

Preface

This book explains our views on the essential principles of neuropsychological rehabilitation (NR), which, above all, is concerned with improving the lives of people with brain injury and their families.

A distinguishing feature of a profession is that the work of its members is informed by theory, current research, and innovation in the workplace. Essential information engendered during this process is usually passed on to members of the profession by specialized literature in the form of books, research papers, and journals. The authors of this book regard it as rooted in this process as we attempt to pass on to readers the essential “nuts and bolts” of NR as it stands currently and *at its cutting edge throughout the world*. We are, above all, practitioners who also happen to be researchers, writers, and teachers, who have lectured at both a national and international level. We are aware that, while the essentials we discuss in this book may be broadly relevant to our audience, they also have to be tempered by the professional circumstances in which different members of that audience are working. At times, these circumstances themselves will be influenced greatly by national and even local sets of conditions and different restrictions (including financial) that affect the way professionals *can* work. Whether you are, say, working in an experienced and technically brilliant clinic in the United States, or practicing in a

hut in Botswana, we hope that what we have to say is relevant to discussions you have with colleagues, informs debate, and even at times stimulates argument. It is also important for us to stress that NR can be cost effective over the long term, and we cite research that shows this to be true, quoting substantial evidence that there are ways of creating cheaper methods of rehabilitation in society, as well as in hospitals. Our arguments run counter to those that would emphasize the difficulties of costs involved in rehabilitation and time strictures, and to those who might use these so-called difficulties as a way of justifying lack of progress. Another feature of a profession is that it remains positive in the face of social, financial, and political difficulties: We should always be aiming for a brighter side that leads to progress.

We discuss varying definitions of NR, providing a historical account as well as contemporary debate, explaining the difference between recovery and rehabilitation, and arguing that all rehabilitation should eventually provide optimum levels of well-being. We concede that NR requires a broad theoretical basis and examine the many theories that influence the design of NR programs. We concur that good theories should teach us to approach our treatment and assessment with as many questions as answers. We evaluate both standardized and behavioral assessments, making the case for both to be included in the neuropsychologist's toolbox.

We expect our audience to include neuropsychologists, clinical psychologists, occupational therapists, physiotherapists, social workers, nurses, medical doctors, speech and language therapists, patients, and families, and the rehabilitation programs we describe are the result of consultation among patients, their families, and professional staff, all of whom need to be members of the same rehabilitation team. We accept that rehabilitation goals should be realistic and deal with real-life issues, rather than artificial goals more attuned to the laboratory. We argue strongly that NR programs should be holistic, dealing with emotional, behavioral, and cognitive issues, some of which might be assisted by modern technology whenever appropriate. Indeed, modern technology features strongly in our consideration of future developments.

At times, we refer to the work that goes on at the Oliver Zangwill Centre in the United Kingdom, founded by Barbara A. Wilson and involved in NR and research, many examples of which are cited in this book. We also use examples from the Wolfson Neurorehabilitation Centre, St. George's Hospital, in London, where Shai Betteridge works, as well as examples of good practice from the United States. We evaluate holistic programs, group therapy, and individual therapy. Goals at the Oliver Zangwill Centre include increased awareness, the promotion of understanding, cognitive rehabilitation, the development of compensatory skills, and vocational counseling. We consider the provision of a therapeutic milieu, meaningful functional activity, shared understanding, the application of psychological therapies, the consideration of emotional issues, the use of compensatory strategies, and working with families.