Thames Valley Children's Centre

Facts To Go…

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A "Positive" Focus for Service Delivery and Research in Pediatric Rehabilitation

Purpose of Summary

Recent "Facts to Go" published by Thames Valley Children's Centre have presented information on a variety of topics of current relevance to pediatric rehabilitation such as: spirituality, self-determination, relationship-centred care, solution-focused coaching, and quality of life. A **"positive" focus** in pediatric rehabilitation services and research emerges as a primary underlying theme of these summaries.

The **purpose** of this summary is: a) to consider how a **focus on the strengths and resources** of children and their families has arisen as a way to support overarching goals of meaningful participation and quality of life, and b) to briefly discuss how this focus is being incorporated into pediatric rehabilitation service delivery and research.

Broadening Views

From a biomedical perspective of clinical care, disability is thought to lie within a person. This traditional **"fix the person"** perspective toward care has led to many successes with regard to disease management. However, there are many dimensions of human experience not effectively addressed by this view (Sulmasy, 2002). Recent thinking has led to a **shift in the rehabilitation field** from this traditional perspective to a broadened perspective that sees health and functioning as resulting from the **interaction between a person and the environment**. In addition, this broadened perspective has come to include a focus on **enhancing individuals' intrinsic strengths** to promote well-being.

However, it should be stressed that this view is not simply a "pollyannaish" shift from dealing with problems to ignoring problems while focusing on positive aspects of a person and his or her life. Rather, it constitutes acknowledging that problems do exist and identifying and **focusing on both constraining** (e.g., pain, depression, lack of services) **and sustaining factors** (e.g., hope, self-determination, social support) within the individual and the environment, with the overarching goals of enhancing participation and personal well-being in the face of existing difficulties (Madsen, 2009).

Contributing Influences

Some key influences that have contributed to this broadened view in the rehabilitation field include: the emergence of **biopsychosocial frameworks** of health, such as the World Health Organization's (WHO) International Classification of Functioning, Disability and Health (ICF) (WHO, 2001) - and extended **biopsychosocial-spiritual frameworks** - (Baldwin, McDougall, & Evans, 2010; Sulmasy, 2002); **models of self-determination** (Wehmeyer, Abery, Mithaug, & Stancliffe, 2003); **family-centred care frameworks** (King, Teplicky, King, & Rosenbaum 2004); the concepts of **"resilience"** (Masten, 2005) and **"quality of life"** (QOL) (Schalock, 2004a); and **positive psychology** (Seligman & Csikszentmihalyi, 2000).

According to the ICF, functioning can be expressed in two ways, as **problematic** (i.e., impairments, activity limitations, participation restrictions) **or nonproblematic/neutral** (i.e., body functions/structures, activity and participation) (WHO, 2001). Biopsychosocial-spiritual frameworks emphasize that regardless of whether or not a health condition or a related functional difficulty is "fixable", **well-being can still be enhanced in the psychological, social, and spiritual realms of life** (Sulmasy, 2002).

Family-centred care recognizes that both the **needs and strengths of all family members** should be considered (King et al., 2004). Component elements of self-determination are said to include both **problem-solving skills and positive attributions** of worth, value, and abilities (Wehmeyer, 1999). Resilience theory suggests that **overcoming adversity is related to a person's inherent strengths as well as external resources** (Bernat & Resnick, 2006). More and more, it is being contended that **QOL** should be conceptualized **as individuals' perceived life satisfaction** (e.g., Anderson & Burckhardt, 1999; Moons, Budts, & De Geest, 2006), not only objective reporting of health states and functional abilities. This suggests an increased valuing of overall personal fulfillment and meaning in life.

Positive psychology is a subdiscipline in psychology that has emerged in the last decade which also advocates for a change in focus from solely trying to repair what is considered dysfunctional to also **building on positive human qualities** (Seligman & Csikszentmihalyi, 2000). Schalock (2004b) has referred to positive psychology as a component of an **"emerging disability paradigm"** because of its implications for considering conceptions of personal well-being in people with disabilities. Like the other key frameworks, models, and concepts described above, positive psychology acknowledges the influence of "person-environment fit" on well-being.

Taken together, various conceptual influences have led to the emergence of a broadened view in pediatric rehabilitation that incorporates **both a focus on problems and on possibilities** by which to deliver quality services and carry out innovative research endeavours.

Incorporating a Positive Focus

Service Delivery

Strength-based approaches offer a means of bringing **shared core principles** of these frameworks, models, and concepts into day-to-day clinical practice (Chung, Burke, & Goodman, 2010). Strengths-based approaches **call upon intrinsic resources**, such as hope, optimism, humour, courage, interpersonal skill, self-determination and perseverance, to activate positive change. Character strengths can be influenced by family, community, society, and other contextual factors. Therefore, it is essential for service providers to also **foster the strengths of caregivers and to connect with community organizations** to enhance learning, openness, and inclusion.

Family-centred care is realized through **relationship-centered practice** (i.e., focusing on the clinician-client relationship), considered a best practice in pediatric rehabilitation (Servais, Baldwin, & Tucker, 2009). Strength-based approaches, such as **solution-focused coaching** (Baldwin, Evans, McDougall, & Servais, 2010) and **motivational interviewing** (Chung et al., 2010) provide tools for relationship-centred practice. Such approaches are family/client driven, shift therapists' role from expert to coach/collaborator, and support and respect families' beliefs, values, and worldviews. Strength-based approaches **facilitate both problem solving and capacity building** toward the achievement of short (e.g., volunteering in community) and longer-term goals (e.g., successful transition to adulthood).

Research

It is important for both positive and negative influences on health and functioning to be studied (Aspinwell & Tedeschi, 2010). Growing numbers of researchers across disciplines have begun to reconceptualize their research to measure and examine the development of human strengths and personal well-being (Shogren, Wehmeyer, Buchanan, & Lopez, 2006). There is **increased interest in including positive constructs** such as hope, optimism, and spirituality when estimating predictors of life satisfaction/QOL for children and youth with disabilities (e.g., McDougall, Wright, Schmidt, Miller, & Lowry, 2011; Shogren, Lopez, Wehmeyer, Little, & Pressgrove, 2006). For many positive constructs, measurement tools are just in the development phase (Duckworth, Steen, & Seligman, 2005).

The literature on family-centred care and self-determination has offered evidence for the benefits of providing positive supportive and enabling interventions to build strengths, enhance skills, and encourage self-advocacy in children with disabilities and their families (King et al., 2004; Chambers, Wehmeyer, Saito, Lida, Lee, & Singh, 2007). It is **important that new types of interventions with a positive focus are developed and then studied** for evidence of their effectiveness (Shogren, Wehmeyer, et al., 2006).

Conclusion

Incorporating a positive focus into service delivery and research in pediatric rehabilitation should not be viewed as an attempt to ignore the reality that life can be difficult and people do experience problems. **For pediatric rehabilitation practice and science to be truly comprehensive**, it should include not only a focus on addressing problems and minimizing functional difficulties, but also a focus on enhancing strengths, within the context of the lived environment. Enhanced strengths are a worthy end in themselves that may also contribute to problem resolution, and ultimately increased personal well-being. **All individuals, with and without disabilities, want greater happiness, positive relationships, meaningful experiences, and life satisfaction**, not just less pain and reduction in functional limitations.

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