

**BI-ISIG**

# Moving Ahead

Volume 26 Number 1

ISSN # 1046-137X

2011

A publication of the American Congress of Rehabilitation Medicine Brain Injury Interdisciplinary Special Interest Group

## Message from the Chair

Ronald Seel, PhD



Ron Seel

This is an exciting and challenging time to be involved in the brain injury rehabilitation field. NIH has dedicated up to \$28 million for the 17-center PROTECT

III clinical trial to examine the neuroprotective efficacy of progesterone administered within the first eight hours following TBI. Amantadine and deep brain stimulation have shown promise in treating persons with disorders of consciousness, and rehabilitation therapists are using new assistive technologies to improve physical and cognitive recovery.

Despite recent advances, significant challenges remain for brain injury rehabilitation research and service delivery. While payers demand increased evidence to justify reimbursement of rehabilitation services, research funding remains insufficient. Twenty years after its creation, NCMRR receives only \$70.5 million of NICHD's \$1.35 billion budget, with NIDRR's proposed 2012 budget heralding decreases in both TBI model system centers (from 16 to 14) and new field-initiated awards (from 20 to 14). An expanding federal deficit, coupled with healthcare reform, renders future rehabilitation service reimbursement uncertain.

In this environment, it is an exciting and challenging time to be an ACRM and BI-ISIG member. As sole owners of *Archives of PM&R*, our ACRM Board, with *Archives* editorial leadership, have embarked on an intensive market research plan to position our journal for

financial strength in meeting present and future needs of the rehabilitation audience. Our ACRM national office, led by Jon Lindberg, has modernized membership and website hardware and software, while greatly expanding staff expertise. ACRM (and BI-ISIG) membership currently comprises predominantly middle- and late-career members. We must be forward-looking to attract and retain early-career members and develop middle-career leaders who will maintain ACRM as a vibrant association in the next 10 years and beyond.

One of my primary duties as BI-ISIG chair is to develop a mission and goals with input from BI-ISIG membership, and to devise an action

plan to meet these goals. In light of our internal association needs and environmental challenges, a number of core questions are foremost in my mind. How can we improve BI-ISIG membership value to best meet the needs of early-, middle-, and late-career members? What opportunities should become part of our core BI-ISIG mission? What environmental risks must we tackle

[continued on page 2](#)

Lance Trexler, Judy Reuter, Ron Seel, Joshua Cantor, Donna Langenbahn, J. Preston Harley, Vanessa LoPresti, Mike Mozzoni, Risa Nakase-Richardson, and Phil Morse

## Girls and Women with TBI Task Force

We herald a new BI-ISIG task force focused on improving health and quality of life of girls and women with TBI! All interested individuals are invited to join the task force at its inaugural session on Saturday, April 30, 2011, Chicago 2011 Mid-year Meeting. Dr. Angela Colantonio currently chairs the task force, and she thanks all persons/funders who inspired and supported this initiative arising from a one-day workshop on women and TBI held prior to the 2010 ACRM annual conference in Montreal. Workshop participants included policy makers, funders, clinicians, researchers, consumers and advocates who identified an agenda to address key gaps in research and practice most relevant to women and girls. For more task force information, please contact Angela Colantonio ([angela.colantonio@utoronto.ca](mailto:angela.colantonio@utoronto.ca)).

## Table of Contents

Message from the Chair .....	1
Letter from the Editor .....	2
BI-ISIG Annual Business Meeting Minutes - October 2010 .....	3
Meet the 2010-2012 BI-ISIG Executive Committee .....	8
2010 Sheldon Berrol Memorial Chautauqua .....	9
News Briefs .....	11

## American Congress of Rehabilitation Medicine Brain Injury Interdisciplinary Special Interest Group

### Executive Committee

#### Chair

Ronald Seel, PhD  
Shepherd Center  
Atlanta, Georgia  
Tel: (404) 367-1240  
Fax: (404) 350-3081

#### Chair Elect

Lance Trexler, PhD  
Rehabilitation Hospital of Indiana  
Indianapolis, Indiana  
Tel: (317) 879-8940  
Fax: (317) 872-0914

#### Treasurer

Risa Nakase-Richardson, PhD  
James A. Haley Veterans Hospital  
Tampa, Florida  
Tel: (813) 972-2000  
Fax: (813) 903-4814

#### Secretary

Joshua Cantor, PhD  
Mount Sinai School of Medicine  
New York, New York  
Tel: (212) 241-8850  
Fax: (212) 241-0137

#### Immediate Past Chair

J. Preston Harley, PhD  
Neuropsychology Institute  
Chicago, Illinois  
Tel: (630) 293-4321  
Fax: (630) 293-4297

#### Editor-Moving Ahead

Donna Langenbahn, PhD  
Rusk Institute of Rehabilitation Medicine  
New York, New York  
Tel: (212) 263-6163 Fax: (212) 263-5166

### ACRM Staff

Jon Lindberg, Chief Executive Officer  
Email: Jlindberg@acrm.org  
Judy G. Reuter, Senior Manager  
Mission Directives  
Email: Jreuter@acrm.org

Tel: (317) 471-8760 Fax: (866) 692-1619

continued from page 1

#### Message from the Chair

proactively as a leading professional brain-injury rehabilitation special interest groups in the United States? Finally, how much time and energy is reasonable to ask from a group of already-busy professional volunteers?

I am excited about developing and implementing a mission and goals with our newly-elected executive committee (please see page 8). I believe an important process in goal-setting and addressing membership value is communication, and I would like to promote a town-hall component in our mid-year and annual business meetings. From personal experience, I think one of the biggest challenges as a task force chair is building and maintaining project momentum across a multi-year period. Thus, as BI-ISIG chair, I see value in personally assisting task force movement by providing feedback, removing roadblocks, finding human and financial resources, and making consultation available for goal setting, planning, and, if needed, product endorsement.

In meeting environmental risks and opportunities, it is apparent to me that the BI-ISIG must play a greater role in advocating for clinical and research funding. It is also apparent that the BI-ISIG cannot successfully tackle these issues alone. We must engage in and foster multi-center collaborations on topics that affect the entire rehabilitation field. In this regard, Steve Flanagan, MD, ACRM member and chair of AAPM&R Central Nervous System Council, will address our mid-year meeting attendees regarding the Academy's brain injury task force and advocacy activities and interests, toward the goal of developing long-term collaboration. I have also been fostering a collaborative relationship with the CDC Department of Injury Response, that will sponsor an invitation pre-conference meeting of TBI rehabilitation researchers at the ACRM Annual Meeting in Atlanta. The CDC will also present at our BI-ISIG annual business meeting.

In closing, a prospective member asked me to describe the BI-ISIG. I gave a somewhat rambling answer, but the question stuck with me. After some thought, I would describe the BI-ISIG as an informal group of hard-working volunteers dedicated to the advancement of brain injury rehabilitation who are close friends. As we continue to evolve, I think it is essential that we maintain our culture of informality, dedication, hard work, and close friendship. It is what attracted me to the ACRM and what keeps me motivated to stay an active member.

I look forward to seeing you all at our 2011 Mid-year Meeting in Chicago on Friday, April 29 and Saturday, April 30.

### Letter from the Editor



Norbert Jay and Donna Langenbahn

The BI-ISIG is a group in transition, as Ron Seel has noted so clearly in his first "Message from the Chair." I, too, welcome the new members of the BI-ISIG Executive Committee, who have brought fresh energy and opinions to our discussions.

I am pleased to note another highlight of Ron's message, the importance of BI-ISIG-based friendships in the endurance of our organization. I know that this element is an essential component of my steadfast loyalty to ACRM, and I would bet that it's not a small part of yours. In this context, I welcome the Girls and Women with TBI Task Force, knowing that this group will foster both professional affiliations and personal opportunities for friendship surrounding mutual interests and values. We look forward to the official inauguration of this task force in Chicago and our usual roster of task force business, as well as to seeing old (and new) friends and colleagues once again.

*Donna Langenbahn, PhD, Editor*



# BI-ISIG Annual Business Meeting Minutes - October 21, 2010

## Hilton Bonaventure Hotel • Montreal, Quebec, Canada

### 2008-2010 BI-ISIG Executive Committee

J. Preston Harley, PhD, Chair

Ronald Seel, PhD, Chair Elect

Philip A. Morse, PhD, Immediate Past Chair

Jon Lindberg, ACRM Executive Director (*ex officio*)

Michael Mozzoni, PhD, BCBA, Treasurer

Vanessa LoPresti, PhD, Secretary

Donna Langenbahn, PhD, Chair, Publications Committee (*ex officio*)

### Welcome and Announcements:

*J. Preston Harley, BI-ISIG Chair*

The Annual Meeting of the Brain Injury Special Interest Group (BI-ISIG) of the American Congress of Rehabilitation



Medicine (ACRM) was convened in Montreal, Quebec, Canada on October 21, 2010, at the Hilton Bonaventure Hotel. BI-ISIG Chair, J. Preston Harley, opened with

*J. Preston Harley* welcoming remarks and requested that members review a circulating document for accuracy of contact and membership information. He introduced members of the Executive Committee, and announced the proposed slate of officers for the 2010-2011 BI-ISIG Executive Committee: Joshua Cantor - Secretary, Risa Nakase-Richardson - Treasurer, and Lance Trexler - Chair Elect. Keith Cicerone moved to accept the slate; Wayne Gordon seconded the motion.

A document with BI-ISIG's fiscal position as of 9/30/10 document was distributed, with verbal notation made that the year-to-date total listed is off by \$455; the correct figure is actually \$9,450.23. This total is reported to be an increase in \$2,500 over the BI-ISIG's account balance at this time last year. Last year's membership numbers were noted to be very low, equaling only 203. First quarter membership total for the current year was reported to be 32. Members were encouraged to renew their memberships.

### Publications Report

*Donna Langenbahn, Chair*

Donna will remain editor of *Moving Ahead*; however, reassignment of staff duties in ACRM will result in Judy Reuter no longer working on its production with Donna. Judy's involvement will be replaced with that of Michelle Poskaitis, Chief Marketing Officer of ACRM.

Donna recognized and thanked Judy for her 7 years of collaboration, support, and friendship while working together on *Moving Ahead*. Donna reported that there is discussion within ACRM of changing the look of *Moving Ahead*, as well as shifting to electronic dissemination. Preston requested member input regarding preferences for paper versus electronic dissemination. The question was raised regarding



*Joe Marcantuono and Nina Geier*

the potential financial savings by moving to electronic dissemination. Mike Mozzoni, BI-ISIG Treasurer, reported that \$1700 is spent annually on printing, production, and postage; however, this full amount would not be saved as there would be anticipated expenses associated with moving to electronic

production and dissemination of the publication as well. A formal count was not taken, but the sentiment expressed by several members seemed to indicate a stronger preference for continuation of hard copy dissemination.

### ACRM Report:

*Jon Lindberg, ACRM Executive Director*

Jon reported that the ACRM is supportive and appreciative of the BI-ISIG's hard work and contributions, and is committed to providing financial and staffing support to help execute the ideas and activities brought forward by the membership. He encouraged members to attend the ACRM Presidential Address at the ACRM Membership Meeting.

*Joe Giacino, ACRM President*

Joe concurred with Jon that the ACRM Board is very much behind the BI-ISIG, noted that the products sub-

*continued on page 4*

### Executive Reports:

#### Secretary's Report

*Vanessa LoPresti, BI-ISIG Secretary*

Minutes of the 2010 Mid-year Business Meeting were distributed in copies of *Moving Ahead* for review by membership. Motion to approve the minutes was made by Keith Cicerone and seconded by Lance Trexler.

#### Treasurer's Report

*Mike Mozzoni, BI-ISIG Treasurer*



*Cindy Braden, Gale Whiteneck and Cindy Harrison-Felix*



*Jon Lindberg and Lance Trexler*

continued from page 3

#### Annual Business Meeting

mission and dissemination movement has made significant progress thanks to Tessa Hart's and Preston Harley's efforts, and also encouraged BI-ISIG members to attend the ACRM Membership Meeting.



*Phil and Amy Morse*

#### Other Business & Reports:

#### 2010 ACRM-ASNR Conference

– J. Preston Harley

Preston thanked Virginia Mills and the program staff for their work on the ACRM-ASNR Joint Educational Conference program, and noted the impressively large representation (40%) of papers related to brain injury. He also thanked Joe Marcantuono for his assistance with the Mitch Rosenthal and Chautauqua presentations, and indicated that Joe will be actively involved in setting up these presentations for next year's conference.

#### ACRM Product Development Committee

– Tessa Hart, Chair

This committee has worked on clarifying the process for submitting products to ACRM. A document entitled "Guide to Products, Version 1.0" was distributed, outlining the current process for developing and submitting products for consideration to be branded by ACRM, and providing clarification on what is considered a "product" and rationale for ACRM's requests for product development. Tessa encouraged members to review the information and send her feedback or comments. She noted that membership should be aware that

guidance and support is available at the beginning and throughout the product development process, and also called members' attention to a potentially helpful worksheet and step-by-step process provided in the distributed document. She also recognized a recently completed product: the Mild TBI Task Force's definition of Mild TBI has been translated into seven languages, with three translations currently available on the ACRM web-site.

#### Treatment Guideline Development Opportunity

– Mark Ashley

Mark announced that the BIAA and the Brain Trauma Foundation will be working together to develop guidelines to be submitted to the U.S. Department of Human Services within the next 12 months, to inform the national health policy standards that are being developed. The project will involve developing brain injury treatment guidelines and algorithms based on professional consensus, as well as an attempt to codify the brain injury treatment continuum, to make it standard treatment, and ensure that future payers will be required to pay for rehabilitation services. This project was noted as an important opportunity for BI-ISIG experts to contribute to and influence guideline content and to help ensure that a codified set of evidence-based guidelines, rather than "medical necessity," is used to guide coverage decisions. Mark requested members to consider contributing in their respective areas of specialization, to help move through the literature quickly and to



*Mike Mozzoni, Tamara Bushnik, and Richard Francis*



*Ruth and Mike Brannon*

develop quality guidelines expeditiously. He reported that \$445,000 in funding has been secured for the project so far; this money will help fund participants' travel expenses, but participation in the project itself will be unpaid.

#### Blue Cross/Blue Shield Limitations on Coverage for Rehabilitation & Potential Advocacy Role of BI-ISIG

– Open membership discussion

The membership noted that Blue Cross/Blue Shield (BC/BS) continues to deny coverage for cognitive rehabilitation, apparently based on faulty reading and interpretation of the literature and inappropriate reliance on outdated information. A call was made for the BI-ISIG to take an active role in advocating for a change in this position, focused upon challenging BC/BS's bases for continued denials of cognitive rehabilitation. This point led to a larger discussion of how BI-ISIG can play an effective role in advocacy issues such as these, and the possible mechanisms for accomplishing this in a timely manner. Discussion en-

sued regarding the appropriateness and utility of developing a formal position statement to be published in *Archives*. The benefit of having a published document that available to be cited by all professionals in need of such support was noted, as was the limitation that this process can be cumbersome and time-consuming, and may not meet the current need for a timely response to emergent issues. The general consensus of the group was that two processes would be helpful,

*continued on next page*



continued from previous page



*Dawn Neumann, Jacob Kean, and Flora Hammond*

one involving the more lengthy and formalized pursuit of a position paper for issues not needing immediate response, and one involving less extensive content but the ability to address directly the issue at hand (such as a letter format). Joe Giacino, ACRM President, indicated that the Clinical Practice Committee is exploring potential processes for needs such as these, and suggested not rushing to complete something prior to the CPC determining the necessary criteria for such products. Membership was uncomfortable with waiting, however, for the completion of such a process, and posed whether a group could convene in the meantime to begin developing the content, while the CPC works on finalizing the process to be followed for ACRM branding/endorsement. Members underscored their sense of urgency, indicating that the issue with BC/BS has been ongoing since 1997, and their belief that the organization needs to do something to address this obstructionism to treatment for individuals with brain injury. It was agreed that a letter or posi-



*Mel Glenn and Tom Felicetti*

tion statement could begin to be drafted at this time. Keith Cicerone volunteered to begin working on this with his task force. Mark Ashley indicated that there are five specific criteria used by BC/BS to determine efficaciousness of treatment and recommended that the letter/position statement address these directly.

### Task Force Meeting Plans:

#### Assistive Technology

– *(Marcia Scherer/Tamara Bushnik, Co-chairs, but not in attendance)*

No report provided.

#### Cognitive Rehabilitation

– *Keith Cicerone, Chair*

Donna Langenbahn has agreed to serve as Co-chair of the task force. The group will meet Friday, 10:00-11:30 a.m. They will go over the revisions of the manuscript for the updated review of the 2002-2008 studies, which has been accepted by *Archives*, with relatively minor revisions required. In addition, the group will update and discuss the



*Nina Geier, J. Preston Harley and Cindy Braden*

ongoing work of the literature review on cognitive rehabilitation for conditions other than stroke and TBI. They will also discuss the dissemination of clinician and consumer fact sheets on cognitive rehabilitation that have been developed, as well as get an update on clinical protocols in the first draft of a manual being developed.

#### Community-Based Treatment

– *Nina Geier, Chair (for herself and Ann Marie McLaughlin, Co-chair)*

The group will meet Friday, 11:30 a.m. -12:30 p.m. The task force has had fluctuating attendance in the past. In July, prior attendees were asked to

indicate their anticipated involvement, so that the group could develop a committed core working group; nine such individuals were identified. Many are not in attendance at this meeting, but will be participating in conference calls and meetings in the future, focusing on completing a comprehensive review of outcome measurement and models of care in community-based treatment.



*Cate Miller and Tina Trudel*

#### Disorders of Consciousness

– *Ron Seel, Chair*

The group met last night, and is currently in the process of discussing future projects and direction. Since the last meeting, the systematic review they completed on assessment measures for disorders of consciousness was accepted by *Archives* for publication and the practice recommendations were accepted by the Clinical Practice Committee of ACRM. They will be published as practice parameters, and a request has been submitted to the American Board of Neurology to accept them as guidelines for neurology as well. A response is anticipated by December.

#### Long-Term Issues

– *Tina Trudel/Austin Errico, Co-chairs*

The group will meet Friday at 9:00 a.m.. The edited volume, *Aging with Brain Injury*, is almost completed. Almost half of chapters had some connection with task force activities. The group continues to explore developing clinician fact sheets on prevention of falls, dementia after TBI, and health/wellness after TBI. They have an email address, to which individuals interested in par-

continued on page 6

continued from page 5

## Annual Business Meeting



*Kathy Kalmar and John Whyte*

icipating in the task force or reviewing their minutes should write: [acrm-ltitf@google.com](mailto:acrm-ltitf@google.com).

## Mild TBI

– *Andrea Laborde/Murdo Dowds, Co-chairs*

The group has created a Google group site for member participation and is also exploring other electronic options for storage, data management, and member participation. Current work focus is on discussion of a literature review to look at support for components of the mild TBI definition. They are also considering the benefit of developing a definition for Post Concussive Syndrome.

## Pediatric/Adolescents

– *Joseph Marcantuono (for L. Laatsch, Chair)*

The group will not be meeting at this conference, but plans to regroup at the mid-year meeting. Their focus continues to be development of a survey to be sent to international programs of integrated comprehensive rehabilitation, with the intention of identifying essential features of such programs and potential development of a multi-center study.

## Prognosis after TBI

– *Rosette Biester, Chair (for herself and David Krych, Co-chair)*

Rose recognized the work of her co-chair, as well as the contributions of task force participants, in the task force's current meeting. The group has developed a survey for patients and family members regarding their perceptions about what they have been told regarding the anticipated outcome and treatment for their

TBI. The survey has been edited to 20 questions, and was developed with the help of feedback from a support group. The group is now pursuing IRB approval, and has obtained a grant to fund the review process and use of the company Quiet Mind to aid in the process. Group members are performing a literature review on patient perceptions, and are finding that patient misperceptions are those primarily in the literature.

## Treatment Theory

– *Tessa Hart, Chair (for herself and Janet Powell, Co-chair)*

Group members have been focusing on aspects of learning theory that apply to rehabilitation, and are working on a special issue of *JHTR* on this topic, with high quality papers submitted, and anticipated to be published in 2011. Once this project is completed, however, the task force will be suspending its activity until future notice, as no one is available to co-chair the task force with Janet Powell.

## Other Task-Force Related Information

– *J. Preston Harley*

Preston underscored that it is appropriate and acceptable for task forces to take breaks, dissolve, or take on a different focus, if/when the previous focus of the group, or engagement of its members, has run its course. He also reported that a number of potential new topics for task-force exploration have been brought to his attention by members, including, but not limited to, topics relating brain injury to: sleep, imagery, girls and women's issues, concussion, combat injuries, sports injuries, falls, etc. Preston encourage interested parties, as well as current task forces, to consider how such topics might be developed. Possibilities include incorporating these topics into existing task forces' activities, establishing new task forces, and/or retiring some of the less-active



*Theo Tsaousides and Fofi Constantinidou*

task forces. Several members noted interest in the topic of "Girls' and Women's issues in TBI," in particular, mentioning that some attendees at a pre-conference workshop had identified this need and were currently working toward a possible task-force agenda. Marilyn Spivak underscored the importance of the BI-ISIG's work remain-

ing current and relevant in its foci, while also recognizing past contributions of the group. A request was made to expedite and facilitate formalizing the pursuit of such new topics through potential new task forces. Ron Seel, incoming BI-ISIG Chair, indicated that he would request that ACRM Central Office



*Andrea Laborde*

email the form used to submit a request for a new task force. He also suggested that any group interested in initiating a new task force should include him on their meetings/telephone calls, and he will help facilitate its establishment and activities.



*Teresa Ashman, Theo Tsaousides and Jim Malec*

## Announcements:

The call for papers for the Federal Interagency Conference on TBI is still open and has been extended to the end of year. The conference will be held 6/13-6/15/2011 in Washington, DC.

The Canadian Brain Injury Associa-

[continued on next page](#)



continued from previous page

tion conference will be held in August, 2011 in Prince Edward Island. An email will be sent by the reporting member with relevant information.

Jane Gilette, President of the Pediatric Brain Injury Society announced that their conference will be held in Toronto in July, 2011.



*Jeffrey Englander and Marilyn Spivack*

The Santa Clara Valley conference is also upcoming, and information can be obtained via the internet at [www.tbi.sci.org](http://www.tbi.sci.org).

The BI-  
ISIG 2011  
Mid-year

Meeting will be held at the Westin River North Hotel in Chicago, April 28th-30th. The 2011 Annual Meeting of the BI-ISIG will be in Atlanta, GA.

### Awards & Recognitions:

#### David Strauss Award

– *Thomas Felicetti & Donna Langenbahn*

The Strauss Award is given in memory of David Strauss, who had particular interest in the personal and social real-life issues faced by individuals with brain injury. The poster judged to be most representative of this focus this year, and granted the Strauss Award is entitled "Personalized Accompaniment for Community Integration for People With a Traumatic Brain Injury in Postrehabilitation," by Hélène Lefebvre,



*Mary Hibbard, Allen Heinemann, Margaret Brown and Wayne Gordon*

Marie-Josée Levert, Isabelle Gélinas, Claire Croteau, Guylaine Le Dorze, Carolina Bottari, and Michelle McKerrall. The first author will receive complimentary registration for next year's ACRM-ASNR conference in Atlanta, GA.

#### ACRM Fellows

Donna Langenbahn and Tom Felicetti were recognized as having been elected as Fellows of ACRM.

#### Past Executive Committee Members

Outgoing Executive Committee members Vanessa LoPresti – Secretary, Mike Mozzoni – Treasurer, and Phil Morse – Immediate Past Chair were recognized and thanked for their service. J. Preston Harley was recognized and thanked for having served as BI-ISIG Chair for his most recent two-year term, as well as having done so in the past, and to have given 25 years of service to the organization, always with grace and good cheer.

#### Meeting Adjournment:

Motion to adjourn the meeting was made by Tessa Hart, and seconded by Jim Malec. The meeting was adjourned at 5:00 p.m., EST.

Respectfully submitted,  
Vanessa LoPresti, PhD,  
BI-ISIG Secretary



*Steve Macciocchi and Ron Seel*

## New BI-ISIG Members: 2010

The following individuals joined the BI-ISIG in 2010. Please welcome them to our meetings and task forces:

**Anne-Felicia Ambrose, MD**  
Mount Sinai School of Medicine

**Ulrike Berzau, MM, MHS, PT**  
Spaulding Rehabilitation Hospital

**C. Scott Bickel, PT, PhD**  
U. Alabama at Birmingham

**Roberta Brooks, MA, CCC/SLP**  
Moss Rehabilitation Hospital

**Heechin Chae, MD**  
Spaulding Rehabilitation Hospital

**Murdo Dowds, PhD**  
Boxborough, MA

**Debra Fournier, MSN, APRN**  
Dartmouth-Hitchcock MC

**Kathleen McCarthy, MD**  
Westmead Hospital  
Westmead, NSW, Australia

**A. Cate Miller, PhD**  
NIDDR

**Patricia Nellis**  
Barnes Jewish Hospital

**Preeti Raghavan, MD**  
Rusk Institute of Rehab Medicine

**Joseph Rath, PhD**  
Rusk Institute of Rehab Medicine

**Joseph Rosenthal, MD**  
Ohio State University

**Michael Sittig, PhD**  
ReMed

**Lori van Veldhoven, PhD**  
Baylor College of Medicine

**Gerald Voelbel, PhD**  
New York University

**Ford Vox, MD**  
Washington University, St. Louis

**Sarah Wallace, PhD, CCC/SLP**  
Duquesne University

## Meet the 2010-2012 BI-ISIG EC

The BI-ISIG 2010-2012 Executive Committee (EC) took office at the 2010 Annual Business Meeting. Here we introduce some of the newer folks to you, and present some new information on more familiar faces.



Chair Ronald Seel, PhD, a two-year EC veteran, served previously as Chair Elect. Ron is Director of Brain Injury Research at Shepherd Center in Atlanta, and won the 2010 ACRM Deborah L. Wilkerson Early Career Award in Rehabilitation. He completed his PhD in counseling psychology at Virginia Commonwealth University, and served a post-doctoral fellowship in clinical neuropsychology and rehabilitation psychology at VCU/MCV. Although Atlanta is his current home, Ron is a native New Yorker. He is married to Cindy and they have 2 children, Cami, age 10, and Jack, age 4. Ron enjoys cycling, hiking, cooking, music, and is a diehard Detroit Lions fan.



Immediate Past Chair J. Preston Harley, PhD served as 2008-2010 BI-ISIG Chair. He previously was EC Chair 10/91 through 6/94, and is a BI-ISIG veteran instrumental in many of its early seminal initiatives. The son of an Army officer, Preston was an early world-wide traveler, eventually obtaining his doctorate from Bowling Green State University and post-doctoral training at the University of Wisconsin neuropsychology lab. Ten years at Braintree Hospital and BU Medical School, building rehabilitation treatment and neuropsychology training programs, were followed by a stint at Marianjoy Rehabilitation Hospital in Chicago. He is currently in private practice, is active in several professional organizations, and has served as a CARF surveyor for more than 20 years. Preston is able to pursue a wide-ranging passion for music in music-rich Chicago. He is

also an avid sports fan, a cyclist, and a loyal fan of Formula 1 racing.



Chair Elect Lance Trexler, PhD, another pioneer in brain injury rehabilitation, hails from Mexico, Indiana farm country. He completed his doctorate at Purdue University, an internship at Baylor College of Medicine in Houston, and mentoring at the Indiana University Department of Neurology Neuropsychology Laboratory. He is currently Director of the Department of Rehabilitation Neuropsychology, Rehabilitation Hospital of Indiana in Indianapolis, with a an interest in developing and researching post-acute and long-term rehabilitation models for people with ABI. Lance is married to his "Big Sweetie" Laura Trexler, OTR, and they have brought together four great kids in a hugely successful union. In his "off time," he enjoys trout fishing and putting oils on canvas—not usually at the same time, he says.



As BI-ISIG Secretary, we welcome Joshua Cantor, PhD, currently Co-Director of the Brain Injury Research Center at the Mount Sinai School of Medicine in New York City. Joshua completed his doctoral work at Long Island University prior to a postdoctoral fellowship in rehabilitation psychology and clinical neuropsychology at Mount Sinai. In addition to research, he has significant clinical and teaching responsibilities in his current role. He is married and lives in NYC's East Village with his wife Chris and their two children. When not at work, he loves to waste inordinate amounts of time and money on listening to, purchasing, and reading about music.



Risa Nakase-Richardson, PhD is BI-ISIG Treasurer, and a rehabilitation neuropsychologist in the Polytrauma Rehabilitation Program at the

James A. Haley Veterans Hospital, Tampa, FL. She has her doctorate from West Virginia University in Morgantown, and completed a fellowship in neuropsychology at Methodist Rehabilitation Center and U Miss Medical Center, Jackson. Born in Japan and half-Japanese, Risa grew up in Mississippi. She now lives with her husband and two sons in Tampa and enjoys reading, gardening with her children, and deep-sea fishing with husband, Gordon.



Donna Langenbahn, PhD, continues as Publications Chair (the office proposed to change to Communications Officer) for the BI-ISIG and editor of *Moving Ahead*. Originally also a farm-girl Hoosier, she has been a NYC resident for over 27 years, working in rehabilitation psychology at the Rusk Institute of Rehabilitation Medicine. An avid rehabilitationist, she lives in a "cozy" NYC apartment with her other love, Norbert Jay. She enjoys reading, practicing Spanish, and exploring off-the-beaten-path roadside attractions in the US, Mexico, Canada, and Europe.



A proposed new BI-ISIG position is that of Program/Awards Officer, with Joseph Marcantuono, PhD, nominated to fill that position. Joe is Supervisor of Adult and Pediatric Inpatient Psychology, Rusk Institute of Rehabilitation Medicine in NYC. Joe was born and raised in and around Newark, NJ. His doctoral training was at Fairleigh Dickinson University, with subsequent training at Jersey City Medical Center and NYU Medical Center. He was previously Director of the Brain Injury Program at Children's Specialized Hospital in Mountainside, NJ. An already-proud father of two daughters, he and wife Vanessa LoPresti are the happy parents of little Matthew, 1½ years. They live in Oceanport, NJ, where Joe's interests include cooking, gardening, oil painting, and guitar playing.



## The 2010 Sheldon Berrol Memorial Chautauqua

“So You Say You Practice a Person-Centered Approach to Rehab—How Do You Really Know if You Are?” was the 2010 Sheldon Berrol Memorial Chautauqua presented at the October ACRM-ASNR Joint Educational Conference. This presentation featured an esteemed international panel of experts led by Christine M. MacDonell, CARF’s Managing Director of Medical Rehabilitation and International Aging Services/Medical Rehabilitation. Other panel members included Dr. Eric Cassell, ethicist from McGill University; Dr. Christopher Poulos, Senior Staff Specialist, Port Kembla Hospital, New South Wales, Australia; Ms. Angela Kwoc, at the Center for Ability, Vancouver, British Columbia, Canada; Ms. Lucia Power, ABI Ireland Midwest/Southern Regional Manager, and Ms. Lorraine Riche, Senior Director, Inova Health Care, Fairfax, VA.

In the tradition of exploring values, ethics, and humanism in BI rehabilitation, the 2010 Chautauqua challenged the audience to consider their activities in areas essential to person-centered rehabilitation: the acknowledgment and acceptance of each individual as a whole person; the fostering of staff moral and ethical development; the focus on community support of individuals with disability; and the transformation of work and social environments into positive, enriching contexts enhancing the quality of life for the person receiving services.

The speakers emphasized several points central to their topic, noting that “the person is not a diagnosis;” in parallel analogy, the biopsychosocial model is not a prescriptive model. They argued that keeping a person safe, without consideration of the impact on the person’s independence, self-respect, and identity, is personally and socially disabling. We need to turn to the individual to ask for the rules to follow in working with a person within the environment. They discussed the welcome impact of integrated medical records with patient

input. They also asked us to consider the preparation needed by family and community to engage in the journey with the survivor, and to conceptualize a health model of “wellness” and the role of “partner.”

This Chautauqua asked the audience to embrace the paradigm shift that has been a thread in rehabilitation theory for many years<sup>1,2</sup> and formally declared by NIDRR in 2000.<sup>3</sup> As noted in our previous issue, the paradigm of person-centered rehabilitation has had many precursors. Although the idea should not be new to us, we must still ask ourselves: “Do I really practice a person-centered approach to rehab?”

<sup>1</sup>Stubbins J. Editorial introduction. In Stubbins J, editor. Social and psychological aspects of disability: a handbook for practitioners. Austin, TX: Pro-ed Books. 1977. p 3-10.

<sup>2</sup>Wright BA. Physical disability: a psychosocial approach (2nd ed.). New York: Harper & Row. 1983.

<sup>3</sup>U.S. Department of Education, Office of Special Education and Rehabilitative Services, National Institute on Disability and Rehabilitation Research. Long-range plan 1999-2003. Washington, DC: Author; 2000.

## BI-ISIG Members Receive Awards and Recognition at the 2010 Annual ACRM-ASNR Joint Conference

Among those recognized and receiving awards during the 2010 Annual Joint Conference of ACRM and ASNR were several BI-ISIG members that we are proud to highlight:

**Ruth Brannon, MSPH, MA** was recipient of the Gold Key Award, the highest ACRM honor, established in 1932 to recognize individuals who have rendered extraordinary service to the cause

of rehabilitation. Ms. Brannon, Director of the Research Sciences Division of NIDRR in Washington, DC, has over 25 years experience in both research administration and conducting research related to delivery of health and reha-

bilitation services. While at NIDRR, she has served as a beacon for the development of rehabilitation research through consistent high values, clear guidance, and strong directives. An impassioned and dedicated rehabilitationist, Ruth Brannon has created a legacy that impacts disability researchers and funders, clinicians, educators, and consumers.

The Edward Lowman Award is granted to an individual whose career

reflects promotion of the spirit of interdisciplinary rehabilitation. As the 2010 awardee, **Kenneth J. Ottenbacher, PhD, OTR**, Russell Shearn

Moody Distinguished Chair in Neurological Rehabilitation at the University of Texas Medical Branch (UTMB), Galveston, TX, is both Professor and Director, Division of Rehabilitation Sciences, and Director of the Center for Rehabilitation Sciences at UTMB. In his dual roles, he has promoted the interdisciplinary nature of rehabilitation science as extending beyond the boundaries of traditional academic departments and creating relationships between basic scientists and clinicians who have a common interest in rehabilitation and disability.

The Distinguished Member Award honoring members who have significantly contributed to the development and functioning of ACRM, went to **Henry B. Betts, MD, FACRM**, Past



Wayne Gordon, Ruth Brannon, and Joe Giacino



Ken Ottenbacher and Joe Giacino

continued on page 10

continued from page 9

#### BI-ISIG Member Awards



Allen Heinemann, accepting on behalf of Dr. Betts, and Joe Giacino

Medical Director/President, Rehabilitation Institute of Chicago, Chicago, IL. As a physician, educator, advocate, and humanitarian, Dr. Betts has devoted his professional career to improv-

ing the quality of life for people with disabilities. His association with ACRM has reflected both his commitment to rehabilitation and the honor that he has brought to his profession for over five decades. He gave the ACRM Coulter Lecture in 1974, was awarded the Gold Key Award in 1984, became a Fellow of ACRM in 2002, and received the Edward Lowman Award in 2006.

**Ronald Seel, PhD** was the 2010 recipient of the Deborah L. Wilkerson Early Career Award in Rehabilitation,



Ron Seel and Joe Giacino

awarded to an ACRM member within ten years of completion of training who has made significant contributions to rehabilitation research. Dr. Seel is Director of Brain Injury Research at Shepherd Center, Atlanta, GA. His research interests in TBI have been wide-ranging, including assessment of safety risk after TBI, pharmacological treatment of attention disorder in persons with TBI receiving acute rehabilitation, identification of recovery patterns in the first year after TBI, and factors (e.g., biopsychosocial, treatment) that predict TBI post-acute rehabilitation outcomes.

The designation Fellow of ACRM recognizes individuals making significant contributions to the field of medical rehabilitation and to ACRM. Newly honored 2010 FACRMs were **Thomas Felicetti, PhD**, and **Donna Langenbahn, PhD**.

Dr. Felicetti is Executive Director, Beechwood Rehabilitation Services, Langhorne, PA. He has not only a distinguished clinical and research career in rehabilitation, but has taught and written about a wide variety of topics in the field of general and brain injury rehabilitation. A long-time ACRM BI-member, he served as BISIG Chair (2004-2006), and has been an active and dedicated member of the both Cognitive Rehabilitation and Long Term Issues Task Forces.

Dr. Langenbahn is Clinical Associate Professor of Rehabilitation Medicine at NYU School of Medicine and Associate Director of Psychology – Outpatient Service, at the Rusk Institute of Rehabilitation Medicine, New York, NY. She has been active in ACRM via the BI-ISIG, serving as Editor of *Moving Ahead* and Publications Chair for the past eight years. She is also a devoted member of the Cognitive Rehabilitation Task Force.

The Elizabeth & Sidney Licht Award for Excellence in Scientific Writing recognizes scientific writing excellence in selecting each year a paper published in *Archives of PM&R* that makes significant empirical and theoretical



Tom Felicetti and Mark Sherer



Donna Langenbahn and Mark Sherer



Gale Whiteneck and Joe Giacino

contributions to rehabilitation medicine, with sound methodology and data analysis. The 2010 award went to Tomedi Ventura, **Cynthia Harrison-Felix**, Nicholas Carlson, Carolyn DiGuseppi, Barbara Gabella, Allen Brown, Michael DeVivo, and **Gale Whiteneck** for the paper, "Mortality after discharge from acute care hospitalization with traumatic brain injury: a population-based study." (Published in *Archives of PM&R*, January, 2010, Vol. 91, Issue 1, pp. 20-29).

#### 8th Annual BI-ISIG David Strauss PhD Memorial Award

In 2004, an award was created in honor of David Strauss, PhD, a long-term BI-ISIG member, and nationally recognized for his humanistic interests, vision, and teaching in post-acute TBI topics. The Strauss Award is given to the primary author of a poster presentation judged by the BI-ISIG Executive Committee as best reflecting Dr. Strauss's areas of interest.

The 2010 Strauss award went to Hélène Lefebvre, MEd, PhD for the poster: "Personalized Accompaniment for Community Integration for People with a Traumatic Brain Injury in Postrehabilitation." Dr. Lefebvre is a member of the Interdisciplinary Team for Family



Hélène Lefebvre

Research, Faculty of Nursing, University of Montreal, and affiliated with the Centre for Interdisciplinary Research in Rehabilitation of Greater Montreal, Montreal, Quebec, Canada.

She received a certificate recognizing her poster presentation, and will also receive a complimentary registration for the 2011 ACRM-ASNR Joint Conference. Her co-authors were Marie-Josée Levert, Isabelle Gélinas, Claire Croteau, Guylaine Le Dorze, Carolina Bottari, and Michelle McKerrall.



# ...BI-ISIG News Briefs...

News Briefs items are solicited by email from BI-ISIG members and consist of publications, projects, and professional acknowledgments in brain-injury related areas. Responses represent only a sample of BI-ISIG members' many professional accomplishments, and their listing is intended to inform other members about ongoing research/projects in promoting communication/collaboration.

## Publications and Projects:

**Cynthia Braden, MA, CCC, Craig Rehabilitation Hospital, Englewood, CO**, reports two articles on communication and social-competence difficulties associated with TBI, as well as studies with outside colleagues on TBI model systems, mortality after discharge, and cognitive/vocational outcomes.

**Fofi Constantinidou, PhD, Department of Psychology, University of Cyprus, Nicosia, Cyprus**, reports funding for the Applied Neuroscience Center in Cyprus, to explore TBI epidemiology, as well as assessment and treatment models. She is also engaged in such projects at the University's Neurocognitive Research Laboratory.

**Keith Cicerone, PhD, JFK-Johnson Rehabilitation Institute, Edison, NJ**, announces the third review of cognitive rehabilitation by the Cognitive Rehabilitation Task Force. The citation is: **Cicerone KD, Langenbahn DM, Braden C, Malec JF, Kalmar K, Fraas M, Felicetti T, Laatsch L, Harley JP, Bergquist T, Azulay J, Cantor J, and Ashman T.** Evidence based cognitive rehabilitation: updated review of the literature from 2003 through 2008. *Arch Phys Med Rehabil* 2011;92:519-30.

**Deirdre Dawson, PhD, OT Reg. (ON), Department of Occupational Science & Occupational Therapy, University of Toronto Baycrest, Toronto, ON**, reports articles on executive functioning in distinguishing individu-

als with ABI and in OT treatment. She and colleagues have upcoming articles on predictors of AMA discharge after TBI, cognitive strategy training, vocational evaluation, and constraint-induced movement therapy. Deirdre is heading a five-year grant awarded from Canadian Institute of Health Research for an RCT on managing dysexecutive syndrome.

**Michael Fraas, PhD, CCC-SLP, Elmhurst College, Elmhurst, IL**, has a publication in *Top Stroke Rehabilitation* on enhancing QOL for survivors of stroke through phenomenology.

**Joseph Giacino, PhD, Spaulding Rehabilitation Hospital/Harvard Medical School, Boston, MA**, reports a publication on recommendations for use of common outcome measures in TBI research, and a publication with **Kathy Kalmar** and others on cognitive assessment in disorders of consciousness. He also has an upcoming chapter with **John Whyte** on clinical management of disorders of consciousness.

**Wayne Gordon, PhD, Mount Sinai Medical, Center, New York, NY**, reports several entries by his group to the 2010 *Encyclopedia of Clinical Neuropsychology*. The Mount Sinai group has multiple other publications, with both in-house and outside colleagues, on participation, impact of cognitive rehabilitation, history/impact of TBI model systems, and perspectives on rehabilitation research and treatment.

**Tessa Hart, PhD, Moss Rehabilitation Research Institute, Philadelphia, PA**, reports publications with Moss colleagues on anger self-management training for people with TBI, and with several BI-ISIG colleagues on participant-proxy agreement and societal participation following TBI.

**Allen Heinemann, PhD, Rehabilitation Institute of Chicago, Chicago, IL**, reports a publication on Rasch analysis of the Executive Interview, as well as NIDRR-funded projects: an RRTC on

measurement of medical rehabilitation outcomes and an advanced rehabilitation research training award.

**Stephanie Kolakowsky-Hayner, PhD, Santa Clara Valley Medical Center, Santa Clara, CA**, reports multiple contributions to the *Encyclopedia of Clinical Neuropsychology*, along with publications on physiologic issues in TBI rehabilitation, fatigue, vocational rehabilitation, outcomes of Latinos with TBI, and impact of exercise on outcomes.

**Laura S. Lorenz, PhD, MEd, Brandeis University, Waltham, MA**, reports current and upcoming publications on identity after BI, visual metaphors of living with BI, and empathy in illness research.

**James Malec, PhD, Rehabilitation Hospital of Indiana, Indiana University SOM, Indianapolis, IN**, reports several contributions to the 2010 *Encyclopedia of Clinical Neuropsychology*. RHI also has multiple articles, many with national colleagues, on: emotional/community/family parameters of TBI treatment; as well as studies on physiologic interventions in acute rehabilitation intervention.

**Risa Nakase-Richardson, PhD, James A. Haley Veterans Hospital, Tampa, FL**, reports articles with national colleagues on the predictive utility of PTA for productivity, and pre-injury caregiver/family functioning to community integration.

**Gerard Ribbers MD, PhD, Rijndam Rehabilitation Centre & Erasmus MC, Rotterdam, The Netherlands**, reports publications on motor recovery, prognosis of six-month functioning, and communication. His group has articles in press on prediction of memory complaints and use of mirror therapy in chronic stroke patients. Gerard is guest editor of the summer 2011 supplement of *Archives* on aphasia.

[continued on back page](#)

## Moving Ahead

Brain Injury ISIG Newsletter  
c/o American Congress of Rehabilitation Medicine  
1139 New Harmony Drive  
Indianapolis, IN 46231

Address Services Requested

continued from page 11

---

### News Briefs

**Angelle Sander, PhD, TIRR Memorial Hermann's Brain Injury Research Center, Houston, TX**, reports publications on caregiver characteristics and health-service utilization, community integration, peer mentoring, intimate relationships, and social/emotional factors. Angelle co-edited a special issue of *JHTR* with Margaret Struchen on interpersonal relationships. She also heads NIDRR-funded RCT projects examining contextualized memory strategy training and case management intervention.

**Ronald Seel, PhD, Shepherd Center, Atlanta, GA**, announces the publication from the Disorders of Consciousness Task Force of their evidence-based review. The full citation is: **Seel RT, Sherer M, Whyte J, Katz DI, Giacino JT, Rosenbaum A, Hammond FM, Kalmar K, Pape TLB, Zafonte R, Biester RC, Kaelin D, Kean J, Zasler N.** Assessment Scales for Disorders of Consciousness: Evidence-Based Recommendations for Clinical Practice and Research. *Arch Phys Med Rehabil* 2010;91:1795-1813.

Ron also reports articles on development of an electronic driving "coach" and an evidence-based review of parameters for diagnosing major depression following TBI.

**Nathan Zasler, MD, Concussion Care Centre of Virginia, Glen Allen, VA**, reports several articles pending, including comparison of measurement instruments in TBI research and use of ICF to identify problems in TBI. Nate is guest editor of an issue of *Brain Injury Professional* on post-traumatic headache, and is working with colleagues on textbooks on brain injury medicine principles/practice and clinical management of adult TBI.

### Acknowledgements/Awards:

Two BIAA awards were presented at the 2010 ACRM-AS-NR Joint Educational Conference:

**Jeffrey Englander, MD, Santa Clara Valley Medical Center, San Jose CA**, received the BIAA Sheldon Berrol Clinical Service Award for outstanding contributions to improving quality of care, professional training, and/or education in the field of BI.

**Wayne A. Gordon, PhD, Mount Sinai Medical Center, New York, NY**, was the recipient of the BIAA William Fields Caveness Award recognizing research that has made outstanding contributions to bettering the lives of people with BI.