

## Introduction to the Special Issue

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# Brain Injury and the Family

As early as the 1970's, researchers, including Thomsen and Lezak, began to describe the negative impact of traumatic brain injury (TBI) on family members and caregivers. In the 1980's, a series of longitudinal studies conducted by Neil Brooks and colleagues in Glasgow documented that family members of persons with TBI experienced emotional distress that began as early as 3 months after injury and persisted for up to 7 years. The 1990's yielded a plethora of studies confirming distress in family members/caregivers. Researchers seeking to identify predictors of caregivers' adjustment initially investigated injury-related characteristics, such as injury severity and physical, cognitive, and emotional changes in the person with injury. More recently, researchers have begun to identify individual characteristics of family members that are related to increased distress after injury. This initial line of research has shown that caregivers' coping strategies and social support mediate the impact of injury on burden and distress.

In spite of the wealth of existing research on family/caregiver distress after injury, intervention research has lagged behind. This may be partly due to the fact that early focus on injury-related characteristics has resulted in interventions that primarily targeted characteristics of the person with injury rather than directly addressing family members' distress. There have been few randomized controlled trials, and the majority of studies are plagued by methodological limitations, such as inclusion of persons with mixed injury etiologies, small sample sizes, and failure to characterize samples. The intervention research is also limited by lack of a guiding theory, which could assist in choosing treatments.

The current issue represents substantial advances in the science of family member/caregiver research. Two of the articles provide further clarification of individual characteristics that could be targeted by interventions. The paper by Rivera and colleagues show that

ineffective problem-solving contributed to depression, after controlling for demographic variables, perceived burden, and time in the caregiving role. Specifically, these authors found that caregivers whose approach to problem-solving was negative, avoidant, or impulsive were more likely to be depressed. The importance of caregivers' coping style is emphasized in the article by Hanks and colleagues. These authors found that an emotion-focused coping style was related to an increase in perceived burden. Additionally, the amount of behavioral control within the family unit and the amount of social support perceived were important predictors of caregivers' perceived burden. The results of these two studies suggest that interventions should target coping, problem-solving, and social support.

Two of the articles in this issue focus on important demographic characteristics that have been largely overlooked to date. Sander and colleagues investigated racial/ethnic differences in caregivers' coping, distress and perceived burden. They found that Black and Hispanic caregivers were very similar to White caregivers in regard to the distress experienced. However, Black and Hispanic caregivers tended to make greater use of distancing as a coping strategy and tended to have more traditional caregiver ideology, such as the belief that caring for a loved one with injury is an obligation. The results suggest that interventions should consider racial/ethnic differences in coping styles and perceptions of the caregiving role. The article by Kreutzer and colleagues is one of the few to date to investigate longitudinal changes in the marital relationship after injury. The study provided optimistic results in that less than one fourth of marriages dissolved. The marriages that were stable over time involved persons who had been married longer, were older, and had sustained non-violent and less severe injuries. These results suggest that younger couples, those who were married for a short time, and those who were victims of violent in-

jury should be targeted for marital/family therapy after injury.

The review by Boschen and colleagues provides important insight into the lack of existing evidence regarding effective interventions for caregivers. They identified only four randomized controlled trials and these were considered to be of low to moderate quality due to methodological limitations. The evidence table provided by these authors will be useful to future researchers. An interesting contribution of this paper is the review of studies on interventions developed for caregivers in other populations, including dementia and chronic illness. A surprising finding was that the research in these other populations is also lacking in well-conducted studies. It appears that some of the strongest support to date is for the effectiveness of cognitive-behavioral interventions. This type of intervention usually addresses problem-solving and coping styles, which as noted above, have been emphasized as important predictors of caregiver distress. However, it is important to note that cognitive-behavioral intervention is not the only avenue for addressing problem-solving and coping styles. The article by Charles and colleagues presents the results of a pre-post-test study investigating a multigroup family intervention. While emphasizing problem-solving and goal-setting, this intervention is unique in its inclusion of the entire family, including children. Their results showed that, while family

members' distress and family dysfunction continued after the intervention, the intensity had decreased, and participants reported high levels of satisfaction. The treatment appears to hold promise, but calls for future research using a wait list control group to determine effectiveness.

The research of the past three decades provides sufficient evidence of the need to develop well-designed intervention studies. The articles in this issue present important information that can guide researchers and clinicians in developing interventions. It is hoped that the next special issue devoted to families/caregivers might focus entirely on advances in intervention research, which can ultimately improve the quality of lives for persons with brain injury and their family members.

*Guest Editor*

Angelle M. Sander, Ph.D.

Department of Physical Medicine & Rehabilitation

Baylor College of Medicine/

Harris County Hospital District

Houston, TX, USA

Tel.: +1 713 383 5644

Fax: +1 713 383 5695

E-mail: [asander@bcm.tmc.edu](mailto:asander@bcm.tmc.edu)