

# Preface

This book emanates from a wholehearted desire to describe and validate the journey of family members with a loved one who has suffered a brain injury. It is a compilation of many years of clinical experience, research, dialogue, and self-reflection about the phenomenological perspective of families. Albeit, a therapist can never truly “know” the myriad of emotions and occurrences a family member traverses, I hope this book captures a beginning essence. The book is written with much admiration, reverence, and gratitude to families and their injured loved ones, who have shared their losses, vulnerabilities, and victories with such aplomb and dignity. Their courage has inspired the content and the therapeutic process within me.

The principles depicted have been coveted and nurtured within a therapeutic milieu designed to rebuild patients’ lives through empathic responsiveness, psychoeducation, and a healing group process built on the fundamentals of awareness, acceptance, and realism. As is hopefully gleaned throughout the book, psychotherapy is most effective when in partnership with other neurorehabilitation therapies designed to meet the holistic needs of the loved one and his or her family and support network. This represents the “tiers of support” within the provision of care; a psychotherapist who interrelates with other medical personnel and rehabilitation therapists, interconnected with a broader community who typify the mission of care. Together, these three tiers of support unite on behalf of the therapeutic process to reintegrate and ultimately uplift the loved one and family unit. Key healthcare players include, but are not limited to, “tier 1” neuropsychologists, clinical psychologists, rehabilitation psychologists, and social workers in the psychotherapist role; their specialties should be considered interchangeable and equally viable for the title of “psychotherapist” or “therapist” within the text. Within this model, “tier 2” treatment supports contain physiatrists, neurologists, psychiatrists, nurses, speech-language pathologists, occupational therapists, physical therapists, recreational therapists, dietitians, rehabilitation technicians, and undoubtedly others dedicated to the treatment of families (and their loved ones). Vital “tier 3” supports include hospitals, healthcare clinics, schools, worksites, religious institutions, and many other community-based resources.

Several provisos are deemed necessary. Although this book is intended to be user-friendly, it is not considered a “self-help” text. Ideally, it is to be used in partnership

with a guiding therapist to explore, converse, and even debate about key principles. I readily acknowledge shortfalls due to the limits of my expertise and clinical exposures in combination with the natural constraints of one textbook. The vantage point primarily emphasizes the post-acute time frame, with sometimes only minimal reference to the ICU and early days postinjury. The content also does not do justice to the multiplicity of hardships and needs of children and younger adolescents. In this context, when feasible, some content applicable to these younger age groups is included. The seasoned clinician and astute family member may also recognize the “idealized” viewpoints enacted in the case studies. Albeit somewhat simplistic, these are designed to portray fundamental principles embodied in the text. I humbly admit that the “real world” of families’ angst and the therapeutic work may have much more intricacies and detours.

Although a milieu-oriented approach is available and optimal for some, the constructs and lessons are meant to be adaptable to whichever formats and venues are accessible and chosen by the therapist, family system, loved one, and community resources. Here within, both individual psychotherapeutic modalities and two types of family groups are provided. The audience is invited and encouraged to use this book as a springboard for further therapeutic investigation and enrichment.

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