

ACBIS

ACADEMY FOR THE CERTIFICATION OF BRAIN INJURY

SPECIALISTS

Certification Exam Preparation Course

Chapter 2: Philosophy of Rehabilitation

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American Academy for the Certification of Brain Injury Specialists

MODULE OBJECTIVES

- Distinguish between historical and contemporary rehabilitation philosophies.
- Describe the philosophical basis of the helping role in rehabilitation.
- Identify styles of interacting between giving and receiving assistance that put contemporary rehabilitation philosophies into practice.

CULTURAL DEVALUATION

- Inclusion and full community participation for people with disabilities is remarkably inconsistent.
- Devaluation of people with disabilities, who are different in some way still exists.
- People with disabilities are:
 - Labeled
 - Still readily institutionalized
 - Viewed as a problem for society
 - Seen as an economic burden

DEVALUATION

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MALLETT



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COMPARISON OF PARADIGMS

Interdependence

- Focuses on *capacities*
- Stresses *relationships*
- Driven by the person/disability
- Promotes micro/macro change

Medical

- Focuses on *deficiencies*
- Stresses *congregation*
- Driven by the expert/professional
- Promotes that the person can be fixed



GOAL OF BRAIN INJURY REHABILITATION

Return people to their *communities*

- To help the individual adapt to the expectations of the community
- To help the community accept and respect the differences that people with disabilities may have



INTERDEPENDENCE AND INCLUSION

Interdependence

- Implies a *connection or a relationship* between two or more entities
- Is about relating in ways that promote *mutual acceptance* and respect
- Encourages acceptance and empowerment

Inclusion

- An individual being *incorporated and welcomed* into the community, regardless of their disability

SELF-DETERMINATION

Self-determination

- Builds on the principles of informed consent, right to refuse, and consumer empowerment (*individual freedom*).
- People with disabilities have *rights and authority* over how, where, and with whom they live.

CRITICAL COMPONENTS OF SELF-DETERMINATION

- ***Freedom*** to plan a life with supports rather than purchase or be referred to a particular program.
- ***Authority*** to control a certain sum of dollars to purchase preferred supports.
- ***Support***: Use of resources to arrange formal and informal supports to live within the community.
- ***Responsibility***: Can and should have a role within the community through competitive employment, organizational affiliations, and accountability for spending public dollars in life-enhancing ways.

INTERACTING WITH EMPATHY

- A day in rehabilitation includes being poked and prodded, evaluated and observed.
- Have empathy to *improve* all interactions.
- To impact interactions in a noticeable, consistent, and effective way, understand mutual *reinforcement* and reciprocity

MUTUAL REINFORCEMENT AND RECIPROCITY

- Mutual reinforcement: an exchange of *reinforcers* or *desired events* between two or more people.
- Behavioral research suggests that:
 - Human behaviors develop and continue because of their “*desirable*” effects for the individual who performs them
 - People probably have a tendency to treat others as they are treated

MUTUAL REINFORCEMENT AND RECIPROCITY

- Lasting relationships involve a regular exchange of *reinforcers* (desired events).
- An exchange of reinforcers that develops into a consistent pattern is a *positive reciprocal relationship or positive reciprocity*.
- An exchange of *unwanted* events between people is referred to as a *negative reciprocal relationship or negative reciprocity*.
- Striving toward the development of mutually reinforcing relationships, or *positive reciprocity*, may help the person *achieve greater success* in rehabilitation and in life.

PROMOTING MUTUALLY REINFORCING INTERACTIONS

Active treatment interaction

- An interaction that is intended to result in *greater* independence, autonomy, empowerment, or inclusion for one of those people
- The term is intended to imply directed action, teaching, and a certain degree of risk taking.

PEARL



- *Positive*
- *Early*
- *All*
- *Reinforce*
- *Look*

NO BLAME!

- Predispositions include all the medical, cognitive, physical, biochemical, and environmental factors that influence actions in a given situation.

People are *predisposed* to behave in certain ways in certain situations, so holding them *at fault* or blame for unwanted actions does not make good sense.



It was behavior like
this that cost Roy
his job at the shoe store.

CAN VS. CAN'T

- Encourage inclusion.
- Think that the person *can* vs. can't do something.
- Consider what is possible (instead of what might possibly happen).
- What is the potential benefit of *doing* rather than preventing.
- Find ways to support a *person's interests*, rather than ignoring them or constantly refusing requests.
- All will increase *mutually desired actions*.

OUTCOME ORIENTED MODEL

- Designed to identify *areas of agreement* between people that are related to the goals of their assistance
- Without clear and meaningful *goals*, individuals often just “do what they do”.
- *Partnerships* are needed between rehabilitation professionals, between professionals and paraprofessionals, between professionals and family members, and with the person who has sustained the injury.

WIN-WIN PARTNERSHIP



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