

## Perceptions of Medical Staff on Rehabilitation of Individuals with Violently Acquired Spinal Cord Injuries

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*“Medical professionals . . . often have expectations toward patients and perceptions on outcomes of rehabilitation that strongly differ from the perceptions of patients who acquired their disability violently”*

In rehabilitation settings, medical rehabilitation professionals such as nurses, occupational therapists, physical therapists and doctors often have expectations of patients and goals for rehabilitation that strongly differ from the perceptions of patients who acquired their disability violently. This is because their middle-class professional value system is not in line with the value system of a minority patient whose values are linked to street and gang life. The rite of passage into gang culture follows a rigidity and hierarchy that involves courage, strength, humiliation and use of violence. The life style in gangs allows breaking with normative values that govern economic, substance and sexual activities.

As part of a peer-mentoring service program called the ‘Disabling Bullet Project’, this research was conducted to gain insight into the way medical staff members perceive the rehabilitation of individuals with Violently Acquired Spinal Cord Injury (VASCI), and how those perceptions influence their interactions and the rehabilitation process.

A total of 16 staff members from two Spinal Cord Injury (SCI) rehabilitation hospitals – one based in Chicago and the other in Washington, DC – were interviewed, using a set of questions about rehabilitation goals. The professions of these staff members are shown in figure 1.

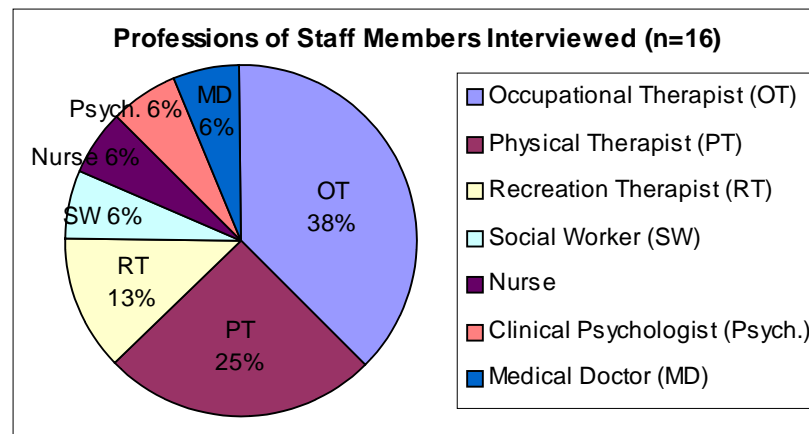


Figure 1

For more details, see Devlieger P. & Balcazar, F. (2010). 'Bringing them back on the right track': Perceptions of medical staff on the rehabilitation of individuals with violently acquired spinal cord injuries. *Disability and Rehabilitation*, 32(6), 444-451.

*“Overcoming cultural differences in therapeutic situations may be achieved with a broader perspective, in which the ‘bringing them back on track’ is jointly seen with other players and within the therapeutic process.”*

Interview respondents consistently stated that the most important goal of rehabilitation was ‘independence,’ which referred to bodily self-sufficiency. This includes bowel and bladder control, prevention of pressure sores and/or urinary track infections, attention to neurological impact (including sexual functioning), wheelchair transfer, and/or activities of daily living (e.g. eating and bathing).

Staff also recognized a number of key cultural differences:

**(1) Demographic and structural background characteristics.**

Medical staff noted that many of the individuals with VASCI were vulnerable with regard to various background resources, including:

- Issues with school and education
- Lack of appropriate social skills
- Issues with accepting their disability and lack of disability identity
- Issues with insurance and finances
- Inaccessible homes/unsafe neighborhoods

**(2) Tendency to have stronger emotional reactions.**

The reactions of patients with VASCI included non-expression of emotions, increased expressions of anger, and greater resilience.

**(3) Non-compliance with therapeutic rules and expectations.**

The study showed issues with compliance, including problems with authority, not coming to therapy on time, and/or not coming to therapy at all. While professionals expect patients to comply with their directions, show responsibility for their own care, and cooperate with the treatment regiment, many of the patients with VASCI are used to disrespecting authority, especially authority from white people whom they perceive as hostile and/or uncaring.

**(4) Previous lifestyle makes it difficult to adjust to the new situation.**

Gang involvement, substance abuse, alcohol abuse, and poverty make adjustment difficult. Acquiring a disability also causes patients with VASCI to discover the tenuous nature of the relationships with fellow gang members and family members.

The staff acknowledged that the goal of independent functioning was more difficult to achieve with this population because of barriers regarding identity and life style. They therefore believe that an element of education is to ‘bring them back on the right track.’ In most cases, professional staff maintained that the professional services they provide are essential, but they sometimes cannot reach their potential because they perceive the patients to lack the necessary knowledge and communication skills. They therefore encounter cultural differences, even clashes. Some consider multiple entries into the hospital inevitable (due to infections or pressure sores), stating that this experience may be the only way to teach a patient how to correctly behave and manage one's bodily functions.

These exploratory findings emphasize the tensions between the goal of independent functioning and the perceived differences in persons who became disabled from street violence. Is there a feasible alternative for professionals who identify the goals of rehabilitation for individuals with VASCI in terms of normative independent functioning? Overcoming cultural differences in therapeutic situations may be achieved with a broader perspective, in which the ‘bringing them back on track’ is jointly seen with other players and within the therapeutic process.

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