

Guest Editorial

Pediatric Brain Injury and Recovery

Pediatric brain injury is a local and a world epidemic. Only in the last decade have professionals truly understood the treatment, recovery and long term outcomes for children and adolescents with brain injuries from a medical, clinical, educational, family and community perspective. This issue of *NeuroRehabilitation* examines these pertinent and ongoing issues through many lenses. This issue is also dedicated to our colleague and friend, Dr. Jane Gillett.

Dr. Gillett once stated that “Recovering from a brain injury acquired early in life can be complex, protracted and a very challenging process for the child’s entire circle of family, friends and professionals”. As professionals are all well aware, moderate to severe injuries may be a lifelong process involving the child, family and community. Much has been done to advance our acute medical and rehabilitative services as is seen in the articles by L. Cantore et al. and D. Weintraube et al. The authors bring to our attention the importance of continuing medical efforts to advance and improve survival and minimize both the primary and secondary consequences of brain injury. However, as we know the child and family will complete the majority of their recovery outside of direct medical surveillance, in the home, school and community. While the medical sciences have improved *survival* there is an array of services needed to learn how to *live anew*. As Audrey Mckinley’s article, which looks at a very special child, points out the “hidden brain injury” has much to do with “who is injured” and not just the injury to the brain alone. Life after the injury is a marathon event and Eric Hermans’ article points out the chronic nature of difficulties that must be attended to and addressed for the child and family. While the child must contend with unfolding challenges, family too is confronted with “unmet needs” and a complicated grief process. In a “family centered” approach to caring for the injured child the family members must give feedback and participate in understanding how interventions help

and how the interventions may be shaped. In the article by Wood et al. you find parent participation in rating an innovative telephonic intervention that helps with skills development and behavioral competency. Over time not only how the child is treated, but where the child is treated has changed. Treatment has moved beyond the traditional clinical setting to include far reaching interventions in real life situations. Carol Hawley examines the difficulties children and adolescents have adjusting to their injury and altered abilities, and the risks of low self-esteem and loss of confidence.

The child’s re-entry into school is a major milestone of recovery and there is a constant effort to discover and improve upon best of settings to continue the recovery process. While rehabilitation in the technical sense maybe coming to an end, school and community programs are searching for the best programs available to advance the child’s improvement and attempt to regain a positive developmental trajectory. Beth Wick’s article covers a very special effort in Britain that brings into the school setting the needed resources. Wicks looks at existing models used in older children as they prepare for vocational reentry and considers how to use the best elements of these services with children with a model that looks at “education as rehabilitation”. This and similar efforts around the world are being explored as to how to develop and incorporate innovative strategies. The article by W. Braga et al. underscores this point, looking at how to use metacognitive training with brain injured pre-adolescents. Braga et al. focus on social mediation and cooperative learning techniques used to promote better metacognitive skills for problem solving and strategy development.

Recovery extends well beyond the technical period of rehabilitation and over the years and in multiple places throughout the world innovative and creative efforts have slowly revealed effective interventions for recovery. It is very important to realize that increasingly the interventions are evidence based with every

effort made to capture results using the highest level of evidence. Children, adolescents and families struggle every day to regain the momentum of their life so as to reduce problems, increase opportunity and support increasing participation in an every expanding life space of work, play, home and relationships. This issue is one collective report along the way contributing to the ever present effort to improve outcomes for the children and families. It has been an honor to participate in this effort with much thanks to the contributing authors.

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