Rehabilitation Research Review™

Making Education Easy

Issue 2 - 2016

In this issue:

- Positive psychology and vocational rehabilitation in TBI
- Residential experience of people with disabilities
- Psychological intervention in chronic pain/physical disability
- Psychosocial adaptation to chronic illness/disability
- Hope and maintaining and restoring health
- Trajectories of happiness following traumatic disability
- Wellbeing therapy in disability and chronic illness
- Role of sport after permanent acquired disability
- Resilience processes supporting adolescents with intellectual disability
- Positive psychology interventions for heart disease patients

Abbreviations used in this issue:

TBI = traumatic brain injury; **WBT** = wellbeing therapy

Follow **RESEARCH REVIEW** Australia on Twitter now

@ResearchRevAus

Visit https://twitter.com/ResearchRevAus

Welcome to the second issue of Rehabilitation Research Review.

In each issue, we highlight some of the most recent research in the field of rehabilitation. We try to cover the breadth and diversity of rehabilitation research while tackling some of the most interesting trends in rehabilitation. In this issue, I have selected 10 articles that focus on "positive" interventions in rehabilitation.

Rehabilitation emerged in the early 20th century from an inherently positive foundation of encouraging and enabling people to thrive and improving quality of life for people whose disabling injuries, illnesses, or impairments separated them from mainstream society. Rehabilitation theory focuses on building strengths and capacity, nurturing natural supports, and promoting autonomy, choice and control. The civil rights movement in the late 20th century reinforced this approach. More recently, disability rights policies have emphasised social models of inclusion and self-determination over bio-medical models of deficiency. However, practice within rehabilitation systems can remain steeped in negativity, driven by processes of classification, severity determination and demonstration of incapacity, attribution of blame, mitigation of losses, compensation for deficits, and the substitution of informal supports by funded services. How do practitioners and clients maintain a positive interface within this oppressive environment? It is unclear what practices should define positive rehabilitation and how they should be promoted by the large systems or institutions that host many rehabilitation services. Given its positive foundation and principles, rehabilitation has the potential to capitalise on the current surge of interest in positive psychology. However, the positive foundation of rehabilitation risks a lapse into rhetoric unless we translate this trend into sustained practices and policy.

I hope you enjoy this issue and look forward to bringing you further issues on interesting topics.

Kind Regards,

Professor Elizabeth Kendall

elizabeth.kendall@researchreview.com.au

Theoretical applications of positive psychology to vocational rehabilitation after traumatic brain injury

Authors: Mills AL and Kreutzer JS

Summary: This article assesses the potential relevance of positive psychology principles and practices to vocational rehabilitation for people with traumatic brain injury (TBI). After systematically reviewing the literature on vocational rehabilitation for TBI, the authors present applications of positive psychology. They outline ten guiding principles and recommend that future research examine the feasibility and effectiveness of positive psychology techniques in vocational rehabilitation.

Comment: As these researchers suggest, return to work is generally considered to be the apex of rehabilitation efforts for people with TBI. However, success rates are low and evidence about useful strategies is limited. As work environments and experiences are often negative for people with TBI, a focus on positive psychology might offer a viable way forward. The researchers describe the need for a shift from the "fix-what's-wrong" approach to the "build-what's-strong" approach. They provide 10 guiding principles that can be translated into rehabilitation actions, including using "strength" language, balancing positives and negatives, focusing on growth, fostering strengths, building hope, encouraging autonomy, focusing on small incremental successes, providing sufficient challenges, mentoring by positive individuals, and nurturing a positive social network. They also provide tangible examples of resources, interventions, assessment tools and practices. This is an extremely useful stimulus paper for all current and future practitioners.

Reference: J Occup Rehabil. 2016;26(1):20-31

Abstract

SUBSCRIBE free, **click here** to visit www.researchreview.com.au and update your subscription to **Research Review**.

RESEARCH REVIEW™ The Australian Perspective — Since 2007

Residential experience of people with disabilities: A positive psychology perspective

Authors: Coulombe S et al.

Summary: In this study, 31 people with spinal cord injury were interviewed about their satisfaction with home modifications, the role of home, and neighbourhood quality. Positive and negative answers were quantified, yielding indices of positive and negative residential wellbeing and a 'residential positivity ratio'. By comparing responses of those with the highest and lowest ratios, the researchers showed that positive ratios were associated with healthier family functioning and lower probability of moving.

Comment: Few studies focus specifically on how residential environments support positive outcomes for people with disabilities and their family members. This study highlights the fact that positive and negative outcomes are not necessarily on the same continuum. Thus, removal of inadequate environmental characteristics may reduce negative wellbeing but environmental enhancements are needed to promote positive wellbeing. The researchers used an innovative coding method to convert qualitative data into a valence ratio. Responses of those with the most positive valence ratio were compared to those with the most negative ratio, revealing an interesting contrast. Those with positive ratios reported being less likely to relocate in future. They expressed satisfaction with their residence for the entire family and the absence of conflict over the use of space due to appropriate design. Those with negative ratios reported the opposite and dreamed about housing that could facilitate their daily tasks. In contrast, those with positive ratios focused on aspirational goals for the future, suggesting that adequate housing enabled them to flourish whereas inadequate housing challenged the rehabilitation process. Housing is often overlooked, but appears to be central to good outcomes.

Reference: J Environ Psychol. 2016;Mar 16 [Epub ahead of print]
Abstract

RESEARCH REVIEW™
The Australian Perspective — Since 2007

RECOVER
INJURY RESEARCH CENTRE
RESEARCH DRIVING REHABILITATION
Visit **recover.edu.au** to find out more.
Recover is a joint initiative of the Motor Accident Insurance Commission, The University of Queensland and Griffith University.
The University Of Queensland AUSTRALIA
Griffith UNIVERSITY

Effects of a tailored positive psychology intervention on well-being and pain in individuals with chronic pain and a physical disability: A feasibility trial

Authors: Müller R et al.

Summary: This study aimed to determine the feasibility, acceptability and efficacy of a computer-based positive psychology intervention. Individuals with spinal cord injury, multiple sclerosis, neuromuscular disease, or post-polio syndrome and chronic pain were randomly assigned to a control condition or a positive psychology intervention group where they practiced four personalised positive psychology exercises. Control participants simply wrote about life details for the same 8 weeks. The intervention group reported significant improvements in pain intensity, pain control, pain catastrophising, pain interference, life satisfaction, positive affect, and depression, some of which were maintained 2.5 months later. Control participants also reported significant improvements in life satisfaction, pain intensity and pain control, but to a lesser degree.

Comment: This study used a simple email reminder to engage in one chosen positive activity for 15 minutes at least one day per week for 8 weeks. To choose an activity, participants indicated which of 10 activities intrinsically (i.e., it feels good) motivated them (e.g., acts of kindness, socialising, physical activity, meditation). The most commonly selected activities were kindness to others (83%), expressing gratitude (54%), savouring a positive experience (50%), and engaging in a challenging or absorbing task (48%). When prompted to engage in their selected activity, participants reported an immediate statistically significant increase in life satisfaction, positive affect, and pain control, and a significant reduction in depressive symptoms, pain intensity, pain interference, and pain catastrophising. In contrast, the control group, who were only asked to reflect on their daily experiences, reported an increase in life satisfaction. Thus, the mere process of reflecting can have a positive impact on participants, but the deliberate engagement in positive activities has a significant impact on wellbeing and on pain symptoms across a range of disability groups. Although further research is needed, this finding highlights the potential of simplicity and reminds us that we sometimes complicate rehabilitation.

Reference: Clin J Pain 2016;32(1):32-44
Abstract

Psychosocial adaptation to chronic illness and disability: A virtue based model

Authors: Kim JH et al.

Summary: This paper presents the virtue-based psychosocial adaptation model (V-PAM) to chronic illness and disability, developed from a literature review of rehabilitation research. The model is based on five constructs: courage, practical wisdom, commitment to action, integrity and emotional transcendence. The paper describes a number of applications of V-PAM.

Comment: Positive experiences engender positive ways of thinking and positive outcomes in a continuing upward spiral. Although much has been written about how to build positive emotions and environments, less is known about how to strengthen the presence of positive traits or virtues. The model these researchers describe suggests that the fundamental prerequisite virtues needed to succeed in rehabilitation are courage, wisdom and integrity and the vehicle for moving people forward is mindfulness. Motivation is found through gratitude, playfulness, purpose and meaning, spirituality and hope and actions are sustained through commitment. By emphasising and facilitating these virtues, rehabilitation counsellors can support clients to flourish. Most people would agree with this summation, but the nuances are rarely discussed. Lofty virtues such as these are often used to describe services, but practices fail to actually deliver. There are so few guidelines for practitioners about how their interactions with clients can promote these virtues. There is even less guidance about how systems should be designed to facilitate positive virtues. Research is desperately needed in this area.

Reference: J Occup Rehabil. 2016(1):45-55
Abstract

RCAA
Rehabilitation Counselling Association of Australasia

Rehabilitation Counsellors are tertiary qualified allied health professionals who work with individuals with disability, injury or social disadvantage, to deliver work, life and career solutions. The core skills and expertise of Rehabilitation Counsellors include: vocational assessment, job placement support, rehabilitation and return-to-work services, and workplace disability prevention and management.

The voice for the rehabilitation counselling profession

rcaa.org.au

The positive contributions of hope to maintaining and restoring health: An integrative, mixed-method approach

Authors: Scioli A et al.

Summary: In this study, an integrative theory of hope was used to design three health-related studies to test the role of hope in maintaining and restoring health. In studies 1 and 2, hope was associated with a wide array of health behaviours and a depth of commitment to a healthier diet and regular exercise. In study 3, content analysis of testimonies provided by breast cancer survivors revealed a strong reliance on attachment and spirituality, dimensions typically neglected in studies of hope. The study offers a blueprint for developing positive interventions to sustain and restore physical well-being.

Comment: A relationship is frequently found between hope and a range of physiological health outcomes, but the mechanisms that underlie this connection are not understood or exploited in rehabilitation. Most references to hope refer to the desire to achieve fairly narrow or specific goals whereas these researchers focus on what they call fundamental hope. They assert that this type of hope is associated with four human needs: attachment, mastery, survival, and spirituality. Individuals who scored higher in this type of hope reported feeling physically better, exercising more frequently, and for longer periods of time, sleeping more, and being less impacted by stress. Thus, hope is an important focus for rehabilitation. This study showed that positive social attachments and spirituality were the most commonly reported aspects of hope in cancer survivors, but these are often overlooked in the rehabilitation process in favour of more tangible goals based on expectations of survival or mastery.

Reference: J Pos Psych. 2016;11(2):135-48
Abstract

Trajectories of happiness 5 Years following medical discharge for traumatic disability: Differences between insider and outsider perspectives

Authors: McCord CE et al.

Summary: These researchers studied the impact of proxy "outsider" reports, injury type, and functional independence on trajectories of happiness over the first 5 years following a traumatic spinal cord injury, brain injury, severe burns or inter-articular fractures. Measures of functional impairment, life satisfaction and happiness were administered 12, 24, 48 and 60 months post-discharge. Not surprisingly, lower functional independence predicted less happiness. Proxy reports given by relatives/carers consistently predicted significantly higher happiness scores than the participants reported themselves. There was no evidence for changes in happiness trajectories over time, suggesting that happiness is a relatively constant construct.

Comment: Unfortunately, large longitudinal studies that extend beyond 2 years with good retention rates are rare in rehabilitation. In this study, missing data was examined in detail, complex hierarchical modeling was used to provide a full picture of the findings and minimise statistical error. Longitudinal data such as presented in this study provide us with important information about change over time against which we can evaluate the effects of rehabilitation interventions. However, they are costly, time consuming and challenging to conduct. In this study, happiness levels were remarkably stable over the 5-year post-injury period, suggesting that negative events, such as injury, may temporarily interfere with wellbeing, but homeostasis is quickly restored. This is known as the "set-point" – our happiness is thought to be defined by early experiences, genetics, or personality and may change temporarily but tends to remain constant over time. One aim of rehabilitation is to restore declines in happiness, but also perhaps to find ways of nudging up the set-point.

Reference: J Happiness Studies 2016;17(2):553-67
Abstract

Application of well-being therapy to people with disability and chronic illness

Authors: Nierenberg B et al.

Summary: This review aims to develop understanding of vulnerability as a deficit in wellbeing rather than as the presence of psychopathology. The authors explore the implications of well-being interventions that aim to improve the lives of people with disability and chronic illness. Wellbeing therapy (WBT) is thought to provide a buffer against the development of some negative affective states. The researchers conclude that a focus on positive wellbeing versus the traditional focus on alleviating negative conditions is essential.

Comment: Investigation of positive approaches to rehabilitation is hampered by the lack of a definition of what is included in this category. Positive interventions should capitalise on people's psychosocial strengths to maintain or enhance wellbeing and to prevent pathology. A focus on problems and deficits obscures the fact that relapse and decline may have more to do with the absence of wellbeing than the presence of dysfunction. The researchers used a well-known model of wellbeing to identify positive interventions. Compared to other therapies, these interventions were associated with greater improvements in depression, relationships, optimism, happiness, and quality of life. The mechanisms by which this effect might occur were less clear. However, one important conclusion of this study is that facilitating positive outcomes appears to occur through an entirely separate mechanism to that of preventing negative outcomes. This distinction is not yet fully appreciated in rehabilitation practice.

Reference: Rehabil Psychol. 2016;61(1):32-43
Abstract

Griffith University Graduate Certificate in Disability Inclusion available now.

The National Disability Insurance Scheme (NDIS) will soon require a highly skilled workforce to provide new models of service and care. With 25 years of frontline disability research, teaching and advocacy, Griffith University can help prepare your staff for this challenge. Our Graduate Certificate in Disability Inclusion covers a range of areas and delivers the skills required to meet the needs of government, service providers, carers, people with disabilities and their families. Best of all, the course is offered completely online offering a flexible study option.

Courses include:

- Disability Studies
- Mental Health
- Rehabilitation/Case Management
- Health
- Disability/Health Insurance

Find out more today at **griffith.edu.au/disability-studies**

Know more. Do more.

Narratives of trauma, recovery, and growth: The complex role of sport following permanent acquired disability

Authors: Day MC and Wadey R

Summary: This study explored how participation in sport may assist individuals to manage experiences of physical trauma. Narrative analysis was used to examine the stories of two people with acquired disabilities who participated in elite sports. The interviews revealed two types of narratives; assimilation and positive accommodation. The narrative of positive accommodation demonstrates how sport provided mastery experiences, enhanced relationships, corporeal understanding and enhanced life philosophies. The alternative narrative of assimilation was associated with resilience to trauma. This study confirms that positive and negative experiences co-occur and may be distinct from each other. Sport may play an important role in negotiating these two dimensions.

Comment: In rehabilitation, clients with aspirational goals are sometimes labeled as insightless or unrealistic. Practitioners can temper (or even deny) their goals, based on judgments about their ability and motivation. However, these researchers contend that working towards aspirational goals is an important component of assimilating and accommodating the experience of disability. The study highlights the complexity of resilience and hints at why research literature in this area is so confusing. For example, a sense of mastery emerged in vastly different ways for each athlete. Social interactions with other disabled people impacted positively on one and negatively on the other. For one, engaging fully with the rehabilitation system was his source of resilience, but for the other, resisting the pressure for homogeneity in the rehabilitation environment was his path to success. This study warns us to be more cautious about how we judge those who do and do not engage in rehabilitation in the way we expect.

Reference: Psych Sport Exercise. 2016;22:131-38
Abstract

RESEARCH REVIEW Making Education Easy

Resilience processes supporting adolescents with intellectual disability: A multiple case study

Authors: Hall AM and Theron LC

Summary: This study is a multiple case study focused on the resilience of 24 adolescents with intellectual disability. Using a draw-and-talk method, these young people explained that their resilience was supported primarily by social environments that facilitated behavioural and emotional regulation, encouraged mastery and a sense of agency, and offered safe spaces. In return, their positive orientation to their worlds co-facilitated their resilience in a circular dynamic.

Comment: This study is an illustration of how to respectfully adapt data collection methods to ensure that individuals with intellectual disabilities have the opportunity to express themselves. The researchers asked, "What has helped you to do well in life at times when you felt that life was difficult?" Participants drew their responses and then discussed their drawings. The analysis revealed how resilience is a two-way process, derived from the benefits of being embedded in a supportive social ecology, but enhanced by reaching out and engaging in positive ways. A supportive ecology consisted of unconditional positive regard, engagement in positive and constructive activities, opportunities to learn and gain mastery or agency, to make choices, fulfill dreams and be safe in a predictable and consistent space. In turn, these adolescents took an appreciative stance and a cheerful orientation towards themselves, their family/friends and their environments. This interaction could occur even in the most unlikely environments (e.g., institutions) and broad contexts (i.e., poverty, marginalization) and could provide a yardstick against which rehabilitation services could be measured.

Reference: Intellect Dev Disabil. 2016;54(1):45-62
Abstract

Positive psychology interventions for patients with heart disease: A preliminary randomized trial

Authors: Nikrahan GR et al.

Summary: This study examined a positive psychology intervention in patients who had recently undergone a procedure to treat cardiovascular disease. Participants were randomly assigned to receive one of three different 6-week face-to-face interventions or a wait-list control condition. There were no between-group differences post-intervention, but at follow-up, intervention participants had moderate to large improvements in happiness, depression and hope. The researchers concluded that future studies are needed to identify an optimal positive psychology intervention for cardiac patients.

Comment: Cardiovascular health increases with positive emotions independent of the effect found for the presence or absence of negative emotions. Despite all the evidence, there has been little focus on interventions designed to enhance positive emotions, particularly in cardiac rehabilitation. These researchers compared three positive interventions (1) Seligman's Authentic Happiness focused on enhancing positive feelings, using personal strengths and finding meaning, (2) Lyubomirsky's "The How of Happiness" focused on optimism, gratitude and spirituality, and (3) Fordyce's program focused on optimism, being in the present, increasing organisational skills, setting realistic goals and coping. Attendance was highest in the latter, suggesting that clients may have appreciated the practical skills-based approach. All three programs produced positive results in comparison to the control participants who showed significant declines in happiness and hope over the same period. The differences between control and intervention clients grew over time, showing a sustained impact of positive interventions, but also suggesting that positive outcomes of early contact with cardiac clients may not be immediately evident.

Reference: Psychosomatics 2016;Mar 8 [Epub ahead of print]
Abstract

Research Reviews are prepared with an independent commentary from relevant specialists. To become a reviewer please email geoff@researchreview.com.au
Research Review Australia Pty Ltd is an independent Australian publisher. Research Review receives funding from a variety of sources including Government depts., health product companies, insurers and other organisations with an interest in health. Journal content is created independently of sponsor companies with assistance from leading local specialists.
Privacy Policy: Research Review will record your email details on a secure database and will not release them to anyone without your prior approval. Research Review and you have the right to inspect, update or delete your details at any time. **Disclaimer:** This publication is not intended as a replacement for regular medical education but to assist in the process. The reviews are a summarised interpretation of the published study and reflect the opinion of the writer rather than those of the research group or scientific journal. It is suggested readers review the full trial data before forming a final conclusion on its merits.
Research Review publications are intended for Australian health professionals.
RESEARCH REVIEW™ The Australian Perspective — Since 2007

© 2016 RESEARCH REVIEW