



The Rehabilitation Psychologist

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PROFESSIONAL SECTION:

ELEMENTS OF PSYCHOSOCIAL REHABILITATION

(SERIES: PART-3)

DISABILITY & INFLUENCE OF LIFE EVENTS

Development is neither static nor finite. It is a continual process from infancy to old age and death. Each developmental stage is associated with certain age-appropriate behaviors, skills, and developmental tasks that allow psychological and cognitive transition from one stage to another. Each developmental stage of life has its own particular stresses or demands, apart from those experienced as a result of illness or disability. Chronic illness and disability at various stages of development can affect the independence, self-control, and life skills associated with these different developmental stages. Each developmental stage must be understood within the context of the individual's past and current experience. Stages of development serve as a guideline not only in assessing individuals' functional capacity, but also in determining potential stressors and reactions.

Patti (2012) in his review article reports that significant life events can have a direct as well as an indirect effect on physical and mental health across lifespan. Negative life events have been associated with the onset of depression in both children and adults in the general population. People with Intellectual Disability (ID) respond to traumatic and significant life events in similar ways as in the general population. It has been reported that life events exposure was more associated with behavior problems in individuals with mild ID than for those with severe ID and behavior problems without a history of recent life events. Studies have consistently demonstrated a significant relationship between life events exposure and psychiatric problems in adults with

ID. People living in a residential setting were found to experience more life events than people living with natural or foster families.

Life events were divided into four distinct categories: 1) relocations (i.e., moving to a new residence or living setting), 2) environmental/social changes (i.e., change in day program, bedroom, social relationships), 3) losses/separations (i.e., death of a parent/family member/peer, change or loss of a roommate), and 4) medical events (i.e., hospitalization(s), surgery, onset of seizures, sustaining a fracture, pneumonia, other medical changes). Importantly, occurrence of multiple life events (both positive and negative) and the inability to cope with their cumulative effect that can cause some form of psychopathology. Caregivers and health care professionals need to monitor both young and older people with ID who have experienced one or more life events (both positive and negative) because they are at risk for a consequential change in their behavior or functioning. Further studies are necessary to better identify and evaluate the effects of life events exposure in people with ID. Few studies to date have focused on life events exposure in children, teenagers and the elderly as well as studying life events in different subgroups of the ID population across the lifespan. These remain important areas for future research.

[Patti (2012). *Life events exposure in people with intellectual disabilities, Life Span and Disability XV, 1 (2012), 7-18*]

[Donna Falvo(2005). *Medical and Psychosocial Aspects of Chronic Illness and Disability, 3ed*]

BRAIN AND BEHAVIOR: Pathology of neuron, Seizures.

Seizures are sudden abnormal electrical activity in the brains. Generally when we think of seizures, we often think of convulsions in which a person's body shakes rapidly and uncontrollably. But actually not all seizures cause convulsions. The symptoms produced depend upon the part of the brain involved and they may often include among others, unusual sensations, uncontrollable muscle spasms (convulsions) and loss of consciousness. There are many types of seizures and some have mild symptoms. Seizures fall into two main groups. Focal seizures, also called partial seizures, happen in just one part of the brain. Generalized seizures are a result of abnormal activity on both sides of the brain.

Most seizures last from 30 seconds to 2 minutes and do not cause lasting harm. However, it is a medical emergency if seizures last longer than 5 minutes or if a person has many seizures and does not wake up between them. Seizures can have many causes, including medicines, high fevers, head injuries and certain diseases. People who have recurring seizures due to a brain disorder have epilepsy.

Seizures are the most common pediatric neurologic disorder. Four to ten percent of children suffer at least one seizure in the first 16 years of life. The incidence is highest in children less than 3 years of age, with a decreasing frequency in older children. Epidemiologic studies reveal that approximately 150,000 children will sustain a first-time unprovoked seizure each year, and of those, 30,000 will develop epilepsy.

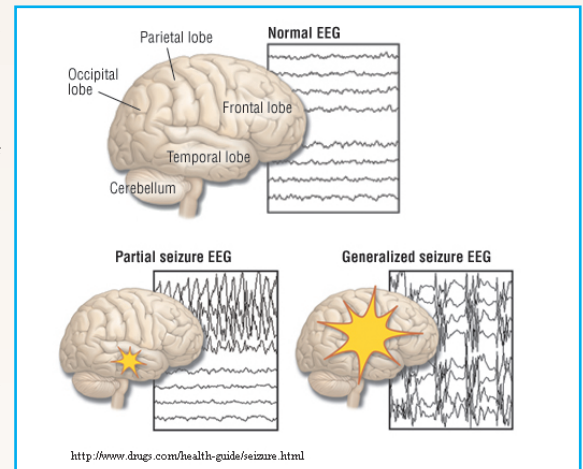
When does Seizures turns into epilepsy?

Epilepsy: a brain disorder in which a patient has repeated convulsions (seizures) over a period of time.

PATHOPHYSIOLOGY

Our brain is one of the most complex objects of the universe and the center of the human nervous system. It is responsible for myriad functions such as control and initiation of motor functions, making sense of the sensory input and memory along with executive functions (self-control, planning, reasoning and abstract thought). The building block of the central nervous system is the neuron, a highly specialized cell which has the capability of generating and transmitting electrical impulses. It has been estimated that there are about 100 billion neurons in the brain. The electrical impulses are responsible for the execution of various functions performed by the brain. The transmission of the impulse between two neurons is by the help of chemicals called neurotransmitters. These are of both excitatory and inhibitory in nature. Similarly various factors such as metabolic derangement, structural abnormalities (congenital defects) or presence of a space occupying lesion (such as tumor), can increase the excitability of a neuron. In a normal healthy brain there is a balance that is being constantly maintained between the inhibitory factors and the excitatory factors so that optimum threshold of impulses are generated and transmitted for the normal functioning of the brain to be maintained, and too much of these impulses may lead to the development of a seizure. Few of the important inhibitory elements are a) Sodium channel inactivation leading to increased refractory period, b) Potassium channel mediated hyperpolarization., c) Chloride channels (associated with GABA systems) opening leading to hyperpolarization and d) complex effects due to the opening /closing of different types of calcium channels. All of these prevent the generation of a new impulse or the propagation of an already generated impulse.

This knowledge of the various factors responsible for the inhibition of nerve impulses helps us in the treatment of seizure. The drugs used for this purpose do so by shifting the balance back towards the inhibitory factors.



PHARMACOTHERAPY

Clinical Classification of Anti Epileptic Drugs (AEDs) (5)	Coventional AEDs	Recently Developed AEDs
SEIZURE TYPE		
Partial Seizures		
Simple Partial	Carbamazepine	Gabapentin
	Phenytoin	Lamotrigine
	Valproate	Levetiracetam
		Tiagabine
		Topiramate
		Zonisamide
Complex Partial	Carbamazepine	Gabapentin
	Phenytoin	Lamotrigine
	Valproate	Levetiracetam
		Tiagabine
		Topiramate
		Zosinamide

Clinical Classification of Anti Epileptic Drugs (AEDs) (5)	Coventional AEDs	Recently Developed AEDs
SEIZURE TYPE		
Partial with Seconderily generalized tonic clonic seizure	Carbamazepine	Gabapentin
	Phenobarbital	Lamotrigine
	Phenytoin	Levetiracetam
	Primidone	Tiagabine
	Valproate	Topiramate
		Zonisamide
Generalised Seizures		
Absence Seizures	Ethosuximide	Lamotrigine
	Vaploate	
Myoclonic Seizure	Valproate	Lamotrigine
		Topiramate
		Topiramate
Tonic-Clonic Seizure	Carbamazepine	Lamotrigine
	Phenobarbital	Topiramate
	Phenytoin	
	Primidone	
	Valproate	

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STUDENT'S SECTION

ASSERTIVENESS

We interact with others in three ways either passively, aggressively or assertively. Passive Behavior/ submissive Behavior refers as “the act of allowing one's rights to be ignored, as any act which yields humbly to the preference of another person”. Aggressive Behavior is a “hostile expression of preferences by words or actions in a manner which coerces others to give in to these preferences; any act which suppresses or takes away the rights of other person”. Both passive and aggressive ways of behavior if used excessively are maladaptive, and lead to interpersonal problems. Hence to be effective in interpersonal functioning one has to be “Assertive”. According to Wolpe (1973), Assertiveness is “the proper expression of any emotion other than anxiety towards another person”. The assertive person is in consonance with thought, word and action. The person does not shy away from her/his duty, which compels others to respect her/his rights; who has ability to take responsibility for himself and his actions without judging or blaming other people; and find a compromise where conflict exists. There are three types of assertive behavior; refusal, commendatory and request assertiveness.

- Refusal assertiveness: - socially appropriate and skilful blocking of the attempts of others either to impose their goal directed behavior on you or to interfere with your ongoing, goal directed behavior.
- Commendatory Assertiveness:-the ability to express positive feelings, such as appreciation, liking, love, admiration, praise and gratitude.
- Request Assertiveness: - it occurs when one makes requests of others in order to facilitate meeting one's needs or attaining one's goals.

Unfortunately many people has problem in being assertive in one or more areas. Despite knowing how they should behave in situation requiring assertiveness, there is little correspondence between what they know and what they actually do when confronted with such situations. Therefore to increase clients influence over their social environments by increasing the expression of both positive and negative feeling, and for making them comfortable in social situations, assertiveness training is essential.

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TERTIARY REHABILITATION: GOVERNMENT BENEFITS

GYAN PRABHA

A Scholarship Scheme for Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities

NATIONAL TRUST

For the Welfare of persons with Autism, Cerebral Palsy,

Mental Retardation and Multiple Disabilities,

(Ministry of Social Justice & Empowerment, Govt. of India)

16 B, Bada Bazar Road, Old Rajinder Nagar, New Delhi- 110060

Email: nationaltrust@nic.in, Website: nationaltrust.org.in, www.thenationaltrust.in

OBJECTIVE: To encourage people with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities for pursuing post schooling any vocational training / professional courses for enhancement of their skills.

Justification: Persons with disability in general and persons with aforesaid disabilities in particular, face several barriers – physical, financial, psychological, mental barriers- in pursuing studies and living life with dignity. At times, persons with disabilities are deprived of harnessing their latent skills and thereby lose the opportunity to earn their livelihood in the mainstream society. It is in this context that the Scheme envisages to encourage persons with such disabilities by providing scholarship to pursue post schooling any vocational/ professional courses for skill enhancement and thereby enabling them to live life with dignity.

ELIGIBILITY

1. Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities are eligible for the scholarship
2. For pursuing post schooling any professional course or vocational training and other creative activities from recognized institutions for self employment / employment.
3. Scholarship will be awarded for pursuing only one course.
4. Continuation / renewal of the scholarship for next year will depend on successful performance in course in the preceding year with minimum 50% marks
5. Monthly family income of the beneficiary should not be more than Rs.15,000/- from all sources. Family income includes income of the parent/guardian.

Scholarship amount shall be up to Rs. 700/- pm per person for 1000 persons every year.

IMPLEMENTATION

1. Applications, in prescribed format only, can be submitted throughout the year on first come first serve basis.
2. Applications must be countersigned and recommended by the head of the institution in which the applicant is enrolled.
3. All applications will be received and scrutinized by SNACs on behalf of the National Trust. In States/ UTs not having SNAC, the National Trust may authorize any agency to receive and scrutinize applications on its behalf or may even receive applications directly. All applications shall be forwarded, with suitable recommendations, by the first week of the following months to the National Trust for approval.
4. On approval, 90% of the scholarship will be disbursed every month, through SNAC/ authorized agency, either directly to the account of the applicant or through post dated cheques.
5. Balance payment of scholarship shall be made only on successful completion of the course.

LIST OF ENCLOSURES

1. Academic records (attested copy of certificates and Marks sheet)
2. Proof of annual income, e.g. Salary Slip, Latest Income Tax Return
3. Attested copy of Disability Certificate
4. Course fee receipt (if any) with break up of each item duly paid during the academic session.
5. Course Completion certificate (at the end of the course)

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