

Community Organization Spotlight: An Interview with Mark Huslage

By Arin Jayes

As part of our exclusive weekly membership content, we will be releasing the “Community Organization Spotlight” series highlighting professionals in the brain injury field who will discuss their work and the programs they are a part of.

This week, I am highlighting Mark Huslage LCSWC, CBIST, who has served as Coordinator of Brain Injury Programs at Lifebridge Health and a case manager for the Mild Brain Injury Program for nearly 20 years. He earned his master's degree in social work from the University of Chicago and since 1989, has worked at all levels of care in brain injury treatment. He was instrumental in the start-up of the Mild Brain Injury and RETURN! To Work programs at LifeBridge Health, which are designed to rehabilitate individuals who have sustained a recent brain injury or to work with those whose longstanding symptoms have not resolved.

1. What is your role at Lifebridge Health and in the field of brain injury?

I am the Coordinator of Brain Injury Programs at LifeBridge Health. I've also served as Board President of BIAMD in the past and currently am a CBIS trainer for the Academy of Certified Brain Injury Specialists, administered by BIAA.

2. Tell us more about the brain injury programs that you oversee at Lifebridge Health.

Sinai Hospital/LifeBridge Health has provided brain injury rehab services for over 35 years. We have a robust continuum of brain injury care, including coma emergence, acute inpatient rehabilitation, community reentry/day treatment, vocational reentry and mild brain injury programming. We see over 1200 people per year in our continuum and specialize in returning people to work, following an ABI. Sinai opened a new inpatient neurorehabilitation unit in 2012 and stocked it with state-of-the-art equipment. Beyond the continuum, we've integrated several other programs in the past few years, including the iPad Initiative and the introduction of our outpatient navigator service, which serves neuro patients not involved with our day treatment program.

3. How did you get into the field of brain injury?

My entry into brain injury rehab was pure happenstance. So it was 1989, and through a friend, I found out that a social worker on the brain injury floor at the Rehab Institute of Chicago was going on a 4-month sabbatical. I applied and was hired into what I found to be the most intriguing world. Back then, people would stay on the inpatient unit for 3-4 months and receive in-depth care. Families would also have lots of time to prepare for discharge. In any case, once I experienced brain injury rehab, I was hooked.

4. What changes have you seen in the brain injury field since you first began your work? How have these changes impacted survivors?

On the positive side, the brain injury field has become more adept at using technology and best

practices to expedite recovery. tPA and other acute interventions have made a significant difference in the functional outcomes of survivors. Therapeutic interventions by rehab therapists have evolved and become more effective.

On the negative side, we are moving patients and families too quickly through the rehab process. Promises made that there would be sufficient services, post-acute, to make up for the short inpatient stays did not materialize. Insurance companies and Medicare placed more and more limits on financial resources and reduced the flexibility in how money could be spent. The promise that sub-acute would build brain injury units/programs did not materialize and care in such facilities is suspect. There is much to be undone here.

5. What top three personal qualities does a professional need in order to work in the field of brain injury?

- A. A willingness/ability to be with people's pain
- B. Empathy and compassion
- C. A deep curiosity that drives learning and understanding

6. What changes in this field do you anticipate seeing in the future?

I see technology continuing to rise, including how cognition-related assistive devices (smart phones, watches) can improve daily functioning. Acute medical interventions will continue to emerge that will positively transform the debilitating effects of TBI. Stem cell research will unfold and allow for increased neurogenesis, post-injury. Tele-rehab will emerge and play a strong role in delivery of service.