

Patients Seen in 2025



Age

14-17	1
18-26	11
27-44	21
45-64	16
65+	4



Gender

Female	19
Male	34



Race

White/Caucasian	36
Hispanic/Latino	10
African American/Black	4
Asian	2
American Indian/ Alaska Native	1

Ethnicity

Hispanic, Latino, Spanish Origin	10
Not Hispanic, Latino, Spanish Origin	43

Outcomes

Program Participation

(n = 25)

Work Re-Entry	11
Home Independence	6
Transitional	4
School Re-Entry	2
Fast Track	1
Refresher	1

Average Number of Treatment Days by Treating Diagnosis

172 Traumatic Brain Injury (n = 12)
208 Stroke (n = 12)
142 Brain Tumor (n = 2)
243 Other Neurological (n = 3)

Patients Discharged in 2025 **29**



10.4

Months

Mean Length of Stay

93%

Successful Return to Work/School
(n = 14)

59%

Returned to Driving
(n = 17)



Patient Satisfaction

(n = 20)

100% Patients felt that the **CTN** positively impacted their recovery.

95%

Patients felt that they were **able to meet the goals they set** while program participants.
 Patients felt that **all areas of their rehabilitation were adequately/fully addressed** by CTN.



Research/Publications

Barcnas C., Klonoff P.S., Theodorou A., Van Doren J.; Schaffer S., Koberstein E., Murthy J., del Pino Luna M., & Palmer Cancel S. (in preparation). Self-awareness in survivors of acquired brain injury and its impact on caregiver burden. This study explored the relationship between caregiver burden and demographic and injury-related variables at discharge, as well as the relationship between time since injury, caregiver burden at discharge, and level of self-awareness of ABI survivors at discharge. Increasing self-awareness predicted caregiver burden above and beyond the effects of time since injury and should thus be a primary focus of rehabilitation.

Cheng W.Y., Klonoff P.S., Perumparaichallai R.K. (2024). Components of self-awareness affecting caregiver burden: a long-term follow-up study. *Brain Inj.* 38(1):26-31. This study focused on using components of the Mayo-Portland Adaptability Inventory-4 (Ability, Adjustment, Participation, and Total Score) (Malec & Lezak, 2008) to measure awareness of one's social and emotional status and daily functioning to explore their effects on caregiver burden for ABI survivors. The Total Score (with diverse components) is best for measuring self-awareness and caregiver burden.

Johnson, S.F., Klonoff, P.S., & Perumparaichallai, R.K. (2022). Long-term neurorehabilitation outcomes of pediatric vs. adult onset acquired brain injury. *Frontiers in Neurology*, 13: 981991. doi: 10.3389/fneur.2022.981991. This study examined the long-term outcomes of survivors with pediatric onset vs. adult onset ABI who completed holistic milieu-oriented neurorehabilitation up to 30 years ago. There were significant and beneficial gains in productivity, functional status, return to driving/starting to drive in both groups, regardless of the time between the ABI and CTN neurorehabilitation.

Perumparaichallai R.K., Lewin R.K., & Klonoff, P.S. (2020). Community reintegration following holistic milieu-oriented neurorehabilitation up to 30 years post-discharge. *NeuroRehabilitation* 46 (2), 243–253. This long-term outcome study examined the productivity and driving status of brain injury survivors. The results demonstrate that 89% of the participants were productive at up to 30 years post-discharge (73% engaged in competitive work and/or school) after excluding the retired participants. Furthermore, 70% were driving at the time of follow-up.

Books

Holistic Neurorehabilitation: Interventions to Support Functional Skills after Acquired Brain Injury.

Klonoff, P.S., 2024 (with CTN contributors). Guilford Press: New York.

Highly practical and comprehensive, this book provides a multimodal framework for helping patients with acquired brain injuries to identify and achieve meaningful functional goals in the home and community. Post-acute cognitive, physical, communication, emotional, vocational, interpersonal, family, and quality-of-life domains are all addressed, using state-of-the-art restorative and compensatory approaches.

Psychotherapy for Families after Brain Injury.

Klonoff, P.S., 2014. Springer: New York.

Psychotherapy for Families after Brain Injury offers theoretical frameworks and eclectic techniques for working effectively with adult patients and their families at the initial, active and post-treatment phases of rehabilitation. This practical reference clarifies roles and relationships of the support network in interfacing with the loved one and addresses the understandably devastating and sometimes derailing emotions and psychosocial adversities. The content promotes psychoeducation and guided exercises, delineates "helpful hints" and coping tools and proffers multimedia resources to overcome hurdles.

***Psychotherapy after Brain Injury: Principles and Techniques.* Klonoff, P.S., 2010. Guilford Press: New York.**

This book presents hands-on tools for addressing the multiple ways that brain injury can affect psychological functioning and well-being. With a focus on facilitating awareness, coping, competence, adjustment, and community reintegration, the book features helpful case examples and reproducible handouts and forms. It shows how to weave together individual psychotherapy, cognitive retraining, group and family work, psychoeducation, and life skills training, and how to build and maintain a collaborative therapeutic relationship.