Chapter 2: Philosophy of Rehabilitation

Brought to you by
TACE Region 8
www.taceregion8.org
and
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.
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
FRAZZ / by Jef Mallett

"I CAN'T UNDERSTAND A SINGLE WORD OF THAT JUNK. WAS HER EXACT FIB.

CERTAIN SINGLE WORDS HAVE A WAY OF CUTTING THROUGH THE STATIC."
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
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: 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.
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

American Academy for the Certification of Brain Injury Specialists
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.
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 increases *mutually desired actions*.

American Academy for the Certification of Brain Injury Specialists
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