

The hierarchy of needs

Elizabeth Waterman on what rehabilitation means to her – and to claimants

Reading various articles written recently on rehabilitation by lawyers, therapists, doctors and nurses, it is clear that each writer has their own idea of what rehabilitation means both to them and their clients.

In the October edition of *Legal + Medical*, I suggested one definition of rehabilitation as enabling a person suffering a physical or mental injury to adapt to work, society and even life itself. David Marshall, in his article in the same edition, makes reference to the current rehabilitation landscape as being confusing, and concludes that interventions have to be individualised and client-centred. I would whole-heartedly support the view that rehabilitation has to be client-centred – otherwise it is likely to be doomed to failure.

The claimant's motivation to overcome difficulties and lead a meaningful life plays a huge part in determining the success or otherwise of rehabilitation. Rehabilitation cannot be 'done' to people by well-meaning professionals; we can only provide a range of equipment, services and skills to help the claimant rehabilitate.

The key to rehabilitation

All therapists come across clients who stand out in their memories because they have achieved far more than we might have expected or thought possible in their after-injury lives. The key thing is that they remained motivated and determined to achieve the goals they had set themselves. It therefore follows that, if motivation is the key to rehabilitation, we all need to preserve and foster every drop of motivation claimants possess to rehabilitate themselves.

In my opinion, everyone in the litigation process has a huge responsibility to ensure that injured claimants do not lose motivation. One of the best ways we can achieve this is to make sure the genuine needs the claimant identifies are met promptly and that rehabilitation is made available as early as possible.

Maslow's hierarchy of needs, which I studied as a student occupational therapist in relation to motivation of

patients, is still commonly taught today as part of business studies courses about motivation of workers. I have often remembered it when confronted by a claimant who has lost all motivation and cannot see how to improve their situation.

Abraham Maslow established the theory of a hierarchy of needs, writing that human beings are motivated by unsatisfied needs, and that certain lower needs need to be met before higher needs can be satisfied. To give an example, an injured claimant who is in imminent danger of having his house repossessed because he cannot pay the mortgage due to loss of employment, may not be motivated to carry out regular physiotherapy exercises, which in the long term may lead to gainful re-employment. An interim payment and the removal of worry about providing a roof over the family's head will then allow him to move on to consider higher needs.

As one need is satisfied, another need will be identified, and it is this natural impetus that the medico-legal team, in its widest sense, need to tap into to keep the claimant motivated and moving in the right direction. As claimants adapt to their new situation and move along the path of rehabilitation, they need timely assistance to set realistic goals and then help to achieve these goals.

Each goal achieved will give them the confidence and encouragement the need to take the next step. All involved also need to be sensitive to cultural needs can create barriers along the route to successful rehabilitation.

Make or break

The external stresses and strains and sometimes deprivation that many injured people have to endure following injury (through no fault of their own) are considerable. Occupational therapists are some of the few members of the litigation team to assess claimants in their own homes (even though it may be a number of years after the injury), and see what day-to-day life is like.

We see what keeps families together and what tears them apart. Often simple advice or the provision of inexpensive equipment or basic care immediately after the injury could have prevented much of the downward spiral.

The rehabilitation code sets out the duties and responsibilities of both claimant and defendant lawyers, yet the majority of claimants' rehabilitation needs are not addressed until the end of the process, often years after the injury. This is contrary to all research, which shows that the most effective rehabilitation starts as soon as possible after the injury. The people who remain at home without adequate provision are far less likely to return to work and optimum independence. The claimant will have suffered needlessly and the insurers reap the financial burden of the lack of timely rehabilitation.

Early intervention and identification of what is important to the claimant is the key to moving people along the path of rehabilitation and ensuring that skills are not lost. Taking the analogy further, if a lock is not used it will seize up and it will take a lot of skill and patience to get it working again. The same could be said for the injured claimant who receives no rehabilitation until several years after the injury.

Implementing a prompt programme of needs-led rehabilitation should result in a win-win situation for all concerned.

Elizabeth Waterman is an occupational therapist and Director of Services at Jacqueline Webb & Company, the largest provider of rehabilitation cost reports for personal injury lawyers and insurance companies. For more information, please email watere@jwebb.co.uk or call 01722 329156