Webster’s dictionary defines rehabilitation as *to restore to a former capacity*. Successful rehabilitation requires utility of that capacity. Thus, relative increased range of motion in a leg is best described by what it provides; reducing painful contractions, allowing easier transfers, or returning to one’s job as an officer walking the beat. These qualifications involve context, the interrelated conditions in which something exists or occurs. Details are important, but so is the larger picture; understanding the ecological validity of what, where and why. Rehabilitation is a collaborative process that requires knowing both the trees and the forest.

People do better when there is relevancy in their efforts. Learning basic math is much harder than applying the same principles to help you save for something you want. Buying a simulated stick of butter in a simulated therapy store is a first step, but does not assure success at the Handy Dandy Market that has 150 different versions, until you try it.

Working in people’s natural daily environments amplifies contextual significance. There is a heritage of implicit cues and supports (some more beneficial than others) that “return” to guide behavior. “Undiscovered” preserved skills resurface as a person returns to opportunities and situations that were not evident in more structured clinical settings. Clinically diagnosed impairments may be less evident in the cadence of daily life where there are alternative pathways to success; i.e., someone with auditory processing problems may still succeed because of redundant visual and non-verbal cues. Conversely, a minimally noted impairment may “blossom” when exposed to the cadence of daily life. You won’t know until you take it on the road!

Context becomes more important as we move from our commonalities to our individuality.

Some aspects of individuality involve personal heritage, personality and pre-morbid lifestyle. Other aspects correspond to injury related changes in physical, sensory, cognitive, emotion-al and other capacities that make once familiar circumstances less familiar. The interaction of these domains often offers the greatest challenges and opportunities. For example, failure to teach someone to organize their life with a color-coded organizer may be related to (therapist unknown) colorblindness rather than recently diagnosed inattention. Successful assertiveness training must be attuned to location and culture; it is different in Brooklyn than it is in Boise! Finally, your own perceptions and contextual biases will color the picture, no matter how hard you try.

**Assuring Context in Your Work**

- Rehabilitation is a team effort and the client needs to be a team executive. Relegating person-first service delivery to “political correctness” obscures fundamental values and powerful resources. The adjustments a team has to make to “really” involve a client is often prescient of the adaptations required to help that person succeed in daily life.
- The client is always right. If he or she doesn’t “get it” then it isn’t working, regardless of intent or prior success. A cue, support or intervention that is obvious to everybody but the client does not exist.
- Concurrently embrace the micro and the macro. It is critical to understand the nuances and details of a person’s presentation, as well as the importance and relevance of these capacities in that person’s real world.
- Diagnose capacity as well as incapacity. Knowing what doesn’t work is important, but it’s more important to know what still works and how. We all survive by what we can do.
- Work in a person’s environment when possible. When this is not possible, bring as much of that environment into your setting, through the eyes of a client and his or her people. Your expertise is most valued when people can internalize it into their lives.

**REFERENCES**


**ABOUT THE AUTHOR**

Dr. Jacobs, PhD, is a licensed clinical psychologist and a certified life care planner. Now in private practice, he has served on medical school faculties, worked on-staff, in administrative roles and as a consultant to numerous programs and facilities. His current interests include life care planning; rehabilitation for neurological, psychiatric, medical and intellectual impairments; complex cases; behavior analysis; and program development. Jacobs has published and lectured widely and is the recipient of numerous public and private grants. He can be reached at www.harveyjacobs.net.