

Psychological Processes That Can Assist with Rehabilitation

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Overview

- ▶ Chapter 1 – interest in this topic
- ▶ Chapter 2 – biopsychosocial model
- ▶ Chapter 3 – basic psychological needs and motivation
- ▶ Chapter 4 – psychological interventions and ways to deliver them



Interest in Psychology and Rehabilitation

- ▶ Two spontaneous lung collapses in August and September
- ▶ After the second collapse it was determined that I needed surgery
- ▶ Unable to exercise after the surgery for four weeks
- ▶ Wasn't advised with any post operation explanations for what to expect which led to negative physical and psychological outcomes



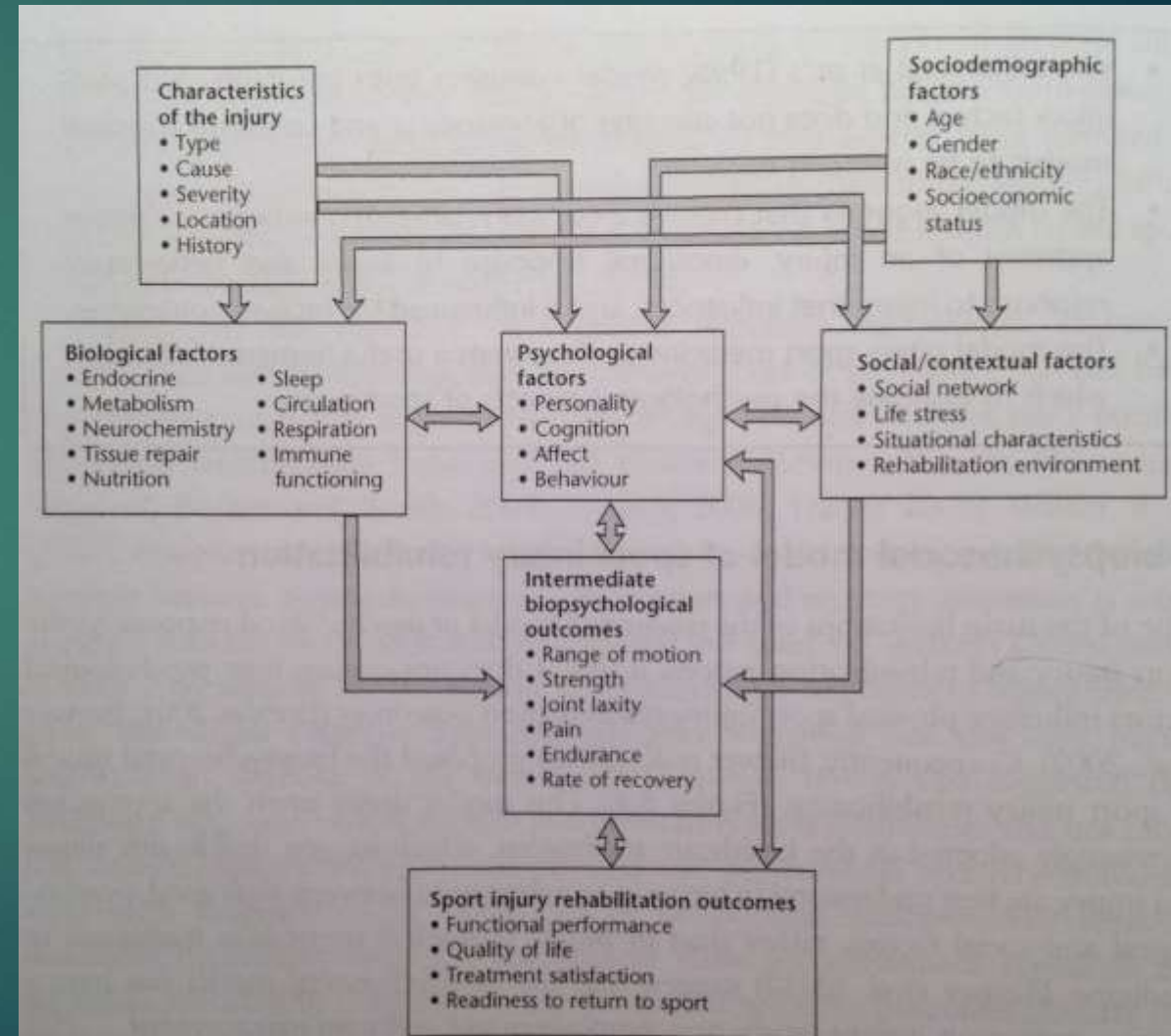
Phases of Rehabilitation

- ▶ Phase I – reaction to injury. How the injury effects the patient's physical and psychological health.
- ▶ Phase II – reaction to rehabilitation. How the rehabilitation process effects the patient's growing physical health and how the patient responds in terms of motivation through the basic psychological needs.
- ▶ Phase III – reaction to return to normal function. How through rehabilitation the patient reacts to returning to their normal activities.

Biopsychosocial Model

- ▶ Very complex combining biological, psychological, and social/contextual factors that can be changed
- ▶ The more positive the three main factors, the more positive biopsychological intermediate and injury rehabilitation outcomes can be
- ▶ Most change will come in the psychological and social/contextual factors through interventions allowing for changes in the other stages in the model

Adapted from Brewer et al. 2002



SDT – Basic Psychological Needs

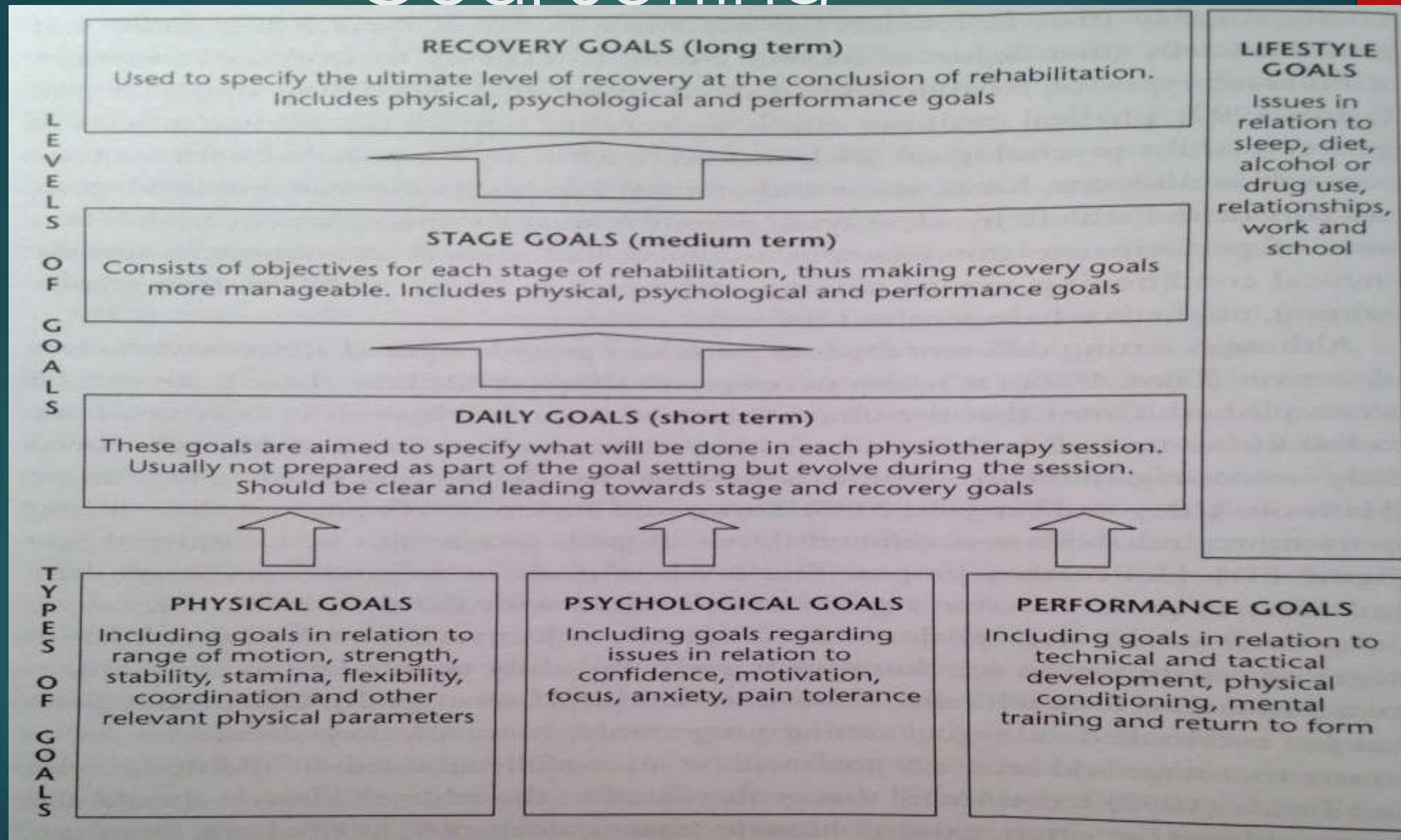
- ▶ Competence – is the desire to effectively interact with one's environment and be able to do it well
- ▶ Autonomy – is the desire to make one's own decisions and that those decisions are important to the person
- ▶ Relatedness – is the desire to have meaningful connections with the people and environment they are in

SDT – Continuum of Motivation

← Self-determination →

Amotivation	Extrinsic motivation				Intrinsic motivation
Amotivation	External regulation	Introjected regulation	Identified regulation	Integrated regulation	knowledge accomplishment stimulation
No perceived <ul style="list-style-type: none"> • competence • choice • intention • value of the behavior 	External <ul style="list-style-type: none"> • control • rewards • obedience • punishments 	Focus on approval: <ul style="list-style-type: none"> • competition • internal rewards and punishments (pride, shame, guilt) 	High perceived: <ul style="list-style-type: none"> • value • personal importance 	Integrated into self-concept	Internal <ul style="list-style-type: none"> • pleasure • fun • enjoyment • satisfaction

Goal Setting

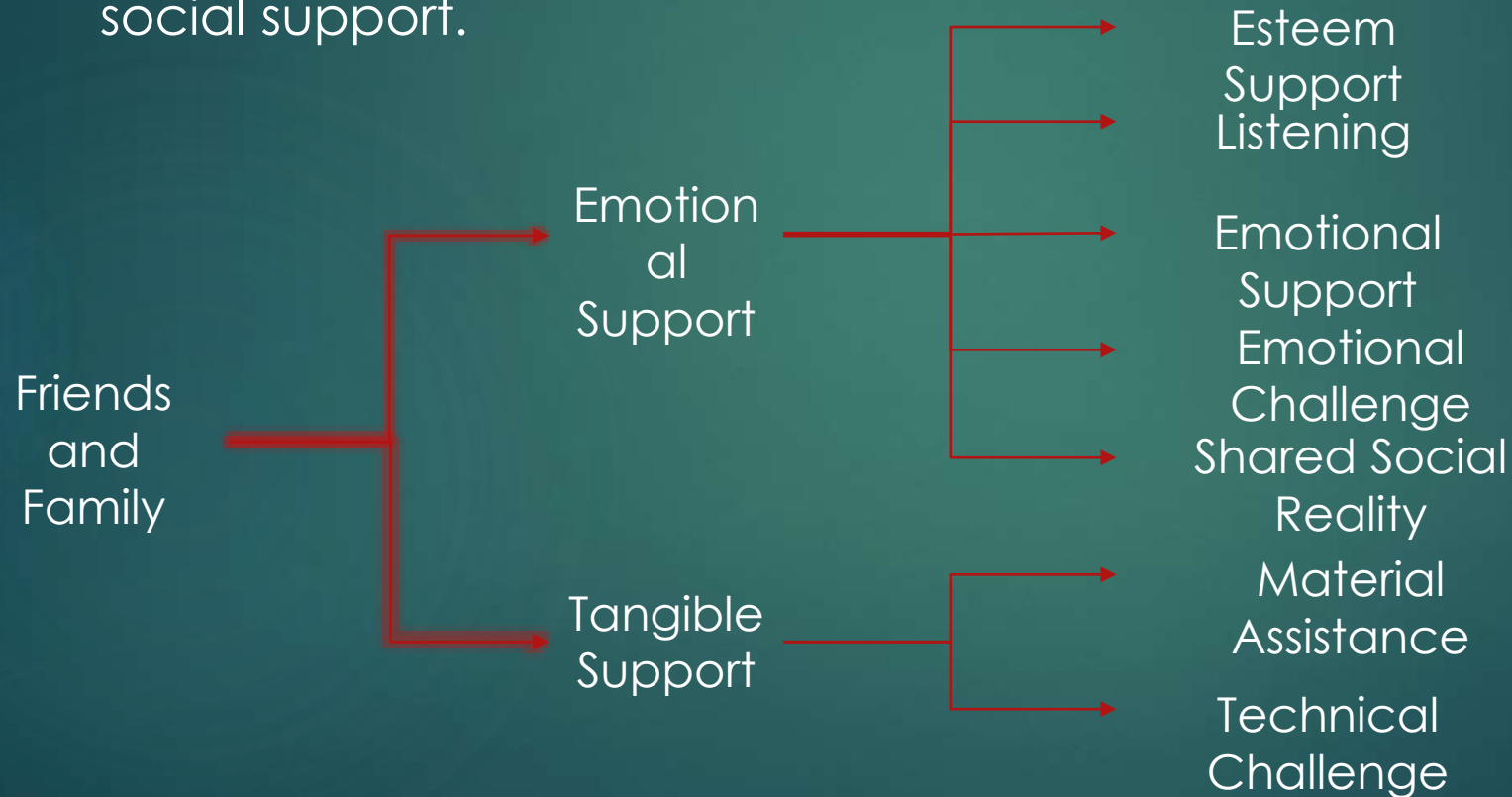


Ways to Make Goal Setting Effective

- ▶ Explain the positives of goal setting
- ▶ Set specific and measurable goals
- ▶ Focus on the degree of attainment not the outright attainment of goals
- ▶ Reevaluate goals regularly

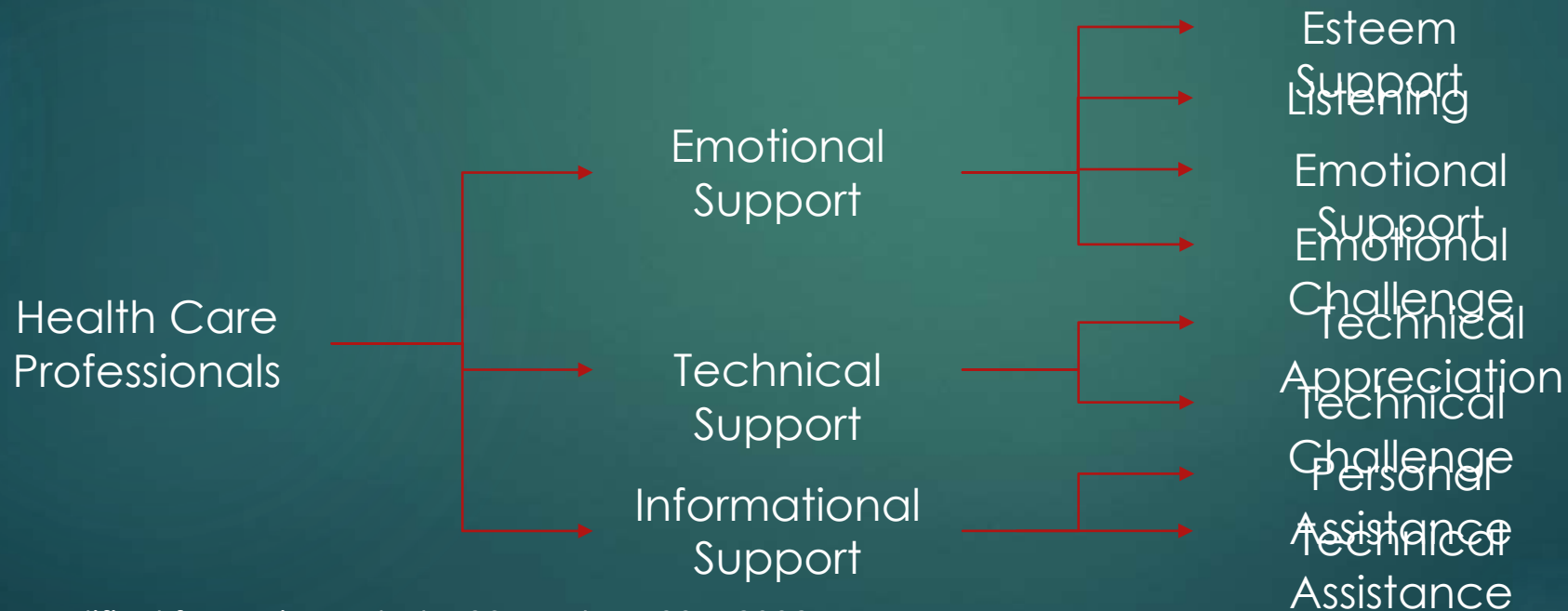
Social Support Provided by Family and Friends

- ▶ Family and friend are most effective at emotional and tangible social support.



Social Support Provided by Professionals

- ▶ Professionals involved with a patient's case are in a position to give all types of support excluding tangible social support in the form of material assistance and in this setting a shared social reality from emotional



Modified from Pines et al. 1981; Udry, 1997, 2002

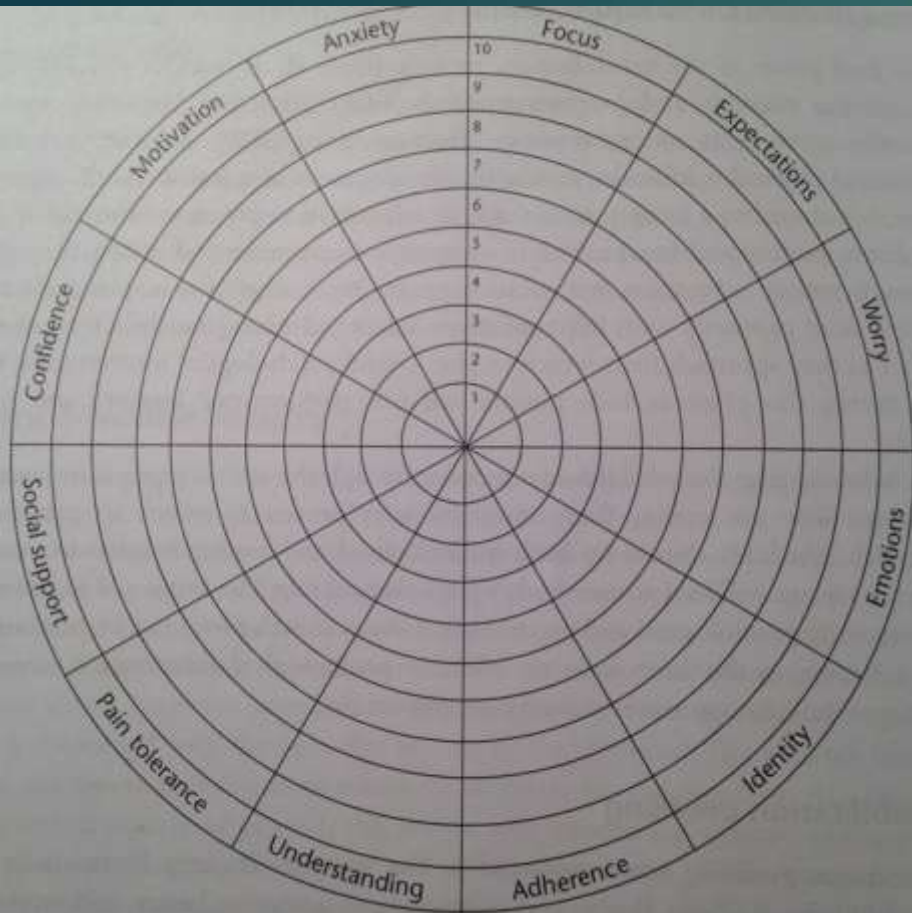
Integration of Phases of Rehabilitation in Goal Setting

- ▶ Phase I – reaction to injury. Providing more information about the injury, goal attainment will take effort, and broader goals can be useful at this stage.
- ▶ Phase II – reaction to rehabilitation. Creating specific, attainable, and measurable goals, creating goal acceptance/commitment, and reevaluating goals are useful at this stage.
- ▶ Phase III – reaction to return to normal function. Goals that allow the professional to regulate activity while still moving towards the final goal.

Integration of Phases of Rehabilitation in Social Support

- ▶ Phase I – reaction to injury. Feelings of being an outcast and creating stronger support networks are the main effects in this phase.
- ▶ Phase II – reaction to rehabilitation. Social support with failed goals and to promote adherence and motivation are what should be focused on in this phase.
- ▶ Phase III – reaction to return to normal function. After building a patient up to this point this phase consists of preventing confident decreases or doubt.

Rehabilitation Profiling



Personal factor	Description	Score
Confidence	The degree of how much you believe in your ability during rehabilitation	0 = very low 10 = very high
Motivation	Your current level of motivation in your rehabilitation	0 = very low 10 = very high
Anxiety	The degree of physical anxiety you experience about your recovery	0 = considerable 10 = none
Focus	The degree to which you stay focused on your rehabilitation	0 = negative or distracted 10 = positive or focused
Expectations	The degree of positive expectations you have about your recovery	0 = low 10 = high
Worry	The degree of uneasiness, concern, and doubt you have about your recovery	0 = considerable 10 = none
Emotions	The degree you feel emotional about your rehabilitation	0 = very low or negative 10 = very high or positive
Identity	The degree you currently view yourself as a physical being and athlete	0 = very negatively 10 = very positively
Adherence	The degree to which you adhere to your rehabilitation programme	0 = very negatively 10 = very positively
Understanding	The degree of understanding you have of the rehabilitation process	0 = none 10 = considerable
Pain tolerance	The degree to which you can tolerate and control pain during rehabilitation	0 = very poorly 10 = very well
Social support	The degree of social support you are receiving from others including the sport medicine professionals, family, friends, coaches and team mates	0 = none 10 = considerable

Physical factor	Description	Score
Range of motion	The degree of quantity and quality of movement that you have in the injured area of the proximal or distal joint.	0 = 0%, 10 = 100%
Strength	The degree or amount of force you can generate through the injured area	0 = 0%, 10 = 100%
Stability	The degree of firmness and steadiness you feel in the injured area	0 = 0%, 10 = 100%
Coordination	The degree to which you use different muscle groups together to produce a certain movement	0 = none; 10 = completely
Balance	The degree to which you can maintain equilibrium that is required to the injured area	0 = none; 10 = completely
Swelling	The degree of amount of fluid you have in the injured area	0 = considerable, 10 = none
Pain	The degree of discomfort and soreness that you feel in the injured area	0 = considerable, 10 = none
Function	The degree to which you can carry out sport-related activities involving the injured area	0 = not at all; 10 = completely
Daily activities	The degree to which you can carry out typical daily activities	0 = not at all; 10 = completely
Sports participation	The degree to which you can participate in your normal sport activities	0 = none; 10 = completely
Health	The degree of general good health you have, free of fatigue, illness, or minor injuries	0 = poor; 10 = excellent
Sleep	The degree of how much you are sleeping	0 = very poorly; 10 = very well