

MEDICAL AND PSYCHOLOGICAL ASPECTS OF DISABILITY

SECOND PRINTING

A. BEATRIX COBB, Ph.D.

*Horn Professor of Psychology
Director, Research and Training
Center in Mental Retardation
Texas Tech University
Lubbock, Texas*

American Lecture Series®



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By

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**Medical and Psychological Aspects
of Disability**

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AMERICAN LECTURE SERIES®

A Publication in

**The BANNERSTONE DIVISION of
AMERICAN LECTURES IN SOCIAL
AND REHABILITATION PSYCHOLOGY**

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The American Lecture Series in Social and Rehabilitation Psychology offers books which are concerned with man's role in his milieu. Emphasis is placed on how this role can be made more effective in a time of social conflict and a deteriorating physical environment. The books are oriented toward descriptions of what future roles should be and are not concerned exclusively with the delineation and definition of contemporary behavior. Contributors are concerned to a considerable extent with prediction through the use of a functional view of man as opposed to a descriptive, anatomical point of view.

Books in this series are written mainly for the professional practitioner; however, the academician will find them of considerable value in both undergraduate and graduate courses in the helping services.

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To my mother,
whose loving life taught me the meaning of caring
and
my brother,
whose brave endurance of unceasing pain for nine
weary years turned my professional career to the
field of rehabilitation.

EDITOR'S FOREWORD

In the many fields of rehabilitation, thorough understanding of disability is essential. The various aspects of disability are complex and a challenge to understand. When the psychological aspects of a particular disability are superimposed upon that disability, many professional practitioners are overwhelmed. Yet to serve an individual adequately through the rehabilitation process, it is required that the professional practitioner have a thorough understanding of the social, psychological, and vocational implications of a disability as well as the medical aspects of that disability.

In this book, Dr. Cobb has been able to organize a large, complex body of knowledge in such a fashion as to make it very manageable to the reader. The student will find this text of great value, while the practitioner in the field will gain a useful reference guide. Most other texts written in this area tend to lump together all the various concomitants of a disability. Dr. Cobb has taken a somewhat innovative approach, in that her structure is to discuss the medical aspects of a disability in one chapter (these include anatomical concerns, disease processes, trauma, diagnostic symptoms, treatment, and surgery) followed by a chapter which treats the social, psychological, and vocational aspects of the disability. These psychologically oriented chapters also include statements and guides relating to the rehabilitation of persons with these disabilities.

We feel this book will become a landmark publication, as will the companion volume to this text. This book covers the disabling conditions of heart disease, stroke, cerebral palsy, amputations, respiratory diseases, kidney disorders, disorders of the gastrointestinal system, convulsive disorders, hearing disorders, and visual impairments. The companion text is concerned with the social and psychological disorders and their rehabilitation implications. The areas covered in the second text include

attitudes toward disability, motivational factors, alcoholism, drug abuse, the public offender, cultural deprivation, the emotional disability, mental retardation and aging, chronic illness, and neurological disabilities.

We are quite pleased to have this addition to the American Lecture Series in Social and Rehabilitation Psychology. These two texts will find widespread use in the university courses which train professional practitioners in understanding the medical and psychological aspects of disability as well as having wide usage as reference material for professionals in a wide range of rehabilitation and rehabilitation-oriented settings.

Stuarts Draft, Virginia

JOHN G. CULL, Ph.D.

RICHARD E. HARDY, Ed.D.

Consulting Editors

PREFACE

In this volume, an effort has been made to face the challenge of multidisciplinary communication in a specific setting—rehabilitation. We seek to transmit some of the most pertinent medical and psychosocial concepts surrounding common disabilities with which the rehabilitation counselor must work. One of the primary goals is to make it possible for the rehabilitation counselor to develop a medical and psychosocial vocabulary in order to expedite his ability to communicate with the physicians, psychologists, and other professionals on the team. A secondary hope is these people will also read the material and in this way improve their in-depth understanding of the total rehabilitation process.

In the pursuit of this undertaking, I wish to acknowledge the significant contributions of those who have made the book possible. First, I wish to express deep appreciation to the Lubbock-Crosby-Garza County Medical Society. Through the past fourteen years, this society has contributed the teaching staff of physicians for the graduate course in Medical Aspects of Disability (Psychology 5326). Most of the medical chapters were written by these teacher-physicians after working through the years with rehabilitation counselors-in-training. Without this basic contribution, the volume could never have been.

Second, the contribution of the psychologists and educators who brought together the educational, psychological, and rehabilitation factors related to each disease or dysfunction is deeply appreciated. These individuals, despite crowded schedules, responded graciously from New York, St. Louis, and Milwaukee as well as within Texas because they realized the urgent need for bridges across the communication gap to expedite the delivery of rehabilitation services.

Third, the eagerness of the students to learn to communicate meaningfully with other professionals on the rehabilitation staff,

as they have worked through the class assignments each of the fourteen years, has made a tremendous contribution by inspiring renewed effort on the part of the editor and the authors. Reports back from the field, as these students became working counselors, to the effect that the course and the material had assisted them in more effective team communication and client service has served to reinforce the effort.

Finally, I wish to acknowledge the dedicated contribution made by Mrs. Mary Dillon, who typed the final manuscript. Her contribution goes far beyond technical production. Her interest, careful proofreading, and revision suggestions were invaluable.

A. BEATRIX COBB

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The Big Welfare Mess: Public Assistance and Rehabilitation Approaches

John G. Cull, Ph.D., and Richard E. Hardy, Ed.D.

Chapter I

AN APPROACH TO INTERDISCIPLINARY COMMUNICATION IN REHABILITATION

A. BEATRIX COBB

Interdisciplinary communication is recognized as probably the most urgent problem in the delivery of services to individuals where multiprofessional teamwork is essential. In the field of rehabilitation, this problem is acute. The rehabilitation team may include an internist, a surgeon, a psychiatrist, a social worker, a psychologist, a work evaluator, a training leader, and the rehabilitation counselor. Each member of this team tends to be carrying a heavy case load; consequently, little time can be spent in joint consultation where each member could learn firsthand the contributions and methods of the other.

The usual physician is frank enough to confess only vague conceptions of the total rehabilitation process. Nor does he claim to be cognizant of the theoretical framework and practical procedures of the evaluators, educators, psychologists, and counselors on the case. On the other hand, the usual psychologist, evaluator, educator, and counselor knows even less of the medical terminology and procedures employed. Although each profession as a whole, and each team member as an individual, gives lip service to the need for communication among and between the professions, little has been done to expedite this flow of meaning.

To bridge this interdisciplinary communication gap is not an easy task. Although rehabilitation is not a new concept (the National Office celebrated its fiftieth anniversary in 1970) and despite the fact that at the local level numerous rehabilitation teams have learned to work together effectively, the techniques of communication used have not been formalized. The usual procedure seems to be that two or three professional people, while working to alleviate or solve the problems of a mutual client, grow