

# beechwords

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## Brain Injury Treatment: It's not Always About Brain Injury

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Classic brain injury treatment involves remediation and/or development of compensatory strategy for deficits caused by neurological damage.

This may involve Physical Remediation, Cognitive Intervention, Occupational Therapy, Speech Therapy, Psychology, Vocational Retraining and other standard therapies. Traditional objectives usually involve memory enhancement, organization of thoughts, sequencing, word-finding, pragmatic communication, impulse control, self-awareness, awareness of deficits, social skills and so forth.

However, this classic paradigm too frequently overlooks the need to treat issues not directly related to the brain trauma.

I will address two such issues here: pre-existing conditions and specific developmental delays.

There are many such possible pre-existing conditions and many types of variations on developmental problems. In this article, I will cover a few of the more dramatic issues to underscore the point that treating brain injury is not always just about treating brain injury.

### Pre-Existing Conditions

#### Substance Abuse

Drug or alcohol abuse is so common in the United States that these conditions may easily have existed before the brain trauma. Sometimes, the abuse may have contributed to sustaining the injury. Occasionally, a brain injury will be a "wake-up" call and the individual with a substance problem may be "scared straight" or unable to continue this abuse. However, more often, the problem will worsen as an individual tries to self-medicate with substances to ease his or her physical and emotional pain. The complications are more

intense if the brain damage has effected inhibition, impulsivity or judgment.

Substance treatment in these cases is imperative, but it is complex. Standard substance programs, no matter how well thought out, don't usually take into account the special needs of people who may immediately forget what went on in a meeting, may be unable to adequately communicate or may have extreme difficulties processing and using information. A person with brain trauma may have a spectacular breakthrough during an AA meeting, for example, and then cognitively "lose" much of the experience on the ride home.

Furthermore, before the brain damage, a substance abuser may have been able to sustain his or her drug or alcohol-seeking by cleverly manipulating the various social systems and circumventing the law. He or she may be quite "slick" in the interpersonal realm. Now after a brain injury, the ability to "read" people may be severely compromised. The ability to verbally inhibit one's statements about ongoing substance use may also be lost. The ability to remember or process information to "cover one's tracks" may now be deficient, along with failed social judgment. (This inability to "con" others may also apply to a variety of anti-social personality disorders).

So now, we may have an individual who still abuses substances, but continually gets caught, gives him or her self away, or is victimized by others in the abuse culture. And ongoing use of drugs and alcohol just exacerbates the insult to the brain over time.

For these individuals, standard substance abuse treatment is not enough and standard brain injury remediation is not enough. Therapists or therapeutic teams must be found who combine both specializations, operate superbly on both tracks and/or are capable of networking with parallel professionals. Such well-rounded teams are rare.

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*Beechwood*

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### **Personality Disorders and other Psychiatric Complications**

Personality disorders, if present, usually precede the brain injury. But the brain injury almost always aggravates the symptoms and usually complicates the treatment.

A person with a Borderline Personality Disorder, for example, generally has severe deficits in the regulation of his or her emotions. Some observers describe the Borderline person as covered in emotional scar tissue. As such, treatment for the Borderline individual, calls for a careful, even-tempered approach, avoiding the escalation of strong feelings as the client learns to manage his or her inner affective life.

This differs from the very warm approach usually afforded to the emotional problems of a typical non-borderline individual with brain injury. When we deal with an individual with brain injury who also has this type of personality disorder, we need to dial down the highly empathetic feeling-state that is usually such a staple in the brain injury treatment milieu. This calls for great deftness on the part of the treatment community because it is counter-intuitive to usual brain injury rehabilitation. Medication can help reduce highly emotional states, but medication alone is usually not sufficient.

Moreover, some individuals with brain injury have great difficulties in emotional control anyway, due to the brain damage. So, if that individual who had problems with emotional regulation as part of a Borderline syndrome sustains a brain injury that happens to effect emotionality from a neurological standpoint, the combination is highly combustible.

In an Obsessive-Compulsive Disorder (OCD) syndrome, there may be persistent, inescapable thoughts of some dreaded occurrence with ritualistic behaviors designed to "magically" ward off the feared outcome. But consider the situation of such an individual who then sustains the loss of memory and poor information processing associated with so many types of brain injury. Now you have an individual who "dreads" something, but the picture of that something fades in and out and the memory of whether he or she actually performed the rituals faithfully enough, also comes and goes. The painful, driven quality of OCD can increase exponentially under these circumstances.

One individual with brain injury and OCD became obsessed with the ritual of denying the need for compensatory strategies. Acceptance of one's disability and the need to adjust through the use of compensatory techniques is a difficult enough denial complex in ordinary brain injury. It is so much more difficult when this complex is sustained by obsessive mechanisms.

Finally, it should be emphasized that while we are also treating pre-existing conditions in some cases, this treatment is always integrated into our primary mission of treating brain injury.

### **Developmental Problems as a Consequence of Brain Injury**

#### *Delayed Development*

There are usually developmental problems when an individual sustains severe brain damage as a child or adolescent. In broad strokes, we often expect a child-like quality from someone

injured very early in life or a kind of adolescent rebellion from someone injured as a teenager. Also (viewing this from a Piaget-like model), a client injured at an early stage may lack basic operational mental skills. This all greatly complicates the ability to teach and rehabilitate. This is certainly not a developmental disability as in retardation, but is more a matter of being somewhat fixated at a particular stage of development.

Furthermore, in the real world, this "fixation" is not as simplistic as the formulation above. Unless the brain damage is truly devastating, some information relevant to emotional growth is processed. We all have experiences, relationships and observation of role models that guide our emotional growth as our brain matures. As we reach adulthood, we internalize these childhood and adolescent experiences and (much to our chagrin) we realize that we have become very much like our parents who once looked so foolish to us. To paraphrase Mark Twain: When we were seventeen, we were struck by how dumb our parents were. When we were twenty-two, we were amazed at how much smarter they had become in the last five years.

Usually with brain injury, there is partial processing of these memories and information. Some important experiences "break through" so the process of "growing up" for these individuals proceeds erratically, in fits and starts. Our clients do emotionally "mature" for the most part, but they do so at a slower pace and with notable gaps.

#### *Frozen in Time*

"He seems frozen in time. He was injured in 1969 and still behaves like a flower-child." Again, I think this phenomenon has to do with the partial processing of memory and information.

For those of us who were adult flower children in that era and did not sustain a brain injury, a whole series of experiences has intervened over the past 35 years. The AIDS epidemic taught us painful lessons about unprotected free love. The Vietnam era tempered our sense of innocence. Advanced research on the dangers of narcotics as well as federal drug crackdowns affected our attitudes about substance abuse. The growing burdens of familyhood and work responsibilities began to fashion our adult persona.

But many of our clients injured in that era only processed bits and pieces of these experiences that shaped our political and personal history. In some respects, they were robbed of the ability to cross the time barrier into the 21st century. And so they are somewhat trapped, not quite living entirely in the past, but not entirely of this era.

### **Summary**

A single article can only skim the surface of all of the ways in which our treatment of brain trauma is not just about the classical treatment of neurological damage.

Hopefully this small piece will stimulate further conversation and thinking on this topic and will lend an added sensitivity to issues not often addressed in traditional brain injury literature.





## Dr. Felicetti Elected Chair

Dr. Thomas Felicetti, Executive Director of Beechwood, was recently elected chairperson of the Brain Injury-Interdisciplinary Special Interest Group (BI-ISIG) of the American Congress of Rehabilitation Medicine (ACRM). He will serve in this position from 2004-2006. In this capacity, he will also serve as an ex-officio member of the Board of Governors of ACRM.

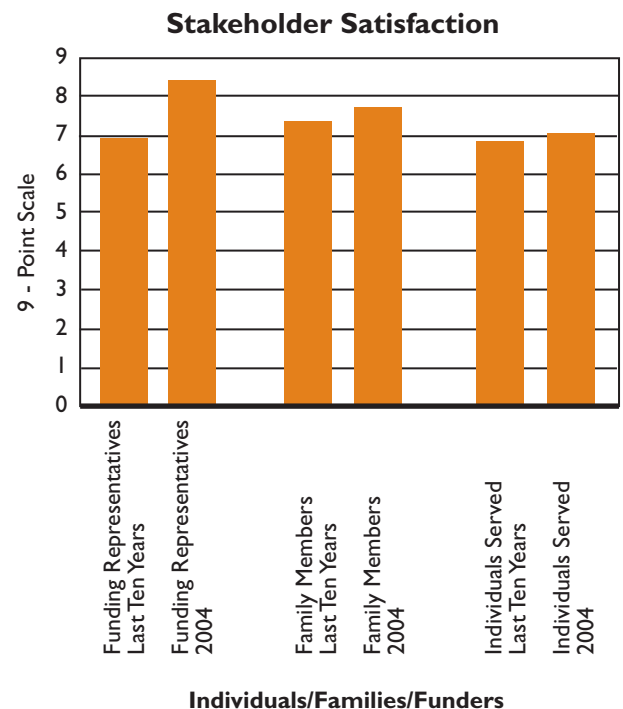
The American Congress of Rehabilitation Medicine serves people with disabling conditions by promoting rehabilitation research and facilitating information dissemination. ACRM values rehabilitation research that promotes health, independence, productivity, and quality of life for people with disabling conditions. The BI-ISIG is dedicated to enhancing professional development, advocating the standards of practice and defining a forum for interdisciplinary exchange in the field of brain injury rehabilitation.

"Tom is a known expert in the field of brain-injury rehabilitation and is well-qualified to guide the BI-ISIG as they continue to tackle the many challenges of improving the quality of life for persons with disabilities," said Dr. Robert Griffith, President of Woods Services. "His leadership of our Beechwood program has distinguished it as one of the premier East Coast providers of a broad range of rehabilitative services."

## Stakeholder Satisfaction: The Tradition of Excellence Continues

Beechwood Rehabilitation Services has measured stakeholder satisfaction quantitatively since the early 1990's. Twice each year we ask the individuals served, family members, and representatives from fiduciaries to provide feedback on how well we perform. Areas rated include dimensions of service such as the level of involvement of stakeholders in treatment planning, how well we tend to the emotional needs of the individuals served, the timeliness of our response to requests and a comparison between initial expectations of stakeholders to the actual outcomes achieved.

For more than a decade we have used the same Nine-Point Scale to assess our performance. On this scale, stakeholder ratings from 1 to 3 characterize execution below expectations, ratings between 4 and 6 reflect performance consistent with the expectations of stakeholders. When Beechwood receives ratings between 7 to 9, we are confident that we are exceeding stakeholder expectations.



The chart displaying our average performance ratings for the individuals served, family members and funding representatives during the first half of 2004 also displays the average ratings achieved for more than the past ten years. We take exceptional pride in the feedback that our stakeholders continue to provide as we commit our resources to another decade of exceptional stakeholder satisfaction.



Jon Enfield

## Making Good Decisions

Jon Enfield has been a resident at Beechwood since 1991. At the age of 16, he was involved in an accident that resulted from behavior brought on by peer pressure.

In April, Jon spoke to a group of students involved in Students Against Destructive Decisions (SADD) at Council Rock-South High School in Newtown, PA. During his presentation, Jon described the accident and spoke about the dangers of succumbing to peer pressure and the importance of taking responsibility for your own decisions.

His message to the students was well received as he warned them of how the choices he made while he was a teenager changed his plans for his future and continue to significantly impact his life today.

This was Jon's first speech to a group. After adjusting the talk and practicing it some more, he hopes to share his story with other student organizations to help educate youth about dangerous behaviors. Thanks to Jon for his willingness to share his thoughts about a personal tragedy.

## Friday Men's Group Sponsors Child

Earlier this year the members of the Friday Men's Group decided to begin sponsoring a child through Children's International. As a result, for the past several months, the group has been helping Rosa Elena Tavera Almonte, an eight-year-old girl from the Dominican Republic. Before starting, each member (pictured) understood this was a long-term commitment, probably 10 years, and readily agreed to contribute a few dollars each month.

Happily, the group has received two letters from Rosa and information from CI regarding how contributions help a poor child in a Third World

country. The money is used for clothing, shoes, educational supplies, medical check-ups, etc. In addition, the group receives the Sponsorship News which provides insight into what it means to live in poverty but also upbeat articles about sponsored children growing up to become successes as engineers, teachers and other professionals.

In fact, Rosa wants to be a teacher and the group members look forward to helping her with that goal. As Dave (pictured standing, third from left) put it, "it feels good to help someone less fortunate than us."

*The Friday Men's Group proudly displaying a picture and letter from Rosa. Bottom from left is Ethan Zuckerman, Daniel Coakley, Richard Roth, Jeffrey Taylor. Top row from left, Don Rhoades, psychologist, Bruce Oliphant, David Elman, Les Hancotte, Richard Mahr, psychologist.*





David Elman and Tom Byrne participated as walkers at the recent New Jersey Brain Injury Association "Walk For Thought, Cycle For Safety" held on Saturday, October 16 at the Washington Crossing State Park and Raritan/Delaware Canal Towpath In Titusville, NJ. Both walkers were able to generate over \$100 in sponsorships benefiting the Brain Injury Association. Also present were Denise Strother, Case Manager and Eileen Monahan, Life Skills Trainer (pictured above).



Dave and Tom at "Walk for Thought, Cycle for Safety Event"

## CARF Awards Three-Year Accreditation

The Commission on the Accreditation of Rehabilitation Facilities awarded Beechwood a full three-year accreditation as a provider of brain injury rehabilitation services including residential, outpatient and vocational.

In their survey outcome report, CARF praised Beechwood for offering a rehabilitation program that meets the needs of the persons served. "The program clearly benefits the persons served and provides a well-trained and dedicated staff to administrate the program and to provide services. The leadership has demonstrated a commitment to rehabilitation, and this same team is dedicated to program improvement and the provision of quality rehabilitation services."



CARF is a private non-profit organization that offers a national accreditation to programs and services ranging in fields of adult day services, assisted living, behavioral health, employment and community services and medical rehabilitation. CARF develops and maintains practical and relevant standards of quality for such programs. The standards are developed by the field, which consists of the persons served, professionals, purchasers of services, and other stakeholders. They are applied through a peer review process to determine how well an organization is serving its consumers.



## **Save The Date**

*New Jersey Brain Injury Association Annual Conference  
is scheduled to be held on Thursday, May 19 and Friday, May 20, 2005  
in Eatontown, N.J. For more information contact: [bianj.org](http://bianj.org)*

*Pennsylvania Brain Injury Association Annual Conference  
is scheduled to be held on Sunday, June 26 and Monday, June 27, 2005  
in Harrisburg, Pa. For more information contact: [biapa.org](http://biapa.org)*

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