Revisiting Positive Interpersonal Interaction Strategies: Rehabilitation and Recovery

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Objectives:
1. Review and identify selected positive empathic actions and interactions as they relate to rehabilitation and recovery.
2. Describe and reflect on practitioner empathy and positive communications in practice.
3. Engage in applied exercises designed to foster an empathic response.

Empathy is defined as a multidimensional, complex process that emerges from an impression of another person's emotional state, actions, or perspective.

Persons engaging in the empathic process use their abilities to feel, detect, imitate, and express emotions and to communicate verbal and non-verbal signals in order to understand each other. (Davis, 1994; Decoly & Balson, 2007).

Empathy -Carl Rogers

- The basic ingredient for promoting change during the intervention process.
- Promotes humanistic or person-centered practice
- Fosters a positive and improved understanding of social interactions

Empathy 4 factors

Empathy is an imaginative, creative, and imitative process that depends on:
1. the willingness to enter the other person's emotional state,
2. the desire to use the self as a motivational agent of change,
3. the competencies for language expression,
4. the readability of social communications

Empathy: OT LEADERS

Art of practice as Capacity to empathize (Mosey, 1961).
Depersonalization as absence of empathy (Pelucchin, 1989).
Transformative power for doing with being with (Pelucchin, 2008).

Relationships as friends, rapport & equality to define and find solutions to their problems (Aziz-Zadeh, 2010).
Relationships as choreographers of therapeutic encounters (Aziz-Zadeh, 2010).
The means to establish the therapeutic use of self.

Highly valued, ill prepared, least mode used. (Fager, Lee, Kielhofner, 2011-2015)
EMPATHY: Age & Gender

AGE
1. The cry of one newborn in response to the cry of another.
2. 12 months, show ability to comfort others in distress.
3. By 14-18 months, spontaneous helping behaviors.
4. By 6 years, prefrontal cortex
5. Adolescence, prefrontal cortex reaches maturation late in adolescence.

GENDER
1. Studies support the view that women are more likely than men to express positive emotions.
2. More women have caretaking roles than men and may be perceived as more empathic.

POSITIVE EMOTIONS PROMOTE EMPATHY

Positive emotions expand ideas about possible actions, opening our awareness to a wider range of thoughts and actions.

POSITIVE EMOTIONS
- joy
- pride
- gratitude
- amusement
- serenity
- inspiration
- interest
- awe
- hope
- love

Barbara L. Fredrickson (2001; 2009).

EMPATHY: CNS structures

Mirror Neuron Systems

MRI studies support activation of the anterior insula during the observation and imitation of facial expressions of basic emotions.

Charman and colleagues (2010) have reported that 20-month-old children with autism were specifically impaired in some aspects of empathy, attention, and imitation. Infants with autism failed to use social gaze in the assigned empathy and joint attention tasks.

Two anatomical structures of the limbic system are the hippocampus and the amygdala. They are located within the temporal lobe.

Amygdala-brain’s emotional computer. It is located next to the hippocampus. It has been linked to the “flight or fight” responses signaling stress-related hormone release.

OT & Positive Psychology

In 1998, Martin Seligman, then president of the American Psychological Association, introduced positive psychology as a novel scientific study of strengths, well-being, and optimal functioning.

Positive psychologists believe that positive emotional processing and regulation can reduce stress, reshape practice, and shift paradigms.

Research in positive psychology has provided evidence that empathic experiences and expressions of positive emotions are related to health, success, and longevity.
**1. Sharing resilience stories for inspiration and motivation**

I shared diverse stories about persons with hardships and their remarkable abilities to defy adversity and move forward with strength. I had listened to and heard the clients’ guiding questions about their potential adaptation: "How do others like me cope and adapt?" During my interventions, I frequently shared short versions of these motivational narratives about virtue, hope, passion, triumph, and strength. You can find inspiration in qualitative stories in the literature. See next slide for examples......

**9 INSPIRATIONAL EXAMPLES**

- **Musical Composition**
  - Allegro Spirtuoso (childhood occupations)
  - The Gravé (The big A from this to that)
  - The Grande (Nurturing the human spirit)

- **Positive Caregiver Changes**
  - Improved knowledge, more mutual support, sense of mastery, more accepting, skills in caring

- **Changes in spirituality following disability**
  - Finding meaning through one’s relationship with others, a supreme power, and with oneself
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- **Increased social & health awareness. Change in religious life. Personal growth & altruism**

- **Reinventing oneself through occupation**
  - Facing adversity with strength, finding meaning in a set back, staying present and hope for the future

- **Positive & helpful characteristics**
  - Monitor my performance to learn to perform better

- **Reinventing oneself through occupation**
  - Monitoring my performance to learn to perform better

- **Factors that influence my performance**
  - Mental introspection, our mental model of our own cognition. Thinking about self, goal, and strategy.

**Stories of Strengths & Virtues**

- **Wisdom and knowledge:** creativity, curiosity, open-mindedness, love of learning, perspective
- **Courage:** bravery, persistence, integrity, vitality
- **Humanity:** love, kindness, social intelligence
- **Justice:** citizenship, fairness, leadership
- **Temperance:** forgiveness and mercy, humility, prudence, self-control
- **Transcendence:** appreciation of beauty and excellence, gratitude, hope, humor, spirituality

**6 THERAPIST’S POSITIVE EMPATHIC STRATEGIES**

- **1. Sharing resilience stories as a source of inspiration & motivation**
- **2. Teaching and using reflection and self regulation**
- **3. Entering into the other person’s emotional state & perspective**
- **4. Reading the client’s actions and language patterns, variations, or presody**
- **5. Promoting the other person’s hope and strength**
- **6. Teaching using creativity and imagination in therapy**
2. SELF REGULATION

Internal vs. external regulation.
To engage in conscious prediction, monitoring, and planning of their occupations with a focus on their capacities, the demands of the task, and the strategy or rules of behavior.

- Real and VR kitchen provides external cues and prompts in response to the user’s sequence of actions or inactivity if user is not successful in completing the task. Three types of cues: Visual, Auditory, Movement with vision and auditory cues (flashing).

Reflections in a Rehabilitation Graduation Ritual

Upon discharge each client delivered a 10 minute gratitude story at a graduation ceremony in front of all the families, staff, and friends.

All clients spoke with deep emotion remembering trauma, drama, and sharing their gratitude for those who encouraged their strength.

It fostered reclaiming a new self. There was never a dry eye. The event supported a post traumatic growth perspective.

3. WILLINGNESS TO ENTER INTO THE OTHER PERSON’S EMOTIONAL STATE & PERSPECTIVE

“3. Are you sure you want to enter my world?” Three particular interactions that required significant adjustments on my part as I entered into client worlds were these: fostering serenity among persons who were agitated, being realistically hopeful during rehabilitation, and maintaining dignity during intensely private daily routines.

3. ENTERING ANOTHER’S EMOTIONS

My own emotional state could significantly escalate or reduce the client’s agitation.

AGITATED BEHAVIOR

CHRONIC HEMIPLEGIA

3. ENTERING ANOTHER’S EMOTIONS

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4. Reading the other’s actions and language patterns, variations, or prosody.

The eyes are the hands of the face.

4. How can you better understand our language?

Language carries emotions in a variety of ways. One is by the expressed content or what is said during the exchange and another is by the prosody or how we say it. Prosodic cues convey the tone and intensity of our emotions.

EXAMPLE

Other challenging interactions that required empathic adjustments to the other person’s world and emotions were bathing, showering, and using the toilet. Clients granted permission for therapists to share and occupy their private space.

Motivation for daily showering was cleanliness & relaxation, and all clients/controls used warm and copious water.

Three patterns emerged: Clients took more time, used less products, and fewer step sequences than control group.

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5. Promoting the other person’s hope and strength.

**6. What can my hope and strength be?**
1. Focus on future possibilities for clients and caretakers and positively accentuate the client’s assets.
2. Use a best practice intervention with the same intensity even though some clients had poorer anticipated rehabilitation outcomes.
3. Clients are particularly vulnerable when their cognitive capacity is questioned.

We cannot predict outcomes with perfect accuracy, and we are not always successful in helping clients to use their strengths for adaptation, but it is our duty to.

**Other Rx Ideas**
1. Situations from all sides
2. Partial goal
3. Five strengths
4. Five things for which they were grateful
5. Games promoting humor & relaxation

One of the most significant findings was that clients were not actively included in the discussion even though present at the meeting.

Clinicians often emphasized the positive rehabilitation outcomes in lengthy reports that some clients could not comprehend due to their cognitive dysfunction. This study was a very humbling experience.

Focusing on strengths and positive outcomes does not automatically lead to positive or person-centered interventions.

6. TEACHING CREATIVITY AND IMAGINATION

6. PLAY AS AN ATTITUDE

Improvisation and creativity

Play is an attitude. It is not what we do, but how we do it.

Spontaneity, joy, sense of humor
RELATIONSHIPS AFTER TBI (N=4)

FRIENDSHIP

RELATIONSHIPS AFTER TBI = N4

COOPERATION

RELATIONSHIPS AFTER TBI = N8

LOVE

A GOOD SOCIAL RELATIONSHIP

"FRIENDSHIP, COOPERATION & LOVE"

HOUR TWO

Application exercises related to conveying empathy in words

Remembering Ann Cronin Mosey

"Art is the composition of any artifact or interpersonal experience which diminishes the isolation of the individual............"