The 2014 ACRM Annual Conference in Toronto offers an unprecedented three full days of brain injury content in the core conference and 6 Instructional Courses, not including the two day Cognitive Rehabilitation Training. Meetings of the BI-ISIG Task Forces, multiple Networking groups, and Early Career activities all promise a busy but rewarding conference. The Chautauqua this year will address Health Disparities and was organized by Drs. Angela Colantonio and Yelena Goldin. Also, Dr. Cate Miller of NIDRR will give a brief update on the National Research Action Plan for TBI at the BI-ISIG Summit.

Many thanks to Teresa Ashman, Ph.D., the BI-ISIG Program Chair and the ACRM Program Committee for organizing the Chautauqua - a high quality professional event. It will of course also be terrific to share time with our friends and colleagues, an essential ingredient in the value of the BI-ISIG.

The Executive Committee of the BI-ISIG has had a busy year. First, I want to thank Dr. Ron Seel for his role in helping plan and execute the MYM at Shepherd Center. This MYM was the first in many years to be hosted by an institution, helping avoid costs associated with having the meeting at a hotel. We have drafted some proposed changes to our By-laws that have been distributed to the BI-ISIG membership for a vote at the BI-ISIG Annual Summit. The proposed changes primarily address improving the nomination and election process for the Executive Committee and updating the By-laws. We will also be electing by email and mail ballot the new Executive Committee; the Nominating Committee, Drs. Donna Langenbahn, Ron Seel and Stephanie Hayner-Kolakowsky, has been working very hard to promote diversity and involvement across years of BI-ISIG service, professional discipline, and affiliation. This year significant enhancements to our newsletter have been accomplished by Dr. Kristine Kingsley. We obviously have been planning for the Toronto meeting as well as for the 2015 MYM in Indianapolis (how did that happen???).

I also want to thank the faculty of the Cognitive Rehabilitation Manual for their ongoing commitment to education and training. In addition to the ACRM meetings, the faculty have presented at Cedar-Sinai in Los Angles and at the Sunnaas Rehabilitation Hospital in Oslo, Norway. We have also vetted new provisional faculty, and they are beginning to give presentations at the workshops as they are scheduled, with Dr. Angela Yi presenting at Cedar-Sinai and Dr. Michael Fraas at Oslo, presenting along with two other Cognitive Rehabilitation Manual Faculty. I also want to thank Cedar-Sinai and Sunnaas for their interest in sponsoring these workshops.

I want to express my sincere appreciation to the BI-ISIG Executive Committee, the Task Force Chairs, and all of the members of the BI-ISIG for allowing me to serve as Chair for the last two years. The quality of the people and the work that happens in the BI-ISIG, especially in the BI-ISIG Task Forces and the Executive Committee, is extraordinary. If you are not active in one of our Task Forces, please seriously consider joining one – you will find that your investment will nurture new colleagues and professional growth.

Working with the ACRM staff has also been a pleasure, and I am most appreciative of their support. The last two years have gone by very quickly. I think we made some certain progress, but of course left many opportunities and ideas for another time. Lastly, I want to express my certain appreciation to Dr. Donna Langenbahn, our new Chair after Toronto, who I am sure will evidence a committed dedication to the value and growth of the BI-ISIG.

As always, thank you very much for your commitment to the BI-ISIG, and all the very best!
Letter from the Editor

by Kristine Kingsley, Psy.D, ABPP, ACRM BI-ISIG Communications Officer

The person who tries to live alone will not succeed as a human being. His heart withers if it does not answer another heart. His mind shrinks away if he hears only the echoes of his own thoughts and finds no other inspiration—Pearl S. Buck

Incredibly so, it was less than a year ago, I embarked on a journey as a newly appointed communications officer for the BI-ISIG membership and Editor of Moving Ahead. Needless to say, I had huge shoes to fill, replacing after 11 years of vision and hard work Dr. Donna Langenbahn. With her encouragement and the support of my fellow communications members, Mary Pat Murphy, Stephanie Kolakowsky-Hayner and Michael Fraas, I had the pleasure of meeting and speaking to a number of amazing individuals in the US and around the world. With the guidance of ACRM staff extending to the gracious Jenny Richard, Cindy Robinson and the lovely Terri Compos, to the magically graphical Signy Roberts I have been able to design and promote articles, survey monkey, e-blasts, and generate multiple ideas for stories. This newsletter would not be possible, had it not been for the generosity, hard work, and passion of one dear Judy Reuter. Thank you everyone so much for helping the BI-ISIG members have a forum to document and present their amazing accomplishments. This fall edition of “Moving Ahead” is very close to my affections; it has allowed me to be privy and promote several heart-warming stories – be it from professionals and/or consumers. Thank you all for sharing such inspiration, resilience and determination with the rest of us. Let the World recognize, acknowledge and accept your efforts.

Mitchell Rosenthal Award issued to the TBI Model Systems for Best Scientific Publication using the NIDRR TBI Model System National Database. Recipients receiving the award are John Whyte, PhD, MD; Risa Nakase-Richardson, PhD, FACRM; Flora Hammond, MD; Joseph Giacino, PhD, FACRM

Ainge Colantonio & Yelena Goldin Co-chairs of the Women & Girl with ABI Task Force will be presenting the 2014 Sheldon Berrol Memorial Chautauqua on health disparities and functional implications of TBI among women.

ACRM has been a wonderful forum to make dear friends and collaborators who share a similar passion about the potential for rehabilitation to change lives

Risa Nakase-Richardson, Ph.D., FACRM
Clinical Neuropsychologist
James A. Haley Veterans Hospital
BI-ISIG Mid Year Meeting in Atlanta

Interviews with Drs. Seel and Conner

The 2014 MYM in Atlanta was the first to be hosted by an institution, helping to avoid ever increasing costs associated with using commercial businesses. We would like to sincerely thank Dr. Ron Seel, Brain Injury Research Director, for his role in organizing the meeting. We would additionally like to express our sincere gratitude to the entire staff at Shepherd Rehabilitation Center in Atlanta’s Buckhead neighborhood, for the warm reception and generosity.

In 1973, a then 22-year old James Shepherd set out on a backpacking trip around the world; while bodysurfing off a beach in Rio de Janeiro, he was slammed to the ocean floor by a wave and sustained a serious spinal cord injury that left him paralyzed from the neck down. Mr. Shepard spent several months of intensive rehabilitation treatment away from home, because of rehabilitation care options in the Southeast. After returning home to Atlanta, James and his parents - Harold and Alana Shepherd began an amazing journey that led to the founding of the Shepherd Center in 1975 as a six-bed unit operating out of leased space in an Atlanta hospital. Almost immediately there was a waiting list. In 1995, Shepherd Center started an Acquired Brain Injury rehabilitation program, which has grown to the same size in admissions as the Spinal Cord Injury program. Today, Shepherd Center is a state-of-the-art facility with 352 beds, including a 10-bed intensive care unit. In 2013, there were 992 admissions to its inpatient programs and 571 to its day patient programs. In addition, Shepherd sees more than 7,600 people annually on an outpatient basis! Shepherd Center conducts up to 50 research projects annually and is a Spinal Cord Injury Model Center, as designated by the National Institute on Disability and Rehabilitation Research.

Recently, Dr. Seel was asked to share some of his personal impressions and reflections of the meeting, for “Moving Ahead”. This is what he had to say:

“The feedback I consistently heard from members who attended the MYM meeting was how comfortable and easy it was to have this meeting at Shepherd Center. Members enjoyed having staff available to provide short tours and to direct them to the appropriate meeting room. Members really liked the on-site space in the atrium next to the auditorium in which they could grab a quick bite and / or camp out; it was a respite after visiting with people or simply a relaxing workstation to catch up on emails and or projects using their laptops.”

“The young and the seasoned reflect on Atlanta”

attend in the past. It was much more intimate than any of my previous experiences and I was able to spend more meaningful time getting to know colleagues from all over the country that held similar interests. As I got to know other attendees, I learned that some of my TBI treatment challenges weren’t just unique to my geographic region. As an early career psychologist, it was comforting to know that I had so much in common with other colleagues. It has also been fundamental in helping to build my professional network.

During the MYM I joined 3 task forces: BI-ISIG, Pediatric-Adolescent Task Force and Cognitive Rehabilitation Interdisciplinary group. My goal in joining these groups is to identify a way to make a greater contribution in the area of rehabilitation. Since the MYM meeting, I have kept in communication with these groups through conference calls, where we discuss goals of future research projects and review relevant research articles.

The rehabilitation community can be small. For me, the MYM makes it easier to build connections with colleagues and provides a unique opportunity to learn how I can be involved. I am thankful for the scholarship that ACRM provided to assist with travel expenses to the MYM that introduced me to these opportunities. It was an invaluable experience for me and I would highly recommend attending the next mid-year meeting in Indiana to any clinician interested in advancing the field.”

So as we say au-revoir to Atlanta, we would like to send greetings and salutations to our next host city for the 2015 MYM – Indianapolis, Indiana. Crossroads of America, racing capital of the world, and birthplace of David Letterman & Kurt Vonnegut we have a date with the lovely Hoosiers from April 8th -11th 2015. Be there or be square...
### Welcome and Announcements

**Lance Trexler, Chair**

The Mid-Year Meeting of the Brain Injury Special Interest Group (BI-ISIG) of the American Congress of Rehabilitation Medicine (ACRM) was convened in Atlanta, GA on April 11, 2014, at Shepherd Center. BI-ISIG Chair Lance Trexler opened the meeting by introducing the BI-ISIG Executive Committee, and by welcoming returning members, new members, and first-time attendees. He then outlined the mission, goals, and work of the BI-ISIG highlighting the importance of our task forces and the good work they have done during the past year.

### Secretary's Report

**Donna Langenbahn, Chair Elect for Kristen Dams-O'Connor, Secretary**

Donna asked the membership to review the minutes of the 2013 Annual Summit, which were presented via on-screen video by Chair Lance Trexler. A movement to approve the minutes was made and seconded. The minutes were approved by unanimous vote of the assembled membership.

### Revision to the BI-ISIG Rules of Governance

**Donna Langenbahn, Chair Elect**

Donna introduced the vote on the revision to the BI-ISIG Rules of Governance (Bylaws) to include the proposed Joshua Cantor, PhD Award, in honor of the late BI-ISIG member, and former BI-ISIG Secretary and Chair-Elect Joshua Cantor, deceased in September, 2013. The text of the revision was presented to the membership by Chair Lance Trexler via on-screen video. A movement to approve the revision was made and seconded. No discussion points were offered by attendees. The revision was approved by unanimous vote of the assembled membership.

### Treasurer’s Report

**Risa Nakase-Richardson, Treasurer**

Not present. No report provided.

### Early Career Report

**Andrew Dennison, Early Career Officer**

Andrew reported that the mid-year meeting was attended by six early career scholarship awards winners. He announced their names and asked them to stand to be acknowledged by the membership: Larry Brooks (University of Miami), Felicia Connor (Dupont Children's Hospital), Keith Ganci (JFK-Johnson), Yelena Goldin (JFK-Johnson), Erline Vieira Nakano (James Haley VA/University of South Florida), and Devan Parrott (Rehabilitation Hospital of Indiana).

### Communications Report

**Kristine Kingsley, Communications Officer**

Kristine announced that Moving Ahead, the BI-ISIG bi-annual newsletter, had gone out electronically to the membership. She also expressed appreciation to BI-ISIG Media Committee members Mary Pat Murphy, manager of the BI-ISIG area of the ACRM website, and Michael Fraas and new member Stephanie Hayner-Kolakowsky, managers of BI-ISIG social media sites, for their collaboration and assistance. Kristine noted that a Survey Monkey had gone out requesting feedback and input on BI-ISIG communications issues and procedures; she encouraged the membership to respond. Finally, she invited members to share with her their stories or ideas about members’ stories that they would like to see in the newsletter or other media forums.

Lance acknowledged Donna Langenbahn for her 11 years of service as former Communications Officer and Editor of Moving Ahead.

### Program/Awards Report

**Teresa Ashman, Program/Awards Officer**

Teresa Ashman announced BI-ISIG awards. The Joshua Cantor, PhD Scholar Award will be given at the annual meeting to a BI-ISIG member whose work reflects areas of interest and values similar to those of Dr. Cantor’s. She directed the membership to visit the ACRM website “Brain Injury” area of the “Communities” section to read further about the award. Nominations for the award will have a June 1 deadline each year. There also are two BI-ISIG poster awards given at the annual meeting: the Early Career Poster Award winner and the David Strauss Poster Award.

The major BI-ISIG program component for the annual meeting is the Chautauqua, a special session held each year focused on a topic of ethical interest in brain injury issues. This year’s Chautauqua will be presented by the BI-ISIG Girls and Women Task Force in the general area of gender-based healthcare disparities. Teresa has spoken with TF members, who have many ideas for specific presentations. They will decide on panel members for the session within the next several weeks.

### Task Force Updates

Task Force chairs provided updates on each BI-ISIG Task Force:

**Cognitive Rehabilitation – Donna Langenbahn, Co-chair, for Keith Cicerone, and with Lance Trexler**

There are three main projects ongoing in the CR TF: the EBR on effectiveness of CR in treating individuals with TBI and stroke, led by TF co-chair Keith Cicerone, and currently in its 3rd update; the EBR on effectiveness of CR in treating individuals with other medical diagnoses, led by Donna Langenbahn; and the dissemination of information from the EBRs, led by Lance Trexler. These projects will be addressed and updated during the two upcoming sessions for the CR TF in this session. Lance announced that the CR TF dissemination group has taken on new faculty for presentations in CR Manual Training workshops. They will conduct workshops this year in Los Angeles at Cedar Sinai Hospital, in Oslo, Norway at Sunnaas Rehabilitation Hospital, and in Toronto prior to the ACRM annual meeting. Work will begin on the 2nd
ed edition of the CR manual, with overall updates and a new chapter planned on single-case design in CR led by Robyn Tate, among others planned additions to the manual. Lance noted having conducted a survey, with Michael Fraas, on graduate school training in CR. They found significant variability in training, leading to a plan to develop a semester-long curriculum in CR, led by the dissemination team of the TF.

Community-Based Treatment – Nina Geier, Co-chair

Nina noted what has been an exciting year for the task force after some struggle to focus on a concrete action and move forward to a product. They developed a survey over the past few years, and distributed it in the form of a Survey Monkey via the CARF and ACRM websites. The survey spanned practices of community-based, including models of care and outcome measures being used. They have a vast amount of data, and have begun to analyze it with the help of Allison Clarke. They will be discussing ideas regarding how to present the data during their MYM sessions. The TF has met once today, and will have a second meeting tomorrow. Nina invited all those interested to attend.

Disorders of Consciousness – Ron Seel for Risa Nakase-Richardson & John Whyte, Co-chairs

Task force chairs were not present. Ron noted that they have done a tremendous job, focused in the four areas of clinical work, education, research, and advocacy. They have several projects, some completed and some ongoing.

A bundle of articles was published in Archives in October, 2013, with much positive feedback, website hits, and requests for articles. Hopefully, these articles can be used to provide evidence for rehabilitation treatment access.

DOC TF members are representing the ACRM along with the American Academy of Neurology (AAN) and the TBI Model Systems to develop evidence-based practice guidelines for the diagnosis, treatment, and prognosis of DOC. They have completed a screening of abstracts toward this goal, and will proceed with article review and rating. The guideline development group will meet at AAN headquarters in Minneapolis June 5-6 to synthesize evidence and reach consensus. They hope to have practice guidelines published by March 2015 and are discussing the opportunity to obtain media coverage for the guidelines in concert with the 10th anniversary of the Terri Schiavo court decision.

The group is working to develop a position statement defining minimum standards of care for medical and clinical management, homecare, and prognosis. Doug Katz, Risa Nakase-Richardson, John Whyte, and Joe Giacino met at the IBIA San Francisco conference to streamline what is currently a long report.

The group has planned symposiums in Toronto on minimal standards of care and minimal competency guidelines for clinicians.

Mark Sherer & Doug Katz are leading a sub-group to develop a case definition for post traumatic confusion. The definition would span the transition from disordered consciousness to emergence from confusion. This TF group will convene tomorrow (Saturday) from 8:30 to 11:30.

Susan Johnson is leading a sub-group project on family education, with Chris MacDonnell having helped to distribute a survey to institutions to get a database of families and caregivers via the ACRM website.

Ron is leading a sub-group synthesizing the evidence on prognosis following DOC in order for clinicians to provide better information to families and caregivers regarding the probability of emergence, level of disability, and functional capacity.

Brian Greenwald and Flora Hammond are completing a project on mortality for these patients.

Girls and Woman with ABI – Yelena Goldin, Co-chair for Angela Colantonio, Chair

The TF met this morning, spending the time on developing and fine-tuning the initial proposal for the Chautauqua on disparities in care among girls and women following ABI. They have a symposium accepted by ACRM for the annual meeting with their TF pairing with the SCI SIG TF to present on sex differences and co-morbidities across diagnostic groups. They have had a proposal accepted for a special issue of Archives on sex, gender, and ABI, also in collaboration with the SCI SIG TF. They have submitted a proposal to the ACRM Clinical Practice Committee, still pending, for a review of medical, behavioral, and social issues among women with ABI.

Long-Term Issues – Ron Seel for Kristen Dams-O’Connor & Flora Hammond, Co-chairs

Task force chairs were not present. Ron noted that TF members were working on new projects, including a systematic review of long-term outcomes at different time periods post-TBI in the areas of health, function, mood, and well-being. They may also look at life expectancy and co-morbidities.

Mild TBI – Ronald Seel, Chair

There are several possible projects being discussed for the long term. Although they are hesitant to jump into the fray, the TF will keep apprised of guidelines for diagnosis and care that will be advanced over the next six months. They continue to discuss how ACRM and this TF can make a contribution, with consideration being given to areas of research and educational. They have discussed putting forth one educational report, or perhaps a series, for example, focused on a topic that has varied findings in the literature and discussing how the use of differing research approaches and designs contributes to the discrepancies, including different outcomes, and how the evidence thus far can be used to influence treatment.

Pediatric/Adolescents – Julie Haarbauker-Krupa & Drew Nagle, Co-Chairs

Julie announced that Drew Nagle joined the TF as co-chair at the annual meeting in Orlando, FL. The TF has grown since Julie took over as Chair from a group of 4-5 to its current 27 members, including practitioners in emergency medicine, MDs, clinicians, therapists, and educators. The TF recently conducted a survey of ACRM membership, inquiring about perceived needs in areas of pediatric and adolescent brain injury. They are preparing a manuscript on models of care for children with ABI, and have completed a first draft. Based on outreach efforts, there were enough submissions to the 2014 annual conference to have a separate pediatric track. They will begin to explore the possibility of developing other products for dissemination.
Prognosis after TBI – David Krych, Co-chair

Dave noted that this TF has had an exciting year as well. He summarized their current major project, a survey on prognosis, asking brain injury survivors and their SOs what they believe they were told about brain injury and what to expect in the future. The survey ran until April 2013, with responses from 266 respondents: 117 significant others and 149 TBI survivors. The resulting group was mostly female, and mostly well-educated. One-third of survivor respondents were categorized as having mild TBI. Satisfaction was noted to decrease with increased time since injury. The strongest correlation to emerge was that people who said they were given information about TBI and TBI issues scored very high on satisfaction. About one-half of respondents reported that they were given no information. The least satisfied group was women with mild TBI. Dave and fellow co-chair Rose Biester, along with MJ Schmidt, Melissa, and Doug Katz are writing a manuscript for publication. They also hope to present in other forums, possibly conferences of the TBI Model Systems, and the Galveston TBI Conference. Three issues will come out: **. Clinicians have to continue to give information to survivors and their SOs. The TF may want to develop policy statements on what information treaters should give and how. They are thinking about another survey, this time for providers. They might explore what are providers are doing from a knowledge translation perspective. How do they keep people engaged in the rehabilitation and recovery process? How do treaters know and what do they do when people need help? [Lance noted here the possibility of tip sheets for professionals.] Dave also noted that members of the TF presented at a Duquesne University brain injury conference; the presentation was well received.

Dr. Trexler commended the impressive work that TF chairs and members are doing.

Congratulations to our new FACRM Members

Teresa Ashman, PhD, ABPP-Rp, FACRM, is currently the Director of Neuorehabilitation Psychology at The Shepherd Center in Atlanta, GA.

“Like most members I joined ACRM due to the encouragement of two longstanding members, both then and now, Drs. Wayne Gordon and Mary Hibbard. I have been to every annual meeting, save one and presented at all I attended. Even though I was an early career psychologist when I joined, the membership as a whole was very welcoming and I quickly became a member of the BI-ISIG and getting involved on several task forces. Over time I was asked to run for a position on the BI-ISIG Executive Committee and have had the honor of serving as Program/Award Officer since 2012. This role also allowed me to be a liaison for the BI-ISIG to the larger ACRM Program Committee. This has been an extremely exciting process as the organization continues to expand allowing the conference to include content in six diagnostic areas relevant to rehabilitation. Because of my support of ACRM’s mission, I have encouraged other early career psychologists to become involved during fellowship and sooner, usually becoming engaged during the first year or two by submitted poster and presentation abstracts. This goal of involving early career rehabilitation professionals motivated my involvement as a mentor in the Early Career Pre-Conference from 2008-11 and highlight as a major initiative for the ACRM Membership Committee that I have served on since 2007.

ACRM has served as my primary membership because of the uniqueness of the mission and the inclusiveness of all disciplines interested in rehabilitation medicine both from a research and clinical perspective. The many years that I have been a member has also granted me many colleagues and friendships from around the world who I can call upon for guidance and mentorship at any time.”

Risa Nakase-Richardson, PhD, FACRM, is a Clinical Neuropsychologist at the James A. Haley Veterans Hospital, Polytrauma/Psychology

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

It has been a busy year for Dr. Nakase-Richardson; in addition to receiving the Cantor award, she was also acknowledged by becoming a Fellow of the American Congress of Rehabilitation Medicine and of the National Academy of Neuropsychology. Furthermore, a team comprising of her and colleagues was recognized for their contributions and given the Mitch Rosenthal Award for Best Publication in TBI.

“ACRM has been a wonderful forum to make dear friends and collaborators who share a similar passion about the potential for rehabilitation to change lives. “

Presentations: At the 2014 Chautauqua, the Girls and Women with ABI Task Force, will discuss the cross cutting experiences and functional implications of TBI among women with civilian, sports-related and military injuries. Representative consumers from these diverse populations will share their experiences and perspectives on needs and disparities in medical care, behavioral care, and socioeconomic support. Representative clinician-researchers will provide a state-of-the-science context for the issues that emerge from the discussion to offer recommendations and future directions to clinicians, researchers, and consumers. Recent policy changes implemented by the National Institutes of Health that aim to reduce inequities will be highlighted in the session.

Furthermore, the panel will include the perspective of a philanthropist discussing the importance of a gender based approach to studies regarding the brain.

There will be also 2 poster awards sponsored by the Girls and Women with ABI task force, one of which will be awarded to an early career professional.
Shown left to right:
1. Bonnie Schaude, Julie Haarbauer-Krupa
2. Erline Vieira Nakano, Felicia Connor, Maria Romanas
3. Lance Trexler, Preston Harley, Teresa Ashman
4. Nina Geier, Mary Pat Murphy, Judy Reuter
5. James Malec, Drew Nagle, Yelena Bogdanova.
6. Samuel Bartley
7. James Shepherd
8. Mike Dennis, Devan Parrott
9. Preston Harley, Janelle Anderson
ACRM Travels the Globe: Conference Call from Chennai, India

Interview with Narinder Kapur, FBPsS, Consultant Neuropsychologist

The World Federation of Neurological Rehabilitation (WFNR) recently sponsored a rehabilitation conference in Chennai, India. Dr. Barbara Wilson from the U.K., Drs. Robyn Tate and Michael Perdices from Australia and Dr. Jim Malec from the U.S. were among 139 delegates attending. Courtesy of Dr. Narinder Kapur (U.K.) and a discounted book rate from ACRM, 10 copies of the ACRM Cognitive Rehabilitation manual were distributed at a book fair for brain injury professionals from India, Bangladesh and Pakistan.

The following interview with Dr. Kapur of the Imperial College Healthcare NHS and University College London, presents highlights of the conference and discusses some of the issues with respect to cognitive rehabilitation service delivery and training in the Indian subcontinent.

**Dr. Kapur, would you mind sharing some of the highlights of this rehabilitation conference, and of the dissemination of cognitive manuals more specifically?**

The workshop was sponsored by the World Federation of Neurological Rehabilitation (WFNR), and also locally by a charitable Trust in Chennai, the Chatnath Trust. The conference was organized by a Chennai-based neurosciences centre, NeuroKrish (www.neurokrish.com). The WFNR sponsorship was part of their ‘flying faculty’ scheme, whereby travel costs for faculty are funded to receive training in countries where a particular rehab discipline may not be well developed. The ‘flying faculty’ has traditionally qualified staff, and this was the first time that psychologists had been funded to take part in the scheme, thanks to the efforts of Dr. Barbara Wilson. The workshop mainly featured talks and clinical case presentations related to Neuropsychological Rehabilitation, though one session was devoted to diagnostic issues relating to dementia. Topics covered in the sessions included rehabilitation of cognitive, behavioural and emotional disorders; overviews of stroke, traumatic brain injury and encephalitis; and talks on neuropsychological assessment and combining research with clinical practice, in particular the use of single-case study designs. There were around 20 poster presentations that highlighted Neuropsychology research and clinical practice in India.

**What have been some challenges & opportunities for health care professionals to train in and practice clinical services to individuals with acquired brain injury in India?**

One of the messages that came through from the talks by Indian speakers at this conference, and also at the 2013 Kolkata conference was the relative dearth of resources and expertise relating to Neuropsychological rehabilitation in India, especially outside the six major urban cities. I therefore, decided to organize a ‘Gandhi book fair’, which was also supplemented by a Gandhi scholarship scheme. The choice of name is not fortuitous. It symbolizes the ability to develop and foster growth, as well as the resilience to overcome obstacles and thrive in the face of limited resources. The book fair included Neuropsychology books and tests that colleagues in the UK and elsewhere had donated, along with some from my own collection, which I shipped to India. No sooner had we displayed the books on the first morning of the meeting, including The American College of Rehabilitation Medicine recently published 133-page manual, than the tables were surrounded by delegates, and most of the books were gone within an hour! I donated copies of the manual to neuropsychologists in each of the major neurosciences centres in India, as well as to those in Sri Lanka, Bangladesh and Pakistan.

The money raised from the book sales along with an added personal donation, came to serve a local charity that looks after orphaned children and also elderly in need (www.sevalaya.org).

**What has been the general reception of cognitive rehabilitation among the health care providers and consumers in India?**

The lack of sufficient number of health care workers and services for individuals with acquired brain injury is indisputable. For example, a city like Kolkata, with a population of more than 10 million people, may have two or three trained neuro-psychologists. Some of those professionals may have been fortunate to be sponsored to travel to countries like the U.K, for additional training.
What are additional challenges for cognitive rehabilitation specialists to practice in India?

There are several additional factors which make cognitive rehabilitation in India more challenging:

In India there appear to be more frequent and more significant issues relating to insight among ABI survivors; this could best be overcome by involving consumers and their families in specific efforts targeting education, explanation and feedback.

Family dynamics appear to be more significant in a number of the Indian clinical cases, as there are often tendencies to over-protect a patient or make decisions for them. Here again, education and communication issues are key, as well as how to bring about interventions in a tactful fashion.

Increasing number of south Asian patients in our NHS work.

What have been some running research and clinical projects in the region? What are some future initiatives you would like to pursue with respect to cognitive rehabilitation in this region?

Unfortunately, I am not all that familiar with the research initiatives there; I do know however, that there have been several attempts in India to construct and standardize culturally and linguistically appropriate assessment tools with the intent of increasing accuracy and validity in the evaluation and treatment of acquired brain injury (be it related to injury or disease process).

On my part, I hope to continue to meet with health care professionals across the region, including some smaller scale cities, and provide resources & support. I hope to get additional copies of the ACRM manual to distribute to professionals across India, Sri Lanka, Pakistan and Bangladesh.

Overall, judging by the questions and active audience participation in Chennai, the meeting was a great success. To combine such a meeting with some form of Gandhi an initiative is an added bonus and makes it all very worthwhile.

Narinder Kapur, FBPsS
Consultant Neuropsychologist Imperial College Healthcare NHS TrustDepartment of Neuropsychology & Health

n.kapur@ucl.ac.uk

Declaration: A similar version of this article appeared as a BMJ Blog, April 24, 2013.
ACRM Travels the Globe: Cognitive Rehabilitation Manual Training - Norway

Interview with Jan Stubberud, Ph.D.

On September 25th and 26th this year, an American Congress of Rehabilitation Medicine (ACRM) training course based on the ACRM Cognitive Rehabilitation Manual: Translating Evidence-Based Recommendations into Practice was held at Sunnaas Rehabilitation Hospital (SRH) in Norway. The teaching faculty will be Dr. Lance Trexler, Dr. Donna Langenbahn, and Dr. Michael Fraas. As of now about 130 persons have registered for the training course, with about 60% of these from other hospitals and rehabilitation facilities than SRH in Norway.

Founded in the 1950s as a home for disabled people, SRH soon became the leading neurorehabilitation facility in Norway. In the last decade SRH has strengthened its position as one of Europe’s largest and most forward looking specialist hospitals in the field of medical rehabilitation. Seven hundred and fifty employees serve approximately 2.800 in-patient stays and 3.500 out-patient consultations per year. Clinical services are organized in three departments with a total of 157 beds: 1) acquired brain injury, 2) spinal cord injury, and 3) assessment and follow-up services. All rehabilitations programs are accredited by the Commission on the Accreditation of Rehabilitation Facilities (CARF, www.carf.org).

Lately, the hospital’s focus has been the improvement of patient services, and a strong emphasis on research and international collaboration. In this regard, the work of The Brain Injury Interdisciplinary Special Interest Group (BI-ISIG) of the ACRM in providing up-to-date reviews of the state of the art in cognitive rehabilitation research has been tremendously inspiring, providing new hope and evidence regarding the potential for cognitive rehabilitation of cognitive functions affected by acquired brain injury (ABI). At SRH, the main aim is to provide rehabilitation services on the basis of evidence-based practice, i.e. the integration of individual clinical expertise, including patients’ preferences, with the best available external clinical evidence from systematic research. A major effort is currently put forward in trying to establish an evidence-based practice where intensive, specific training of distinct cognitive functions are provided within a general framework of a comprehensive holistic rehabilitation program. Specifically, a specialized multidisciplinary expertise group on cognitive rehabilitation (led by Dr. Jan Stubberud) has been established at SRH with the purpose of implementing evidence-based recommendations regarding cognitive rehabilitation into practice at SRH. As up to date cognitive rehabilitation programs should include evidence-based interventions on distinct cognitive domains that can be regarded as effective, the work by this expertise group is heavily influenced by the ACRM Cognitive Rehabilitation Manual: Translating Evidence-Based Recommendations into Practice. In conjunction with the work of making guidelines for, and implementing evidence based cognitive rehabilitation at SRH, the cognitive rehabilitation expertise group at SRH contacted ACRM. SRH was also inspired by the training course that was held by ACRM at Danderyd Hospital in Stockholm, Sweden in 2013. Finally, because no national brain injury rehabilitation license and credential exist, the standards vary among rehabilitation professionals. A cognitive rehabilitation training course by ACRM provides an extraordinary opportunity to learn evidence-based cognitive rehabilitation strategies from leading researchers and clinicians in the field, and may as such increase the knowledge among many rehabilitation professionals in Norway.

What have been some challenges / opportunities for health care professionals within the field of acquired brain injury in Norway to train and practice cognitive rehabilitation?

What has been the general reception of cognitive rehabilitation services and neuropsychological research efforts provided for people with ABI at SRH started in the 1970s. However, Norway’s first permanent unit for cognitive rehabilitation for ABI (KReSS; Kognitiv Rehabiliteringsenhet Sunnaas Sykehus) was established at SRH within the Department of Brain Injuries in 2005– merging with existing inpatient cognitive rehabilitation activities. Programs in this unit comprise holistic cognitive rehabilitation and programs targeted at specific cognitive functions. In our experience, it is a clinical challenge to balance the two aims. Broad, holistic interventions address the complexity of ABI-symptomatology, but run the risk of lacking the specificity of highly targeted programs. Interventions targeting distinct functions, on the other hand, offer the focus needed to achieve the necessary intensity, but might not give enough room for the broad emotional, psychosocial and vocational needs of the patients.

In addition to the clinical services, the unit is highly engaged in education and research activities. In a country with a small population as Norway, a major or sole centre for a certain field needs to take responsibility for developing, spreading and ensuring up-to-date expertise. Being the major institution for cognitive rehabilitation in Norway, KReSS has a responsibility to increase awareness of cognitive impairment and to inform about the necessity of cognitive rehabilitation. Since its start as a pilot project in 1993, supplying the public with information about cognitive consequences of ABI has been an integrated part of KReSS. To balance efforts in direct patient work with education and research activities is a continuous and challenging task even in a prosperous country as Norway.

What has been the general reception of cognitive rehabilitation among the medical / allied health community in Norway?

There is a great interest for cognitive rehabilitation at the moment in Norway. The past decade has brought along significantly increased optimism regarding the potential for plasticity in the human brain, and thus...
also new hope and evidence regarding the potential for training of specific cognitive functions affected by brain injury. Along with this development, there has been increasing focus on the need to deliver evidence based health practices, including rehabilitation. As such, in many clinical and research milieus there has thus been increasing focus on establishing research projects and clinical interventions targeting the cognitive functions most often affected by injury, such as memory, executive functions, working memory, and language. With regard to the clinical services, this includes the introduction of new, domain targeted services, and an increased focus on the intensity of bottom-up interventions.

What may be some current research / clinical projects and or future directions that are being pursued @ Sunnaas?

In our experience, clinical research trials greatly enhance the quality of the clinical programs as well, both as a direct result of the knowledge derived through the studies, but also due to the increased focus on the use of scientifically sound clinical tools and outcome measures. Furthermore, the requirement of a scientific basis for the choice of interventions fosters a staff culture where evidence-based up-to-date knowledge is expected, encouraged and appreciated.

One goal associated with increasing research activity at SRH has been to extend clinical research cooperation nationally and internationally. Researchers and clinicians associated with SRH have established cooperative relationships with a wide range of rehabilitation centers and research groups in Europe, USA, Canada, UK and Australia.

The steep increase in research at the hospital at large has also resulted in more cognitive rehabilitation research. One ongoing PhD project conducts a Randomized Controlled Trial (RCT) on group-based Goal Management Training (GMT) in patients experiencing executive deficits following ABI. We have recently conducted another RCT employing GMT on patients with spina bifida and executive impairments, showing that deficits in executive functioning can also be ameliorated in patients with congenital brain dysfunction. Another ongoing PhD project investigates structural brain alterations associated with effects of computer-based training of working memory. The latter study is an example of on a future direction that is being pursued at SRH, namely the effort on bridging the gap between clinical neuroscience and cognitive rehabilitation.

Jan Stubberud, Ph.D. is a practicing neuropsychologist at Sunnaas Rehabilitation Hospital; he has been affiliated with Oslo University and NYU Langone Medical Center, Rusk Rehabilitation. Recent publications have included two articles on the topic of goal management training.

His recent publications include articles on goal management training.


Qcard Memory Device
by Sergio Di Giovanni, Founder | Survivor

“When we least expect it, life sets us a challenge to test our courage and willingness to change; at such a moment, there is no point in pretending that nothing has happened or in saying that we are not yet ready. The challenge will not wait. Life does not look back. A week is more than enough time for us to decide whether or not to accept our destiny.” — Paulo Coelho,

My name is Sergio Di Giovanni, survivor and founder of Qcard. I was involved in a serious motor vehicle accident a few years ago and sustained a brain injury. I received rehab through the acquired brain injury (ABI) program at Hamilton Health Sciences in Ontario Canada. During this phase of my life I stumbled upon a real BIG problem. I tried and struggled with traditional memory aids being taught to survivors to help us cope. I found we just cannot live our lives relying on paper & pen solutions as they more often than not, fail us.

Before my accident, I owned and operated a successful computer programming/development firm, but since my ABI I have not been able to return to my previous work due to memory and cognitive difficulties. However, over the past few years I’ve worked on an idea to develop an iPhone app called Qcard that greatly improves the quality of life for those of us living with brain injuries. It strengthens our memory, organization and helps regain our independence.

I have the full support of Ruth Wilcock, Executive Director at the Ontario Brain Injury Association (OBIA), Corrine Kagan, Senior Program Director of ABI at Ontario Neurotrauma Foundation, Dr. Mark Antoniazzi, psychologist at Schneider & Associates, Darlene Ormond, Advanced Rehabilitation Therapist at Hamilton Health Sciences and several of her co-workers. Initially, before meeting with me health advocates like Ruth were a bit skeptical. However, they quickly came to recognize that the idea was unique and had potential to better serve people living with ABI. So they provided me with the guidance, funding and support for the development of the app. Recently the Qcard was adopted as part of a training course by the American Congress of Rehabilitation Medicine (ACRM). They, along with thousands of survivors, are loving this app! I’ve worked closely with Ruth, Corrine and Darlene over the past year or so... and now with their help, Qcard is live on the Apple App Store!

There’s a whole list of features that make Qcard very different from other reminder apps... for instance, when a Qcard is due it will sound an alert every minute until you do something about it. A fundamental feature that insures no reminder goes unnoticed or forgotten. The goal was to create a memory crutch I could lean on and trust I wouldn’t fail.

Best of all, Qcard allows family members and care givers to send Qcards to me! They can track the progress remotely and get notified when I’m done. Having the ability to send each other Qcard reminders and manage life together has proven to be invaluable in reducing tension and stress in family relationships. Plus Occupational Therapists can now send me Guided Tasks (unique to Qcard), reminders and appointments directly from within Qcard!

My story has been featured in the following publications: American Brain Injury Association, The OBIA Review, The Brain Injury Association of Canada, Headline - British Columbia's Brain Injury Community, The Health Professional Magazine and a few local newspapers. Azim Ahmed, Communications and Fund Development Officer of OBIA Review, has written an extensive article about my story. I will be exhibiting Qcard at this year’s ACRM conference in Toronto, hope to see you there.
Announcements

Awards

Angela Colantonio, PhD, OTR, FACRM
Professor of Occupational Science and Occupational Therapy, University of Toronto
Recipient, Faculty of Medicine 2014 Graduate Faculty Teaching Award for Graduate Student Mentorship, University of Toronto

Fofi Constantinidou, Ph.D.
Professor of Language Disorders and Clinical Neuropsychology Department of Psychology Director Center for Applied Neuroscience University of Cyprus
Fellow, ACRM (October 2014)
Fellow, American Speech-Language Hearing Association (Nov 2014).

Janet P. Niemeier, Ph.D., ABPP (RP) Senior Research Director, Professor Department Physical Medicine and Rehabilitation Adjunct Professor, University of North Carolina at Chapel Hill
Mecklenburg County ABC Board Award
Modification of the 12-step Program for Persons with TBI (Co-Investigator)
CINC Trauma Center of Excellence, Carolinas Medical Center
Characterizing Moderators of Gender Differences after TBI (Principal Investigator)

Mentorship

Mentor: Attending, PM&R, Jesse Lieberman, NIH K Award. 7/14 - 7/19.

Service

Appointed Study Section MemberEunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD) National Institutes of Health (NIH)
Function, Integration, and Rehabilitation Sciences Subcommittee 7/1/2014 – 6/30/2018

Presentations


Gerald T. Voelbel, Ph.D. Associate Professor New York University, Steinhardt School of Culture, Education, and Human Development Department of Occupational Therapy

“Harnessing Neuroplasticity for Cognitive Remediaion in Traumatic Brain Injury Adults” Baycrest Institute, September, 2014, Toronto, Canada.


Margaret A. Nosek, PhD, Executive Director, Center for Research on Women with Disabilities Professor, Department of Physical Medicine and Rehabilitation, Baylor College of Medicine


Publications


Factors associated with arthritis 7 to 24 years after a traumatic brain injury. *Perceptual & Motor Skills*, 118(1), 274-292. doi: 10.2466/15.PMS.118k12w2


**Book Chapters**


**Grants**

Yelena Bogdanova, PhD
Assistant Professor
Department of Psychiatry, Boston University School of Medicine


Rehabilitation Research & Development, RCT evaluating efficacy of cognitive and educational programs for returning veterans with blast TBI. (PI: Yelena Bogdanova)

Shown left to right:
1. Phil Morse, Kristine Kingsley
2. Sheldon Herring, Frederica Priano, Bonnie Schaude
3. BI-ISIG business meeting
4. Preston Harley, Teresa Ashman, Larry Brooks
5. Doug Katz, Jim Malec

Improving lives through interdisciplinary rehabilitation research