Birmingham Psychology Consortium, Dr. O'Brien completed a 2 year post-doctoral fellowship in Neuropsychology at Mentis Neuro Rehabilitation, a post-acute brain injury program in Houston, TX.

**Yelena Bodien, PhD**, is a Research Fellow at Spaulding Rehabilitation Hospital and Instructor in the Department of Physical Medicine and Rehabilitation Hospital at Harvard Medical School in Boston, MA. Research interests include investigating the neurobiology of severe brain injury and developing multimodal (e.g., neuroimaging and behavioral) tools for assessment and prognosis of this patient population. Dr. Bodien is an active member of the ACRM BI-ISIG and Disorders of Consciousness Task Force.

**Shital Pavawalla, PhD, ABPP**, is a board certified neuropsychologist who has worked in acute inpatient and outpatient rehabilitation. In addition to providing patient care, she has also been a leader in the development and implementation of program-wide evidence-based practices and protocols for treatment and management of moderate to severe traumatic brain injuries. Her research interests include issues pertaining to the full continuum of severity of traumatic brain injuries, ranging from assessment limitations and outcomes of disordered consciousness to non-neurological factors that impact concussion recovery. 



To get to the **right** treatment...  
You need to know **ALL** of the strategies



## ACRM COGNITIVE REHABILITATION TRAINING COURSE

*with Authors of the Manual*



## 2017 TRAINING COMING TO ATLANTA

ACRM  MID-YEAR MEETING (#MYM2016)

26 – 27 APRIL 2017 // HILTON ATLANTA

*Preceding the ACRM 2017 Mid-Year Meeting*

ACRM  PROGRESS IN  
Annual Conference REHABILITATION RESEARCH (#PIRR2016)

24 – 25 OCTOBER 2017 // HILTON ATLANTA

*Preceding the ACRM 94<sup>th</sup> Annual Conference*

Come for the training & stay for the ACRM Mid-Year Meeting in April or the ACRM Annual Conference — *Progress in Rehabilitation Research* (#PIRR2017) in October.  
This training + the ACRM Meetings = is an incredible VALUE.

-  **Course is based on the highly-regarded ACRM Cognitive Rehabilitation Manual**
-  **More than 1,500 have already attended**
-  **90%+ of attendees recommend the course**

### COURSE INCLUDES:

- 1) The MANUAL:** Printed copy of the ACRM Cognitive Rehabilitation Manual (\$150 value) including worksheets. *Also available for purchase separately*
- 2) ONLINE COURSE:** Six months access to previously recorded Cognitive Rehabilitation Training (\$395 value) audio with slides. *Also available for purchase separately*
- 3) CME/CEUs:** 12 hours of continuing education in your choice of 10 disciplines



*Printed Manual  
included with  
clinical forms and  
worksheets  
\$150 Value*



@ACRM\_CogRehab

**MORE:** [www.CognitiveRehabilitation.org](http://www.CognitiveRehabilitation.org)



**ACRM** AMERICAN CONGRESS OF  
REHABILITATION MEDICINE

Improving lives through interdisciplinary rehabilitation research



# ATLANTA 2017

## MARK *YOUR* CALENDARS



28 – 29 APR 2017

23 – 28 OCT 2017

**ACRM**   
**MID-YEAR  
MEETING**

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TRANSLATION TO  
CLINICAL PRACTICE

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