



AACBIS
American Academy for the Certification
of Brain Injury Specialists

CERTIFICATION EXAM PREPARATION COURSE
Chapter 2: Philosophy of Rehabilitation

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.

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CULTURAL DEVALUATION

- Devaluation of people, particularly people with disabilities, who are different in some way
- People are often . . .
 - **?** stereotyped, segregated
 - Thought to be a **?** or to pose some kind of threat to those in authority
 - Identified by their **?** or their difference
 - Perceived to be a cost to society, in material or economic ways

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CULTURAL DEVALUATION CONTINUED

- In the U.S., the climate for inclusion and full community participation for people with disabilities is still remarkably inconsistent.
- People with disabilities are:
 - Labeled
 - Still readily institutionalized
 - Viewed as a problem for society
 - Seen as an economic burden

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COMPARISON OF PARADIGMS

Interdependence

- Focuses on [redacted] ?
- Stresses [redacted] ?
- Driven by the person/disability
- Promotes micro/macro change

Medical

- Focuses on [redacted] ?
- Stresses [redacted] ?
- Driven by the expert/professional
- Promotes that the person can be fixed

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GOAL OF BRAIN INJURY REHABILITATION

Return people to their [redacted] ?

- 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

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INTERDEPENDENCE

Interdependence

- Implies a [redacted] ? [redacted] between two or more entities
- Is about relating in ways that promote [redacted] ? [redacted] and respect
- Encourages acceptance and empowerment for all

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INCLUSION

Inclusion

- The individual is [redacted] ? [redacted] into the community, regardless of their disability.

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SELF-DETERMINATION

Self-determination

- Builds on the principles of informed consent, right to refuse, and consumer empowerment [redacted] ? [redacted]
- People with disabilities have [redacted] ? [redacted] over how, where, and with whom they live.

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CRITICAL COMPONENTS OF SELF-DETERMINATION

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

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INTERACTING WITH EMPATHY

- A day in rehabilitation is remarkably different than anything ever experienced before.
 - Participants are poked and prodded, evaluated and observed.
- Having empathy will **change** our interactions
- However, to impact interactions in a noticeable, consistent, and effective way, we must understand mutual **respect** and reciprocity

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MUTUAL REINFORCEMENT AND RECIPROCITY

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

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MUTUAL REINFORCEMENT AND RECIPROCITY CONTINUED

- Lasting relationships involve a regular exchange of [redacted] or desired events
- When an exchange of reinforcers develops into a consistent pattern, it can be called a positive reciprocal relationship or positive reciprocity.

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MUTUAL REINFORCEMENT AND RECIPROCITY CONTINUED

- Ongoing exchange of [redacted] 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 [redacted] in rehabilitation and in life.

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PROMOTING MUTUALLY REINFORCING INTERACTIONS

What is *not wanted* in interactions between persons in rehabilitation includes:

- [redacted] to differences
 - Particularly those that are unlikely to change
- The creation or prolonging of [redacted] reciprocal interactions
 - e.g., overly corrective, disempowering, or unnecessarily restrictive comments or actions

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PROMOTING MUTUALLY REINFORCING INTERACTIONS CONTINUED

Active treatment interaction

- An interaction that is intended to result in **?** 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.

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PEARL

- **?**: being upbeat, enthusiastic, requesting rather than demanding, actively prompting and encouraging participation.
- **?**: being proactive when difficult or troubling situations arise, intervening early to facilitate problem solving, and interrupting or redirecting behavioral consequences that could lead to more serious problems.
- **?**: acting these ways all the time, with all participants, and in all daily situations.
- **?**: consistently recognizing, acknowledging, and socially reinforcing participant accomplishments.
- **?**: looking for situations or opportunities to facilitate independence, autonomy, empowerment, or inclusion.

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NO BLAME!

- Each individual is predisposed to act in particular ways in particular situations.
- Predispositions include all the medical, cognitive, physical, biochemical, and environmental factors that influence actions in a given situation.
- If people are **?** to behave in certain ways in certain situations, then holding them **?** or blame for unwanted actions does not make good sense.

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CAN VS. CAN'T

- Encourage inclusion.
- Think that the person **?** vs. can't do something.
- Consider what is possible (instead of what might possibly happen) and the potential benefit of *doing* rather than preventing.
- Find ways to support a **?**, rather than ignoring them or constantly refusing requests.
- This approach increases **?**.

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OUTCOME ORIENTED MODEL

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

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