The Rehabilitation Psychologist

Volume I, Issue I

25.07.2012

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Introduction: Learning through Service

It is my pleasure to present the first edition of The Rehabilitation Psychologist Newsletter. The purpose of this newsletter is to bring awareness of our profession, connect current and former students to exchange and share information pertinent to the field. It also allows prospective students to learn more about the profession and people in it. Please look for newsletters to be published quarterly.

The Newsletter consist of three sections: Professional's section will provide information pertaining to techniques in profession.

Visitor's section includes experts from other professions for e.g., Clinical Psychology, Education, Sociology, Occupational Therapy, Physiotherapy, Psychiatry, Neurology, Cognitive Neurosciences. Neuropharmacology, Pediatrics, Oncology, Brain computer interface, early intervention to name a few. And Student's section includes, their experiences in developing professional expertise, activities in the campus and day-to-day clinical experience.

Hence, If you have information to contribute, please contact :

rehabilitation.psychologist@gmail.com.

Sincerely,
Editor

Meaning of the Logo:

Saffron : Stands for courage, assertiveness, and readiness

Green : Stands for Composedness, prosperity, empathy

Blue : Stands for stability, balance, peace

THEREPI : Stands for 'The' 'Re'habilitation 'P'sychologist

Swadyaayaanma Pramadaha: It is the phrase taken from 11th Anuvak, Shikshavalli, Tittiriya Upanishad, Krishna Yajurveda, which means "Never Stop Learning"

PROFESSIONAL SECTION:

PRINCIPLES AND PRACTICE IN REHABILITATION PSYCHOLOGY

Rehabilitation Psychology is recently evolved specialized field in the area of Psychology, which deals with restorative process in an individual with disability. It is formerly defined as the specialty area which assists the individual with an injury or illness, which may be chronic, traumatic and/or congenital, including the family, in achieving optimal physical, psychological and interpersonal functioning. The focus of rehabilitation psychology is on provision of services consistent with the level of impairment, disability and handicap relative to the patient's personal preferences, needs and resources (World Health Organization). The Rehabilitation Psychology consistently involves interdisciplinary teamwork as a condition of practice and services within a network of biological, psychological, social, environmental and political considerations in order to achieve optimal rehabilitation goals. Psychologists in the specialty usually work with accredited rehabilitation programs and are identified as Rehabilitation Psychologists.

According to Rehabilitation Psychologist (RP), every individual is susceptible to disability and varies only in degree. Inability to function as same age peers due to impairment (results from dysfunction of psychological, physiological or anatomical structure) is at intra-personal or individual level. On the other hand, disability (restriction to function due to lack of organ or adequate exposure to learning environment) is at interpersonal or humanistic level and handicap (disadvantage due to disability that constricts an individual to fulfill a role expected on the basis of age, sex and sociocultural background) is at community level. Although, we might not be capacious to control impairment, disability and handicap can be successfully managed through Evidence-based Best practices. Secondly, almost all chronic/congenital/injury based medical conditions have deep psychological basis and they should be approached through humanistic perspective for true sense of “healing” rather than “treatment”.

Both treatment and healing are continuous process which has no end. Third, Impairment leaves a person permanently disabled and that a person cannot attain pre-impairment condition. R P's assignment is to communicate this news in digestable terms to the individual and people who are concerned about the individual and sees that disability does not attain pervasiveness in the individual's life, rather involves only a cluster of human functions in life, and RP segregates these dysfunctions and investigates what kind of adaptive measures can substitute the inabilities to become enabilities.

Fourth is the universal law that every person should have equal opportunity to live and strive in pursuit of happiness, and RP advocates prevention of disability and early rehabilitative processes to limit the nature of disability. Fifth, the origins of Handicap has its roots in societal insensitivity and reluctance to accept, hence, RP estimates the maturity of a society on the basis of how its members take responsibility for an individual who has difficulty in performing certain functions approved by them and how much they share the burden of that individual. Sixth, RP reflects that because of individual differences, life and disability touch subjective perception; hence, it is important to rely upon the Psychological theories which are simple, empirically integrative, and frameworks which are highly practical. Seventh, in spite of given complexities of disability in biopsychosocial dimensions still it can be quantitatively assessed for identification of skills that might enhance with the subject's functioning in his/her environment for e.g., Binet-Simon scales (1905) of intelligence was first to demonstrate that intellectual skills were measureable. Systematic Assessment would determine possible risk factors and very often helps the RP in identifying the soft signs especially in children who might be at risk of developmental disabilities. Assessment guides RP in therapeutic process and provides an estimate of the future years of disability life. Finally, disability and handicap can be effectively managed by professional advocacy.

RP argues that the changing attitudes in the society from isolating the individual with disability to integrating into the society is due to constant advocacy by upholding the values of the community and taking a moral ground leading the society to consciousness.

In conclusion, practice of Psychological Rehabilitative services emphasize on sustainability of Restorative process by :

- Maintaining a 'strengths' based focus through a client directed therapeutic process that is responsive to subjective needs and personal visions.
- Recognizing the unique physical, emotional, social, cultural and spiritual dimensions of person with disability and their care giver.
- Empowering the person with disability through advocacy support and representation of their needs and rights.

BRAIN AND BEHAVIOUR

Why we need to study brain?

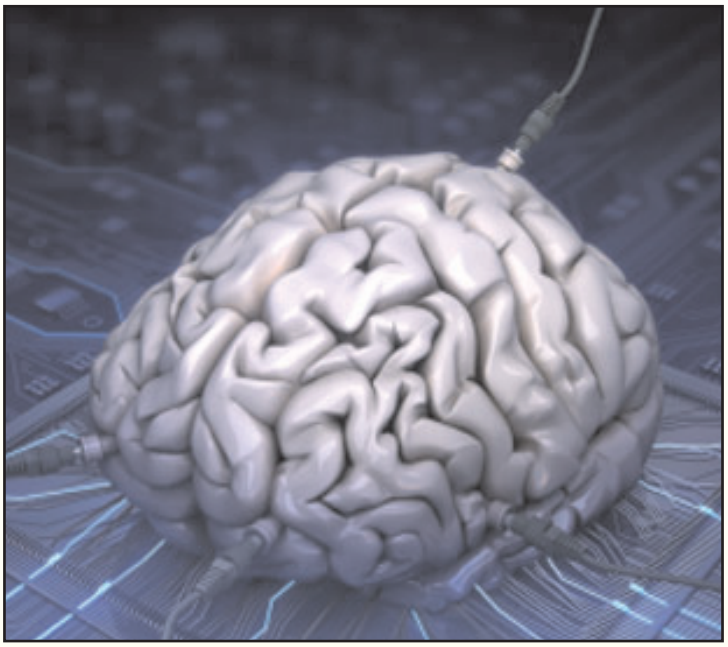
For evidence based practice, to substantiate the psychological phenomenon with definite evidence.

Historically, Psychology has been study of Mind. It evolved from introspective studies in the light of philosophy of drawing inference. However, the advancements in science and technology have questioned the phenomenology and started conducting experiments to challenge these studies and concluded that there is really some substance in introspective studies and worked to support classical studies with evidence. For example, Psychology said that mind is in brain and evidence based science experimented and found the statement to be true. Another example is the relationship between mind and body, which also proved to be true. Action is fundamental nature of organism and Action involves body and mind. Mind actually works its way only with body through action. Any action involving body and mind is called behaviour. This behaviour has purpose/motive; flexible but a definite set of pattern (due to limitation of biological capacity/drives). This motive is intertwined with mind. Behaviour is always in respect to context and changes accordingly, so to understand behaviour, we study brain, because the biological systems are much reliable, not as easily changed as behaviour. It follows some definite principles of change, which are understandable, follows a definite pattern and changes only permanently leaving biomarkers of change. Explicit psychological studies have witnessed limited scope to establish a healthy argument that it has understood the mind.

For example say Simon-Binet have conducted intelligence scales on sample of 1000 school going children of different age levels and laboriously developed an “Intelligence scales” that measure IQ. However, it would be much more effective only with half the sample taken and done neurobiological studies and establish a pattern of brain functioning during the task performance. So then, we could easily conclude that if a “task X” performed then “function of Brain area X” is working fine. However, this is not easy, because we all use different brain areas to come to same conclusion.

How do we study Mind?

Henceforth, we study “mind” systematically through biological perspective and construct a theory of mind with psychological studies. Psychological studies are particularly non-invasive techniques, where we study patterns of behaviour in the light of neuroscience. Recent advances in neuroscience is understanding



emotional and cognitive pattern of behaviour; through thorough studies of abnormal behaviour of brain due to birth anomalies; operative procedures which involved brain; animal studies; structured studies of brains of dead people due to disease or disorder.

Behaviour can be studied in different perspectives:

1. Describing behaviour
2. Studying the evolution of behaviour
3. Observing the periodical development of behaviour during life span
4. Biomechanisms of behaviour
5. To estimate and manage dysfunctions of behavior

Brain can be studied at different levels/dimensions/perspectives

1. Neuron
2. Lobes (frontal lobe, temporal lobe, parietal lobes, occipital lobes)
3. Brodmann's Areas (primary areas and associated areas)
4. Front and back areas (cerebral areas to cerebellum, spinal cord areas)
5. Top down areas (cortical areas to brainstem areas)
6. Systems that work for the same outcome/neuronal pathways (motor pathway, cognitive pathways, emotional pathways)
7. Study of hemispheres (right and left hemispheres)

STUDENT'S SECTION:

THE CONCEPT OF DISABILITY

The superiority of human ability is an attribute of nature and nurture and can be measured through learning. The complex of competence is unique in every individual and is categorized in physical and mental faculties. Nevertheless, it is known for its plasticity and adaptive quality to the adverse conditions, it is susceptible to disease and injury. The loss of abilities, temporary or permanent, due to disease, accident, genetic causes or any other reason may not be equal in all cases.

The environment and its demands determine the ability, which is reinforced by the short term objectives and long term goals by economizing the time and energy and improving the quality of life. The course of ability is so powerful in human nature that it has changed the very environment in which she/he lives. The cost of these benefits is the limitation of the abilities, where by making the individual as much disable as able.

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This is why it is said that there is graded degree of disability in every human being. This view point describes disability as created with interactions with a social world.

Disability is a term which has medical, psychological and legal dimensions that has evolved over time. The perception of disability is subjective, situational, and would depend on social and cultural factors. Medical profession sees it as impairment due to disease and illness and mostly concerned with physical faculty. Psychology sees disability relative to the impact of social enablement and studies the behavior of the individual with existing social attitudes, culture and customs with models in psychology. Disability through legal dimension is defined by Parliament such as PWD act (1995).

However, a very narrow focus and rigidity of these models demands for flexible and integrated model to view disability through Biological, psychological and sociological (BPS) perspective emerged. To serve this purpose, World Health Organization (WHO) proposed, in its first draft, the International Classification of Human Functioning and Disability (ICIDH) in 1980. This was again revised as International Classification of Human Functioning in 54th World Health Assembly on May 24, 2001 for International usage and subsequently accepted by 191 countries, among which India is signatory. The emergence of right based society and evidence based best practices are responsible for Biopsychosocial approach towards disability. BPS model addresses health and health related domains like physical body, individual (mental body), and societal perspectives by assessments of body functions and structures which includes domains of activity and participation. Since an individual's functioning and disability occurs in a context, the model also evaluates environmental factors. These assessments help the Rehabilitation professional to observe health and disability from a new perspective and inform that all health related issues warrant medical, paramedical and psychological attention.

BPS model for disability regards that every human can experience a decrement in health and there by experience some degree of disability and figures out what are the social and psychological factors that directly impact health issues. BPS model allows Rehabilitation professional to question, for e.g., If social and psychological factors are regarded as constant or changed, then will that influence the healthy life? If so, what are the factors? How much is it effecting? And how can they moderate or mediate the promotion of health? And her/his job will be to investigate and find out these factors and provide necessary intervention services.

Finally, Disability needs to be understood in context of a person, as a member of specific group, member of larger society and as a citizen with rights and abilities along with personal attitude towards disability to consider restorative process for including the person in mainstream.

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Our heart felt
prayers to
the departed soul of
Shri. Reeta Peshawaria,
(19-11-1950 to 14-07-2012)
whose untiring and
uncompromising quality
of professional services in the
disability Rehabilitation field
emerged as a leading light
for students and
professionals