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## Introduction

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Crimmins (2000) marveled at the greatness of the “three pound-blob” that is our brain and control system. As seasoned clinicians in the field of neuro-rehabilitation, we still marvel each day at the resilience of the brain and at the exciting recoveries that we attempt to facilitate in survivors of acquired brain injuries (ABIs). We observe the survivor who used to have frequent and severe behavioral outbursts each hour now remain calm and focused throughout the day. We note the survivor who once was a major safety risk due to lack of insight now act as our ally motivating other survivors by his experiences. We see survivors who were admitted to our rehabilitation program with a multitude of challenges, broken and vulnerable, discharged each week to productive, meaningful activities, competent and compensating for their residual weaknesses.

On the other hand, we’ve encountered a disillusioning number of situations in which distraught survivors and family members find themselves in crisis, sometimes years after the injury. The survivor with a preexisting psychiatric illness, that goes undiagnosed and untreated after his brain injury, resulting in psychiatric hospitalization for a suicide attempt a few years after discharge from acute rehabilitation. The woman with chronic pain that prevents her from returning to work, despite the significant gains she demonstrated in physical and cognitive functioning during her rehabilitation stay. The bright college student whose mild brain injury went unrecognized, who never received rehabilitative services, and whose premature return to school resulted in failure, depression, and the onset of substance abuse.

From both the successes and failures of our rehabilitation efforts, we have learned that the best way to achieve positive outcomes for our clients and families is by ensuring a comprehensive, integrated approach; one which spans the continuum of care, allowing us to support our survivors and families from the earliest stages of recovery, throughout their rehabilitation and beyond.

We have become highly aware of the value of, and need for, such a team approach to neuro-rehabilitation; including both highly trained specialists (e.g., the neuro-urologist, neuro-optometrist), as well as holistically oriented coordinators (e.g., case managers, discharge planners), who will assume very different, yet interwoven, roles in the rehabilitation of the individual post-ABI. While the benefits

of this comprehensive approach may be apparent, the challenges of ensuring coordination and integration of care across each of these components/specialists are significant. The survivor and family must know that their care is being coordinated as well as the purpose and function of each of their care providers. Equally important, all rehabilitation team members must be knowledgeable about the different roles of their interdisciplinary colleagues, and maintain open communication that crosses multidisciplinary borders.

Thus, the goal of this text is to provide an introduction to many of the key members of the neuro-rehabilitation team, including their roles, approaches to evaluation, and treatment. The book was written for interdisciplinary students of neuro-rehabilitation as well as practicing clinicians interested in developing their knowledge of other discipline areas. It may also be of interest to survivors, caregivers, and advocates for persons with acquired brain injury, to help explain and unravel the mysteries and complexities of the rehabilitation maze. Case examples were included in each chapter to help illustrate real life challenges. Dimancescu (Chapter 2) describes the role of the neurosurgeon in treating clients post acquired brain injuries and highlights the importance of providing educational information to families to help reduce feelings of confusion and powerlessness. Rosenberg, Simantov, and Patel (Chapter 3) and Duarte and Fishman (Chapter 4) describe the central roles of psychiatry and neurology in diagnosing and treating clients post ABI. They highlight the importance of team collaboration and discuss topics such as neuroplasticity, spasticity management, medical complications, headaches, seizures, and sleep disorders. Aprile and Reilly (Chapter 9) review the specific challenges of the neuro-rehabilitation nurse in addressing the needs of the individual recovering from brain injury. Kearney et al. (Chapter 12) and Kramer, Shein and Napolitano (Chapter 13) discuss the essential roles of the occupational therapist, and the speech/language pathologist on the neuro-rehabilitation team. Megna (Chapter 11) reviews the importance of conducting vestibular evaluations for clients with dizziness and balance difficulties post-ABI, so that appropriate treatment can be rendered. Karlovsky and Badlani's chapter on neuro-urology (Chapter 5) involves a review of the common urological and sexual difficulties post-ABI as well as treatment strategies. Han (Chapter 8) describes common visual difficulties post-ABI and the role of the neuro-optometrist. Scicutella (Chapter 6), Benson and Pavol (Chapter 7), and Elbaum (Chapter 14) discuss the emotional, behavioral, and cognitive challenges of clients post-ABI and the importance of addressing these difficulties through an integration of counseling, neuro-cognitive intervention, and proper medication management. The specific challenges of families and ways to meet their needs effectively through appropriate interventions are reviewed in a separate chapter (Chapter 15). Finally, Tovell (Chapter 10) reviews the key role of the case manager in coordinating the complex and varied aspects of treatment for individuals with ABI. The text ends with a discussion of life after neuro-rehabilitation, including long-term challenges for clients and factors that influence outcome.

We wish to thank, above all, the many survivors and families, whose hard work, perseverance, and resilience serves as a continual source of inspiration to us, as

well as a reminder of how we must continue to strive to improve our services and supports, not only as rehabilitation professionals, but as a community and society, for survivors of brain injury and their families. We also would like to thank our professional colleagues, whose passion, enthusiasm, and devotion to the field of neuro-rehabilitation allow us to continue to push ourselves as a team, and raise the bar in order to provide the best care we can offer. And we offer thanks to our administrative support staff, who rarely get the credit for our successes and achievements, but whose “behind the scenes” efforts are the glue that holds the complex structure of our programs together.

### *Reference*

Crimmins, C. (2000) *Where is the Mango Princess?* New York: Vintage Books.