

Who Am I To Stop It

BRAIN INJURY & THE SOCIAL MODEL OF DISABILITY: A QUICK GUIDE FOR PROVIDERS AND EDUCATORS

World Health Organization's International Classification of Functioning, Disability, & Health (ICF)

Disability is a complex relationship of limitations from impairment and limitations from society's barriers. Barriers are structural (lack of ramps, no quiet space to rest) and attitudinal (bullying, refusing accommodations).

Experience of health, wellness, or disability is tied to a person's life context, including education level, income, previous injury, coping skills, religion, race, ethnicity, and cultural competence of providers.

Essential questions in working with people with disabilities

- How might you get to know your clients' life contexts?
- How might you acknowledge when your life context is different from theirs?
- How might you structure activities that speak to someone's cultural values and personal interests even if those are very different from yours?

Health is a state of physical, psychological, and social well-being

- If you treat a physical injury or mental health concern, how might you also address the consequences of impairment on the individual and their community?

How this relates to brain injury

Testing and treatment in a controlled setting may show someone's capacities, but it may not reveal how they perform in complicated, noisy, unpredictable settings found in real life.

- What can you learn about a TBI survivor's performance in their everyday environment?
- How might you create therapeutic experiences that feel relevant and motivating to your clients?

The Social Model of Disability

The Social Model challenges the Medical Model of illness and injury by claiming that many difficulties arise from an inaccessible society, not just an impairment. The Social Model reminds us to address society's barriers in addition to, or in place of, neurological and physical recovery.

Using the Social Model in medicine and rehabilitation is complicated

Insurance billing, time constraints, variable evidence base, and other factors contribute.

- Yet how might you regularly account for the wishes and preferences of the person with TBI?

Not all TBI survivors are interested in or able to meet all recovery goals

- How might you work on realistic recovery goals and also promote strategies to educate non-disabled community members to be more accommodating?

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