SPECIAL ISSUE: FAMILY SUPPORT AND ADJUSTMENT FOLLOWING ACQUIRED BRAIN INJURY: AN INTERNATIONAL PERSPECTIVE

Introduction and Overview

GUEST EDITOR

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Often referred to as the 'silent epidemic', traumatic and other forms of acquired brain injury are now considered to represent a significant and growing public health problem worldwide. Beyond the direct impacts of acquired brain injury on injured persons, this disability likewise impacts families. While medical personnel and acute rehabilitation services deliver an incredible array of high quality and sophisticated techniques to treat acute injuries, a concomitant service delivery system to support the needs of families is lacking. This is especially unfortunate given the extensive array of instrumental and affective forms of care families provide to their injured family members, often resulting in high levels of caregiver burden, depression and anxiety.

Given this context, a call for manuscripts for a special issue of the *Australian Journal of Rehabilitation Counselling* (AJRC) was made in June, 2012 entitled, 'Family Support and Adjustment Following Acquired Brain Injury: An International Perspective'. The call for manuscripts recognised the fact that due to such factors as injury etiology, veteran support, social service funding, health care policy and familial cultural values, the family experience following acquired brain injury is unique among countries and continents. A rich collection of manuscripts explicated this uniqueness, with submissions from Australia, Mexico, Denmark, Spain and the United States.

From Australia, Morris and associates provided a unique perspective of the challenges facing three fathers, a little studied population in the family caregiving literature. From Denmark, Norup and her colleagues presented two studies. The first study utilised multilevel modelling to investigate health related quality of life from inpatient care to one year post-injury for 94 family caregivers. The second study examined the relationship of coping strategies to anxiety, depression and health related quality of life among 37 family caregivers. From Mexico, Sung and associates studied the relationship of brain injury impairment to the types of needs family caregivers endorse. From Spain, López de Arroyabe and colleagues translated the Relative Version of the Head Injury Behavior Scale into Spanish and examined if the positive aspects of caregiving moderate the effects of psychological problems for the injured person to caregiver distress among 237 family caregivers. Finally, from the United States, Umeasiegbu and associates examined rehabilitation needs, goals and barriers for 100 persons with brain injuries and their families in the Midwestern part of the United

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States. Also, Tucker and Degeneffe examined future family concerns from a national perspective of 28 persons in leadership positions with the Brain Injury Association of America. Collectively, the results of these studies offer an emic-based understanding of how acquired brain injury affects families, a contribution that is unique in the family caregiving literature. The findings present important implications for rehabilitation counselling training and continued research with a cross-cultural and international focus.

I would like to end my remarks by thanking the editor of the AJRC, Dr Elias Mpofu and the Australian Society of Rehabilitation Counsellors, for granting me the privilege of editing this special issue. Also, Dr Mpofu was generous with his support and consultation. Further, I would like to express my gratitude to the reviewers who offered their time, expertise and suggestions in helping to produce a collection of high quality manuscripts. Their names and university affiliations appear below:

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