



SECTION SIX



SPECIAL NEEDS EDUCATION DIALOGUE WITH REHABILITATION

This section has ten chapters on rehabilitation and its associated issues. The concept of rehabilitation is mostly associated with restoration of lost capacities based on medical concept of rehabilitation. The social model emphasizes societal reengineering to deal with nonmedical barricades to restore normal functioning of persons living with disability in the society. The issues in this last section treated rehabilitation psychology, rehabilitation process, managing depression, socio-economic and mental health rehabilitation and ends with wellness of PWDs. Joyful reading

CHAPTER 39

REHABILITATION PSYCHOLOGY

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Introduction

Psychology is a combination of two words “psyche” which means “the soul”, and “logos”, which is interpreted as “study”. Thus, it could be stated that psychology is the scientific study of the human mind and its functions, especially those affecting behaviour in a particular context. It is a systematic manner of studying why and how human beings behave the way they do. The American Psychological Association (APA) defined “Psychology as the study of the mind and behavior.” Psychology encompasses all aspects of the human experience – from the functions of the brain to the actions of nations, from child development, through adolescent intrigues to care for the aged. Psychologists research the causative factors of behaviour and proffer help to people on how to modify their behaviour to conform to socially accepted norms and culture.

There are several areas of specialisation in psychology, which address various aspects of human endeavour. These include counselling psychology, social psychology, industrial psychology, school psychology, neuropsychology, child psychology, and others. Central to the applied psychologist’s work is to help persons with diverse kinds of issues regain direction and balance in life. They also help individuals who are limited in functionality, due to chronic illness or accident. When people are unable to do for themselves functions that they used to do personally, they are reckoned to be persons with disabilities (PWDs).

The International Classification of Functioning Disability and Health (ICF) year??? remarked that “Disability is a result of interaction between a person with a health condition and that person’s contextual factors (environmental factors and personal factors)”. Disability covers a wide spectrum of various levels of functioning at the body level, personal level, and societal level. It denotes impairments in body functions and structures, limitations in activity, and restrictions in participation. And with such limitations in people’s lives, there is a need for rehabilitation so as to make the individuals concerned functional and useful to themselves, and society at large.

Rehabilitation is defined as “a set of interventions designed to optimize functioning and reduce disability in individuals with health conditions in interaction with their environment.(WHO 2021). ARPP-India also described Rehabilitation as “a programme that uses a combination of interventions to empower individuals with disabilities and chronic health conditions with the aim



to help them achieve socially meaningful, personally fulfilling, and functionally effective interaction in their daily lives.” When an individual passes through an unusual life experience such as a fire accident resulting in third or fourth-degree burns, there will be a need to help such an individual resume regular life. Some types of assistive technologies, psychotherapy, physiotherapy, and other forms of support are typically deployed for rehabilitation. An important aspect of the rehabilitation psychologist’s work is to take care of PWDs.

Rehabilitation psychology as an academic and professional discipline is relatively new when compared with other branches of psychology. In its early years, it was a combination of other helping professionals such as counselling psychologists, social psychologists, and neuropsychologists that addressed rehabilitation issues in practice and research, but in the past six decades, rehabilitation psychology has emerged as a distinct discipline. Rehabilitation Psychology was instituted as Division 22 of the American Psychological Association in 1958. It was recognised as a society of psychologists committed to the psychological and social consequences of disability, and to the development of ways to prevent and resolve problems associated with disability (Larson & Sachs, 2000).

The profession of rehabilitation psychology is built on the importance of community integration, human dignity, the value of work, and understanding the strengths and weaknesses of the client. Family dynamics, team undercurrents, social perspectives on disability, and stigmatisation are some of the research issues that the rehabilitation psychologist engages in providing help for persons with disability. Meyerson (1948), advocated that adjustment to physical disability is promoted by creating favourable social and psychological situations for individuals living with disabilities (i.e., positive person-environment relations). Adjustment to physical disability was recognised as not just an issue for people living with disabilities; rather, Meyerson proposed that society must also learn to adjust to the experiences and outlooks of those living with physical disabilities. More recently, these tenets have also been expanded to those living with psychological disabilities and chronic health conditions.

Foreshadowed by founders of the field of rehabilitation psychology, this evolution of concepts regarding health and disability is evidenced in the creation and implementation of the ICF. The ICF is based on an integration of the medical and social models of disability, addressing the biological, individual, and societal perspectives of health in a biopsychosocial approach. This is, in part, accomplished by a model in which “functioning and disability are conceptualized within the dynamic interaction between health conditions and contextual factors” (World Health Organization, 2001, p. 106). The ICF model is ideal for the community and community-based work, encouraging a focus on environmental factors that can be levers for maximizing opportunities for all persons to engage in all aspects of community life (e.g., universal design principles).



The psychosocial and financial implications of a sudden loss of function in one or more parts of the body on the individual concerned, their family, and close friends could only be imagined. For instance, the trauma of losing one's eyesight to glaucoma, or a vehicular accident, thoughts that race through the mind as to face the future, and the real implications of the experience in the short term and in the long run, are real-life issues that shape the lives of PWDs.

The thesis statement of this chapter is focused on rehabilitation psychology, its aims, and underlying theoretical models for therapy. Other issues of concern in this chapter are professional competencies and the nature of the work settings for rehabilitation psychologists.

Aims of Rehabilitation Psychology

The central aim of rehabilitation psychology is to help individuals with disabilities and chronic health conditions improve the quality of their lives. Cardol, Jong and Ward (2002), submitted that rehabilitation is not just concerned about functions that have been lost, but what can be regained and achieved through mutual agreement between the rehabilitation psychologist and the individual with a disability. Through proper assessment utilising standardized tests of cognitive and psychological functioning, PWDs are helped to develop problem-solving skills and better-coping strategies. Rehabilitation psychologists also provide PWDs with psychosocial education regarding the nature of the illness, the prognosis, and how to navigate the new season of life. Such knowledge will assist PWDs, their families, and close friends to better adjust to the disability, and prevent a relapse of the condition.

Rehabilitation psychology work objectives, among others, are to:

- help with the prevention of the loss of physical and/or emotional functions
- help slow down the rate of loss of physical and/or emotional functions
- improve or restore physical and/or emotional functions
- create innovations to compensate for the loss of physical and/or emotional functions
- ensure maintenance of current physical and/or emotional functions

In addition, there are seven (7) areas of rehabilitation where rehabilitation psychologists actively work.

Physical: The physical type of rehabilitation therapy works to improve movement dysfunction. Therapists work with patients to restore movement, strength, stability, and functional ability and reduce pain through specified exercise and a range of other treatment methods.

Occupational: The occupational aspect of rehabilitation therapy focuses on restoring an individual's ability to perform necessary daily activities. This may mean working to improve fine motor skills, restore balance, or assist patients in learning how to increase their functional ability using adaptive equipment, among other potential treatment options.



Respiratory:This form of rehabilitation therapy works to help patients who have breathing disorders or difficulties decrease respiratory distress, maintain open airways and, when necessary, learn how to use inhalers and supplemental oxygen properly.

Cognitive:It is also commonly called cognitive-behaviour rehabilitation. This type of therapy works with patients to improve learning, attention, memory, thinking and reasoning skills, and other cognitive deficits.

Vocational:The vocational aspect of rehabilitation therapy is geared toward preparing individuals to return to work after an injury, illness, or medical event.

Hearing and Speech:Hearing and speech rehabilitation therapy is used to address difficulties with speech, communication, and/or swallowing.

Mental illness:It aims at helping mentally ill patients to get rehabilitated back into society so that they can restart productive life.

Theoretical Models

Rehabilitation psychology is deeply entrenched in interdisciplinary studies which makes its literature cut across several disciplines in psychology, education, social sciences, medical sciences, and much more. Theory in Rehabilitation Psychology is imperative to facilitate understanding and explanation of impairment dynamics, assessment, and planning for treatment of persons living with disability and chronic diseases. The theory will also assist rehabilitation psychologists in predicting the outcomes of treatment plans. Historically, Rehabilitation Psychology has leveraged several theories in helping persons with disabilities and chronic illnesses to become more independent and assume social roles again. The theories include (but are not limited to) social learning theory, psychoanalytic theory, and cognitive-behavioral theory.

Social Learning Theory

Learning is a complex phenomenon that is determined by a variety of factors, ranging from heredity to the environment. Environmental factors such as culture and society exert great influence on the individual. Social learning theory maintains that learning occurs more when one observes others.

Lev Vygotsky was a social learning theorist of note. He was well known for the sociocultural theory and the concept of proximal development (ZPD). He posited that an individual learns better when they are paired with someone who is more knowledgeable about the activity. In other words, with social learning theory, PWDs may regain their independence with less effort if they are paired with others with better skills. Family, close friends, and significant others are important to PWDs because they also bear the brunt of the traumas and discomfort of PWDs. At any rate, they provide social and emotional support in the process of rehabilitation and recovery of functions.



Cognitive Behaviour Therapy

The sacred scriptures say, “As a man thinks in his heart, so he is.” (Proverbs 23:7 KJV). In the event of a traumatic experience such as the loss of a loved one, individuals would have their minds flooded with hymns and psalms so as not to be thinking about the dead. As this practice is sustained over time, it becomes easier to pass through the period of grief more successfully. This forms the thesis of cognitive behaviour therapy (CBT) that a resolution of the relationship between thoughts, feelings, and behaviour may be helpful in resolving some post-traumatic stresses that PWDs deal with. A positive change in an individual’s belief system and thoughts may also affect their feelings and behaviour.

Psychoanalytic Theory

This theory was propounded by Sigmund Freud. His perspective is that past experiences determine the present situation of individuals; he believed repressed thoughts (the unconscious) may affect the individuals’ thoughts, feelings, and actions. so, present behaviour can be corrected with the lens of the past. Utilising psychoanalytical therapy, PWDs could be helped to address mental disorders and internal conflicts and increase self-understanding and freedom. One of Freud’s psychoanalytic concepts, castration anxiety, used to describe a boy's fear of loss of or damage to his genital organ as punishment for incestuous wishes toward the mother and murderous fantasies toward the rival father, may also be applied to severe losses, such as the loss of a limb.

Professional Competencies of the Rehabilitation Psychologist

A profession is shaped by the preparation of its practitioners, including its selection of trainees, the structures and processes of its training programmes, and the competencies expected of successful trainees. The profession of rehabilitation psychology is grounded in human dignity, the value of work, the importance of community integration, and understanding the strengths and weaknesses of the client. Hibbard and Cox (2010), presented core competencies that are important for the rehabilitation psychologist to bring about a constructive and efficient change in the life of a person living with a disability. These are foundational and functional competencies.

Foundational competencies:

These competencies focus on the basic skills or knowledge that the rehabilitation psychologist requires for providing effective and efficient services to clients. These are basic assumptions and principles of rehabilitation, knowledge, and skills that each psychotherapist must cultivate irrespective of the setup they later specialize or choose to work in. These foundational competencies consist of the following skills:



- Psychosocial foundations of behaviour: This is an understanding of nature and the needs of the individual, at all developmental levels, from a psychosociological perspective.
- Knowledge of disability: An understanding of the causes of disability, the resultant conditions, and the impact of disability on individual functioning in social, educational, and vocational environment.
- Case and caseload management: An understanding of the importance of case management and caseload management to provide effective rehabilitation services by ensuring that the levels management exercised with individual cases and caseloads is effective and efficient.
- Legal and policy aspects of disability, disadvantages, and rehabilitation: An understanding of the legislation that impacts upon the provision of health, welfare and rehabilitation services for persons who are disadvantaged or who have disabilities.
- Research and evaluation: An understanding of research in the rehabilitation field and appropriate evaluation of rehabilitation services to design effective programmes and a capacity to integrate current research literature into clinical practice, and other functional competency domains.
- Individual and cultural diversity: Awareness, sensitivity and skills in working professionally with diverse individuals, groups, and communities who represent various cultural and personal backgrounds and characteristics.

Functional (also known as Professional) competencies

These are skills or knowledge required being able to provide effective rehabilitation services in particular areas of rehabilitation. For instance, the skills needed to deal with a person having special needs or one with hearing or speech impairment are very different from the skills needed to rehabilitate and integrate a mentally ill person back into society.

A rehabilitation psychologist should be able to demonstrate the following skills:

- Assessment: The psychologists should be able to conduct an assessment and diagnosis of the problems of the client, understand the capabilities and issues associated with individuals, groups, or organizations.
- Vocational assessment: An understanding of vocational assessment strategies including the essential areas to be assessed and utilizing the data to generate realistic vocational options with the clients.
- Consultation: The ability to provide expert guidance or professional assistance in response to a client's needs or goals.
- Supervision: Supervision and training in different professional services recommended to or provided to the client.
- Management and administration: Manage the delivery of services catering to the needs of the client and ability to manage a different chain of programmes associated with the client.



In addition to competencies, rehabilitation psychologists should also possess some specific personal qualities that will endear them to their clientele. They should have:

- t an interest in people
- an empathetic understanding of people
- a belief in and a capacity to empower people and promote self-management
- problem-solving and strategy formation skills
- be objective and passionate about humanity
- ability to demonstrate flexibility and a positive attitude to change
- be both creative and innovative
- a result-focused approach to therapeutic interventions
- be persevering and resilient
- a well-developed social conscience
- effective, written, and oral communication skills

Nature of Work Settings of Rehabilitation Psychologists

Work settings refer to the places and facilities where rehabilitation services are delivered.

Rehabilitation settings may include hospitals, nursing homes, rehabilitation centres, military bases, and community-based settings.

Hospitals: In general hospitals, there are rehabilitation wards; there are also specialized rehabilitation hospitals and centers. In such set ups, rehabilitation psychologist serves a wider range of populations such as individuals with brain injuries, individuals with spinal cord injuries, geriatric population, individuals with neuromuscular disorder, individual with chronic pain disorder and people with medical and psychiatric conditions such as cancer, multiple sclerosis, developmental disorder, psychiatric disability, substance abuse, deafness or hearing loss, intellectual disability, blindness and vision loss and impairment by educational or other disadvantages.

Other institutional settings: Individuals with severe disabilities require extensive and intensive long-term care focusing on their activities of daily living and enhancing their functional independence as far as possible. Some people with such disabilities fail to reach a state of normal living and continue to need assistance throughout their life. Examples of other institutional settings may include nursing homes, respite care centers (short term stay for elderly or disabled people) and military residential settings.

Community-based settings: These are single or multi-professional practices (office or clinic), homes, schools, and workplaces. Rehabilitation psychologist's work in different locations and attends to a wide diversity of PWDs. At school, they may be dealing with children with physical and mental disabilities such as ADHD, learning disability, autism spectrum disorder, hearing impaired, cerebral palsy and



polio. At homes, they may be involved in the care of bed-ridden or severely ill (medical and/or psychiatric) population. At workplaces, they may be helping PWDs work effectively and lead a life of dignity.

Implications

Since every human being requires some form of therapy or restoration sometimes in life, it is taken that the rehabilitation psychologist's job may be both universal and lifelong in nature. Thus, there is a need for attitudinal change towards PWDs, with the clear understanding that no one is completely free of disability. With the projected escalation of PWDs in the next decades, it is imperative that training and retraining of rehabilitation psychologists should be a focal point for Nigerian universities and other training institutions. Research on other forms of sociopsychological intervention for rehabilitation should be encouraged and facilitated by all those concerned with human development.

Conclusion

Rehabilitation Psychology aims, among other things, to promote the recovery and independent living of PWDs. Rehabilitation Psychology has leveraged several theories in helping persons with disabilities and chronic illnesses to become more independent and assume social roles again. These theories include (but are not limited to) social learning theory, psychoanalytic theory, and cognitive-behavioral theory.

Rehabilitation psychologists serve a wider range of populations of individuals with various types of chronic illnesses and physical injuries. They require certain competencies to bring about a constructive and efficient change in the life of a person living with a disability. Rehabilitation settings may include hospitals, nursing homes, rehabilitation centres, military bases, and community-based settings. In the coming years, there will be a need for more rehabilitation psychologists to serve the ever-growing population of PWDs across the world.

Suggestions

1. Training of rehabilitation psychologists should be a top priority for universities and other stakeholders in education.
2. It is suggested that more funding be committed to the research and training of rehabilitation psychologists.
3. There is a need to come up with policies and programmes that will accentuate more participation in contextual and relevant technological development to meet the requirements of rehabilitation psychology.

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