

Dr. Tedd Judd

When I'm working with families around incorporating rehabilitation techniques into the home setting, the first thing that I emphasize is that you're a family member first. And you need to maintain and respect your role as a family member, and maintain the love, and the other things that are most important in that way.

If part of that can include doing rehab as well, great. But if not, and if trying to do rehab is going to get in the way, then let your role as a family member come first, and let that be first. Okay, that being said, then if you are able to furthermore incorporate rehab in, what I look for more than anything is finding ways to make everyday activities, things that you want to do anyhow, things that will also facilitate movement towards goals that you have. How do you do that?

Well you do them at what we call the zone of recovery. The zone of recovery just to understand historically, comes from a psychologist named Vygotsky, from the Soviet Union from the 1930s, he called it the zone of proximal development, talked about it in children. But we've used it in rehabilitation. That's the activity that the person can do with a little bit of help. That it's a challenge, but they're able to accomplish it, that it's not so easy that they're bored by it.

Now life includes lots of things that are boring and all of us have to do. And even if you've mastered that thing and you can do it okay, there may be something to be gained from doing it, because it has to be done anyhow, and you get better at it, and so forth. So it's not to say that you're not allowed to do boring things or things that are too easy. But if you want it to be helpful, and if you've got a complicated activity that the person can do part of, what you want to look for is not just giving them the parts that they can do easily. It's also including the parts that are a challenge, but that eventually they're going to be able to succeed at.

Something that's not so hard that they get too frustrated at it. But this idea of the zone of recovery includes not only how hard it is, but what the nature of the interaction is with the family member. It implies that the family member is guiding, that the family member is perhaps cueing, coaching, indicating, answering questions. The family member isn't just sitting back and letting the person do it all by themselves and struggle with it, or whatever, and the family member isn't showing them every little step, every little part of the way, rather they're, so if you think of it physically, it's like you're not walking behind pushing, you're not walking ahead pulling them along, you're walking next to them, and indicating and guiding when that's needed. That's the zone of recovery, that's the kind of activity that yeah, I think, yeah okay, I can do that. Yeah, that one. So that's another principle that helps.

Another thing is that it's a moving target that people recover, and that makes it a bit of an art. People who are good teachers, people who are good at parenting often have that knack, it's a knack. And so one of the things that I do too is I look for the family members who have that knack, who like to do that, and who have the time and the ability to do so, and are motivated to do so. So you pick the right ones for that also. But it's a learnable knack, so that idea of looking for that zone often helps people to figure out what they should be doing.

Another thing I like to do along those lines is we'll pick an activity that the person wants to be able to do, that they're not quite able to do yet, and I say okay, well what's getting in the way? Well how could we deal with that? How could we get around it? So we'll do problem solving together. And often what I can do when we work through a half a dozen problems, the family along with the person, may have then a notion of a way to go about things, and they can tackle new problems themselves.

And let's do a little example. Suppose we've got somebody who's got a new brain injury, no not a new brain injury, several months. They're home now, and let's say that it's somebody, a young man in his early twenties, which would be fairly typical, and has perhaps returned home to live with his parents, and one of the things that he'd really like to do is to go to the neighborhood soccer games four or five blocks away, like he used to do, and watch the games, and see his friends and all that. Several problems that are getting in the way. He can walk, but he gets tired easily, and four or five blocks to walk, that's gonna be a lot. And he just kind of gets tired generally at any kind of activity, and when he gets tired, or when he gets over stimulated and there's too much noise and latent activity, he gets irritable, and he gets anxious. Okay, so we've got some problems.

Conventional rehabilitation, well we'll give him physical therapy to improve his stamina so that he can do that, and we'll give him cognitive rehabilitation with a speech pathologist or an occupational therapist to improve his attention so that he can handle more stimulation, and we'll give him psychotherapy to deal with his irritability and anxiety. Okay, that's great, but it's four or five months before he can get to go watch the soccer match that way. So instead what we'll do is we'll say hmm, let's see what we've already got that can deal with this. We could look at desensitizing to the over stimulation. We could look at learning to handle all that going on by practicing at home by watching soccer on TV. Now most of the time I don't think of the TV as a rehabilitation machine. But if we've got a particular goal like that, and something we're going towards, it could be.

So we could work on that some. We could say okay, for now we're gonna drive to the soccer game, or we're gonna take the bus, so that you have a little more energy. And we know you get tired before too long, so we won't stay for the whole game when we start out. And because the crowds are worse when everybody's arriving and that's difficult to handle, we'll come a little late and we'll leave early. And on top of that, we know we've got a routine worked out for when you get angry or when you get anxious, it's a, we call it a time out. Or for this person maybe it's take a break or relax, we'll use whatever language

works best for them. So we'll have a plan B, so that if you're there at the game and things get a little too rough, you'll have somewhere you can go and something you can do. And we'll figure out in advance where would be a good place for that. And you'll go with a family member who can help you monitor that, cause maybe you're not too good yet at monitoring and noticing when you're starting to get irritable or anxious. And so that family member will be watching what you're doing.

Okay, now we've got a whole plan in place to go to your first game. And then you go to the first game, some things work, some things don't. We'll talk about it afterwards, what worked, what didn't, what are we gonna do next time. And then with the zone of recovery, next time okay we go for a little longer, next time I'm gonna leave you alone for a little while, while you're there, and see how you do. And then maybe a few weeks, month later we're ready to walk there, or to get a ride there and walk back. And we'll add bits and pieces that way, and then we'll be ready to, well we'll walk by your side, but you tell me where we turn, you tell me which route we take. So we're doing rehabilitation, we're using everyday activities, we're doing an analysis of what's going on with that activity to find out where the problems are and how to approach them, we're doing some compensations of putting things in place that allow the person to function better, and we're doing some kind of restoring of function by exercising it and doing it over and over again, to build up the habits that are needed to make it work better.

So that's one kind of activity. We could do the same thing for going shopping or for washing the dishes, or for going out on a date or to a party, or any kind of motivating, well washing the dishes might not be all that motivating for some people, but needs doing anyhow. So there are all kinds of ways that you can take everyday activities and analyze them. It's cognitive, it's physical, it's emotional, you're looking at the whole thing, and you're working with all of it.