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Introduction

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It is called head injury, traumatic brain injury, and acquired brain injury, but it all essentially means the same thing — a person has sustained an injury to the brain and it can have life-long effects. The largest killer and disabler of our children is brain injury, yet, children and adolescents with brain injuries have not received the same recognition nor services as have adults with brain injuries.

We used to believe that children were wonderfully resilient little beings who could 'bounce back' even after severe trauma. Now we know that children are just as vulnerable as adults, only sometimes it takes much longer for the effects of trauma to be seen since children's brains are still developing. Too often, children who sustain a brain injury early in life may look 'well' at that moment in time, but more serious cognitive and behavioral problems frequently emerge as the child gets older. Thus, an injury to a child's brain can have long-term and devastating effects on the child and the family.

Despite the potential life-long impact of a brain injury, the system of care for children is fragmented, inconsistent and often inadequate. Until recently, it was common for injured children to be

treated by medical specialists with little training in pediatrics; many were not treated in Level I trauma care centers following the initial injury. This is slowly changing as a new national movement is establishing sophisticated and designated trauma services to care for children across the country and to develop a system of coordinated services from hospital to home for all children.

For those children who are referred for in-patient rehabilitation services upon discharge from acute care, few specialized facilities exist that are dedicated to pediatrics. Hence, children often receive services in 'watered down' adult programs by adult-trained therapists. This is also changing as the Commission on the Accreditation of Rehabilitation Facilities (CARF) has created program standards for facilities serving children and their families.

However, the development of specialized acute and rehabilitation programs for children with brain injuries must be matched by resources in the local community if there is to be any real continuity of care. Ultimately, schools become the largest provider of services to children with brain injuries. In 1991, Public Law 101-476: Individuals with Disabilities Education Act, added traumatic brain injury as a specific category for students with special needs. New initiatives across the country are addressing the training needs of edu-

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cators to better understand the impact of brain injuries on students. Schools are becoming increasingly involved in working with hospitals and rehabilitation facilities to help children with brain injuries reenter school and plan appropriate educational services. In addition, families and schools are recognizing the long-term residential, vocational, and social needs of children once they leave school and home and enter the community.

Thus, we now have the beginnings of a national effort to improve the health and quality of life of children who sustain life-threatening brain injuries. This special issue on pediatrics examines the consequences of brain injuries from three perspectives — a growing and developing child, the family, and the provider. All are constantly changing.

The article on the rehabilitation needs of children takes a developmental perspective and recognizes that rehabilitation is an ongoing process involving many providers and resources in health care as well as at home, in school and within the community; thus, creating the need for a more flexible and responsive care system.

Examining emergency medical services for children, there is a discussion of the special needs of children with brain injuries as well as a presentation of guidelines for a more integrated service system for all children with special health care needs. However, the goals of an ideal service system inevitably become constrained by the

available resources. The article on designing critical care pathways for children with brain injuries identifies the benefits and restrictions of implementation within a managed care environment.

The concerns and priorities of families are discussed in two articles. One reports the findings of surveys to professionals and family representatives of brain injury chapters/associations, while the other presents illustrative case studies that summarize the ongoing themes of experienced families. Both provide valuable insights into the key roles of families as mentors, care providers, service managers, and advocates for their children.

In the article on school re-entry, the authors examine the educational issues from multiple perspectives — that of the student, family, educator, and administrator. This article discusses the incentives and constraints for public schools as they try to provide educational services for this new population of survivors.

The increase in violence among youth is discussed not simply from an epidemiological perspective, but again from a developmental model by looking at how children learn about violence. Opportunities for intervention within the health care setting are presented in the hope that we can work toward preventing violence rather than only treating its victims.

We hope you find this issue stimulating, practical and informative.