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BEHAVIORAL PROBLEMS AND THE DISABLED

ASSESSMENT AND MANAGEMENT

Edited by

Duane S. Bishop

Behavioral Problems and the Disabled

Assessment and Management

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BEHAVIORAL PROBLEMS AND THE DISABLED

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*This volume is one of the series,
Rehabilitation Medicine Library,
Edited by John V. Basmajian.*

New books and new editions published, in press or in preparation for this series:

BANERJEE: Rehabilitation Management of Amputees
BASMAJIAN: Therapeutic Exercise, third edition*
BROWNE, KIRLIN, AND WATT: Rehabilitation Services and the Social Work Role: Challenge for Change
CHYATTE: Rehabilitation in Chronic Renal Failure
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REDFORD: Orthotics Etcetera, second edition*
ROGOFF: Manipulation, Traction and Massage, second edition*
SHA'KED: Human Sexuality in Rehabilitation Medicine

** Originally published as part of the Physical Medicine Library, edited by Sidney Licht.*

Series Editor's Foreword

In introducing new books to the *Rehabilitation Medicine Library* series, I fashioned a short set of criteria to guide myself. The newcomer should: (1) be on a substantial topic that has emerged as an important new area in medical rehabilitation of the handicapped; (2) have an editor who is both extremely competent and enthusiastic about the topic; (3) appeal to and address the needs of the multidisciplinary rehabilitation matrix of people and interests; and (4) be built around a firm medical framework and on a solid scientific basis. I was lucky in meeting and working with an editor who could produce for me such a book on behavioral problems encountered with disabled people. This volume is the result.

From the start, this project has been imprinted with the hallmarks of success. Although Dr. Bishop moved from McMaster University, where we were able to start the work together, the foundations were well laid before he left for Providence. He had carefully and wisely assembled a set of authors whose work in the following pages attests both to his wisdom and their authority. As I followed the assembling of the chapters, I grew more and more delighted.

No other book of this kind had been developed, and it promises to be truly unique. I hope that a wide spectrum of readers in many disciplines discover it soon, for it can greatly assist many types of therapists and physicians in reducing the additional behavioral and emotional burdens imposed by physical impairments. I am proud to introduce this volume into the *Rehabilitation Medicine Library*.

McMaster University
Hamilton, Canada

J. V. BASMAJIAN

Preface

Increasing attention is appropriately being given to the psychosocial aspects of chronic illness and physical disability. In a practical sense, health care professionals have long been sensitive to the necessity of appropriately handling the psychosocial aspects of their care. However, there are few resources available when they search for useful approaches. They have no alternative but to translate ideas and interventions from psychiatry, psychology, and social work into their everyday work, to make do, or to function intuitively. The challenge is clear, and the goal of this book is to provide a resource for a practical approach to these problems.

The material presented will satisfy the needs of a wide range of health disciplines, medical practitioners, and specialists, and has wide practical application in general hospitals, mental health settings, physical rehabilitation centers, and related programs.

The focus of the book is on 'problems,' as opposed to diagnostic categories, since problems are most often identified as specific and/or urgent concerns. The problems of depression, pain, or family problems are more frequently identified real concerns than the need to understand all of the psychosocial problems that might arise in a given disability, for instance.

The first chapter highlights the crucial yet complex role of behavioral issues in the physically disabled, the need to incorporate multiple models of behavior for better understanding and interventions, and the importance of good assessment for good management.

Section 1 deals with clearly behavioral problems. I. Sakinofsky's discussion of depression and suicide is thorough and practical. The Taylors present a fascinating and broad view of anxiety. The chapter by R. Gallagher and the two by N. Crewe deal sensitively and helpfully with difficult behavior problems. Balkany-Butt and co-authors present an excellent review of the crisis literature and demonstrate its application in traumatic disability. F. Seixas provides a good overview of drug and alcohol problems and an introduction to other literature sources for practical help. D. Robert Fowler and M. Follick deal clearly with the psychoses, and W. A. Brown and R. Goldberg provide a succinct clinical guide to psychotropic medications.

Section 2 addresses the problems of sleep and pain, problems that are not always viewed from a psychosocial perspective. H. Moldofsky and J. Cleghorn's chapter is currently the most comprehensive and up-to-date review of sleep problems and chronic disease and disability and also provides clear and practical approaches. The three chapters on pain cover a variety

of approaches. E. Tunks and H. Merskey deal with multiple models and approaches with excellent illustrations. J. Steger and J. Brockway provide a clear and succinct description of a behavioral approach to pain, and H. Steger and coauthors enlarge on this and add some unique conceptualizations they've developed.

Section 3 deals with disability and the problems of other systems. D. Bishop and N. Epstein present a clear and practical approach to family problems while M. Romano provides a potent discussion of the behavior problems of staff working with the disabled. J. Browne and D. Bishop provide a pragmatic and useful schema for addressing the problems encountered by health care teams. T. Strax and P. Spergel address the impact and problems associated with agencies, institutions, and organizations, while A. Adsett and co-authors close this section with a discussion of providing consultation concerning behavioral problems. The section covers a broad field, and collectively the job is done very well.

In Section 4, A. Bensman and J. Capell deal with the behavior problems of disabled children. While this is only one chapter, it should be a book in itself. To the authors' credit, they provide a solid overview and practical clinical help.

With only one or two exceptions, each chapter represents a completely fresh and first attempt to synthesize a problem in the context of disability. Authors have been selected because of their unique knowledge of the field and their ability to translate it into the context of disability.

Some obvious omissions require comment. Important material related to this book is dealt with in *Behavioral Psychology in Rehabilitation Medicine*, another volume in the Rehabilitation Medicine Library Series. Two other volumes will cover sexuality and vocational issues.

The result of the authors hard work launches this new book into a trajectory that provides significant and practical clinical enlightenment. I enthusiastically and sincerely thank all the contributing authors as well as Shannon Cottnam, Gloria Staples, and Carol Barlow for their special efforts beyond the call of duty. McMaster University, the founding Chairman of its Department of Psychiatry, Dr. N. B. Epstein, and the Chedoke-McMaster Rehabilitation Centre also deserve special thanks for providing the experience, atmosphere, and support that enabled me to begin learning about disability. The Williams & Wilkins Company and especially the series editor, J. Basmajian, saw the need, offered the opportunity, and provided invaluable assistance, freedom, and support. I am especially indebted to my patients, disabled friends who taught me much more than I helped them, and to my family, who tolerated my editing absence while still providing unending warmth and encouragement.

A Special Introduction

I feel that the following statements have special and sensitive messages that really set the stage for the rest of the book—Editor

You Can't Tell A Book by its Cover

"I would like to tell you about a girl who has Cerebral Palsy. A girl who is as normal as anyone on the inside, but not on the outside, and that girl is me.

I'm writing this story just to give you an idea of what it is like being a Cerebral Palsy victim. Most people think that just because we look different, it must mean that we are, but that isn't so—we are smart and not stupid at all. Our emotions are normal, we can think just as good as anybody, in other words, we are normal.

.....I'm in a wheelchair and can't do anything for myself. I'm very determined, though, to do what I want and I usually do it, but I usually start something and never finish it! My speech is bad, but I still talk—everyone is different, though....

I'd like to mention something that I forgot to mention before. When I talk, I sound normal to myself, but I don't sound normal to you and that makes it really hard for both of us. Although some people think that they are saving me from being frustrated, it is more frustrating when I know they can't understand and they say they do, or else they don't really care.

I hope this story will help you to realize that Cerebral Palsy victims are just as normal as you are, and that we like to be treated like you like to be treated—normally!"

**Miss Sylvia Mosher
Merrifield Orthopedic Unit
Sault Ste. Marie, Ontario, Canada**

"Being confined to a wheelchair, I am very aware that I evoke a negative response from able-bodied people. I remind them of their mortality and this makes them acutely uncomfortable. But worse still, knowing that I am the cause is emotionally shattering!"

**"A Special Person"
Hamilton, Ontario, Canada**

"The rehabilitation staff were good at helping my parents see that they overprotected me and in getting them to back off. The trouble is that in the process the staff took over and I still don't have any control over my life."

**A 21-year old Juvenile Onset,
Rheumatoid Arthritic**

"When two women meet, and the one who can talk has bitterness and hostility in her voice, while the one who cannot, has love and tenderness in her eyes, who is the more handicapped? We could also consider two men. The one who is able bodied does little, demands a lot and complains constantly, while the one without legs works hard and has time and consideration for those around him. Who is the more handicapped? . . . The disabled are exquisitely aware of both their strengths and weaknesses. They are attuned to the need to maximize their strengths, while at the same time relying on the strengths of others. They clearly challenge all of us with the realization that we should use our pooled resources to progress to a just society where we recognize, make use of, and appreciate our collective assets rather than generalizing our handicaps and disabilities."

**Pierre Elliott Trudeau
The Prime Minister of Canada
Speaking at the Participation House Fund Raising Dinner,
January 19, 1978; Hamilton**

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