Optimization of Individual Adaptation and Disability-Related Factors
Considerations for the Case Manager

Cynthia M. Kosik, MSN, RN

Abstract

Purpose: The purpose of this article is to review the literature on individual adaptation to physical-related disabilities. A majority of the literature reviewed focuses on lifestyle issues of the physically disabled or individuals with chronic illnesses. These include coping, adaptation, personal control, and the ability to achieve an optimal level of functioning. Optimal health and well-being are correlated with adaptation and individual characteristics which influence coping mechanisms. Socioeconomic, psychological, emotional, and spiritual needs are all associated with adaptation. Adaptation is a continuous, individualized, long-term, and often-complex process that has an unpredictable outcome. Each individual has different perceptions of how to optimize his or her health and well-being. Case managers of all disciplines must be prepared to be effective, clinical resources who can evaluate individual adaptation and disability-related factors. Coping mechanisms vary and individual outcomes are optimized by setting goals in the most effective manner possible.

Primary practice setting: Multidisciplinary collaboration among individuals in medical, nursing, and social work environments such as acute care facilities, long-term care, subacute rehabilitation, and managed care organizations.

Findings/conclusion: As case managers, it is inevitable that we will encounter adaptation and disability. Understanding our patient’s individual descriptions of optimal health and well-being can help facilitate positive outcomes.

Implications for case management practice: Multidisciplinary case managers are on the forefront of assisting individuals with adaptation and disability-related factors. Implementation strategies must include knowledge of, and utilization of, resources, and intercollaborative and intracollaborative networking. Further exploration is needed to assist in eliminating or minimizing nonadherence to coping with disability.

Key words: adaptation, case management, disability-related factors, environment, optimal health

The Americans with Disabilities Act of 1990 (Department of Justice, 2008) defines disability as a physical or mental impairment that substantially limits one or more major life activities. Impairments of major life activities include, but are not limited to disabilities, such as self-care limitations, hearing, seeing, eating, walking, lifting, standing, bending, speaking, breathing, thinking, concentrating, communicating, and working. The number of people with disabilities is escalating worldwide. In 2007, $1.2$ million ($18\%$) of the population had some level of disability (United States Census, 2007). Case managers continually interact with individuals who experience physical, mental, or emotional disability. The type of disability experienced does influence the adaptation decision-making process used by the case manager.

Case management is defined by the Case Management Society of America (2008), as a collaborative process of assessment, planning, facilitation, and advocacy for options and services to meet an individual’s health needs through communication and available resources to promote quality cost-effective outcomes. According to Case Management Society of America’s Standards of Practice, the case manager plays a central role in promoting smooth transitions of care, especially for the chronically ill. Intercollaborative decision-making processes that include adaptation interventions promote positive outcomes in individuals with disability.

Adaptation is defined as an individual’s response to internal and external stressors in a growth- and

The author would like to express her deepest appreciation to Dr. Ann Peden, RN, CNS, DSN, for her continued guidance and encouragement in developing this manuscript.

Address correspondence to Cynthia M. Kosik, MSN, RN, School of Natural Sciences, Nursing, and Health, Capital University, Columbus, OH 43209 (ckosik@capital.edu).
Adaptation is defined as an individual’s response to internal and external stressors in a growth- and health-directed manner. It is the opposite of the inability to adapt, in which an individual is unable to engage in constructive coping mechanisms or have the inability to mobilize and utilize the appropriate resources to contend with a stressor.

health-directed manner (McEwen & Wills, 2002). It is the opposite of the inability to adapt, in which an individual is unable to engage in constructive coping mechanisms or have the inability to mobilize and utilize the appropriate resources to contend with a stressor (McEwen & Wills, 2002). McEwen (2005) described allostasis as an adaptive process that maintains an individual’s homeostasis through the production of mediators such as adrenalin, cortisol, and other chemical messengers. These specific mediators promote adaptation after the occurrence of acute stress. Every body system responds to acute challenges with allostasis, which ultimately leads to adaptation. If the stressors are on overload, allostatic overload is the end product of being “stressed out.” It is the overactivity in response to stressors that result in many diseases of our time.

For the past 50 years, psychosocial adaptation to a chronic illness or disability has been one of the most widely studied areas in the disability and rehabilitation literature (Livneh & Wilson, 2003). There have been several different viewpoints on what constitutes successful adaptation to chronic illness or disability. Disability-related variables, such as severity and duration of the condition and personal attributes, have been found to influence the adaptation process (Livneh & Wilson, 2003).

William, Keller, Hodges, and Caldwell (2004) described how individuals living with multiple sclerosis (MS) enhanced their physical and psychosocial development and optimized health and well-being. Thirteen individuals were invited to participate in in-depth interviews. For the individuals in this study, certain life domains such as personal relationships, participation in everyday home life, community connections, and work environments were important factors in the adaptive process. Because MS is generally an unpredictable disease, it presents challenges for the promotion of optimal health and well-being.

Adaptation is continually challenged due to the relapses and exacerbations that affect neurofunctioning. Fatigue and weakness may halt the adaptation process and interfere with the ability to cope. Findings of this study indicated that optimization of individual goals in social, physical, emotional, cognitive, and spiritual areas leads to strategies such as getting more rest, educating themselves about their disease process, and knowing their own physical capabilities. Self-oriented goals, such as enjoying life and family, were important everyday experiences that assisted in achieving optimal health benefits. On the basis of this work, the author’s recommended Selective Optimization with Compensation as a framework chosen (Baltes, 1987) to assist in a therapeutic recreation program, which would secure the optimal health and well-being for persons living with MS.

According to Livneh and Wilson (2003), the nature and criteria for evaluating psychosocial outcomes following a chronic illness and disability (CID) have been inconsistent. More than 100 research participants were recruited by mail from three universities in the United States. This study examined the relationships among four predictors: functional limitations, perceived visibility of the condition, anxiety, and depression. Coping included understanding the adaptation process in relationship to the condition. Obtaining social support for personal, interpersonal, life satisfaction, self-esteem, and financial purposes was identified as being effective in facing challenging situations. A positive association was found between emotional and social focused coping and adaptation to disability. Personal, emotional, and interpersonal communications were described as being highly effective in reducing stress and helping individuals who were facing the challenges ahead. Psychosocial adaptation to CID indicates a conceptual relationship between an individual’s functional limitations and their psychosocial outcomes. Unfortunately, the researchers in this study did not make recommendations that direct case managers in selecting or assisting with outcome measures and goal setting for individuals with disabilities.

Bishop (2005) explored the relationship between adaptation to disability and quality of life (QOL). Seventy-two college students with disabilities participated in a survey-based study. A disability centrality model was the framework chosen to bridge theory to clinical application (Bishop, 2005). This model is based on three concepts. The first concept is QOL, which is used to evaluate and comprehend individual responses to the onset of CID. The second concept is Devin’s Theory of Illness Intrusiveness, which provides a framework for understanding how
CID-related changes may affect overall QOL. The third concept is the means in which people respond to CID-related change and QOL (Bishop, 2005). According to Bishop, QOL is defined as the subjective sense of overall well-being resulting from an individual’s evaluation of satisfaction of personal or clinically important domains. Findings indicated that individuals generally work hard to achieve and maintain a maximum level of QOL and are, therefore, positively correlated with the importance of satisfaction, self-control, QOL, and personal adaptation levels.

Livneh (2001) identified certain antecedent events related to a person’s disabling condition, which include both explicit and implicit causes. Antecedents, or triggering factors, influence an individual’s ability to maintain and achieve self-sufficiency, successful role performance, and independence. Attributes to Livneh’s study included the diverse individual adaptation or coping skills necessary to maintain or achieve an optimal level of independence. These triggering events may follow genetic or hereditary dispositions, birth traumas, accidents or injuries, illness or diseases, and conditions associated with the aging process. Psychosocial, biological, and environmental variables help provide a better understanding to the CID and psychosocial adaptation. Mobility, sensory, and cognitive restrictions are, at times, biased preconceptions that are associated with disability-related factors. Sociodemographic, personality, and psychological attributes play an important role in developing a personal meaning to the individual’s condition in order to successfully predict adaptation.

As reported in Fayers and Sprangers (2002), self-rated health is described as how an individual perceives his or her health status. It is an important tool for the evaluation and comparison of individual treatment plans and the management and assessment of physical and emotional well-being. Self-rated health can predict mortality and morbidity; however, there is no current evidence that improving a person’s QOL will facilitate better coping skills (Fayers & Sprangers, 2002).

Participants in a qualitative analysis that explored the attitudes of persons living with a disability described a shifting of values and greater appreciation for the “simpler things in life” (Graf, Marini, & Blankenship, 2009). Participants described reevaluation of their individual lives, which made them more grateful and better able to live with a disability. Adaptation in this sense was related to how an individual reevaluates life’s priorities. Case managers can assist in alleviating a client’s environmental barriers and negative societal attitudes that may become evident from a physical disability.

**Implications for Case Management Practice**

Case managers understand that cognitive or physical disabilities affect our dignity and activities of daily living. We must advocate on behalf of our clients by assessing goals that enhance adaptation to a disability. By understanding each client’s level of functioning, individual intervention strategies can be identified. As reported by Bishop (2005), an individual’s perception of their own QOL is essential to adaptation and the identification of disability-related factors. Therefore, it is critical to assess a disabled person’s QOL to promote efficiency in achieving his or her goals.

Resistance to change is normal; we possess self-protective responses to disease or chronic disability that are different for each of us. Individuals who are struggling to adapt to their disability may benefit from interactions that encourage and value their uniqueness. Case managers can use the questions described in Figure 1, to better understand their clients own uniqueness. We also must effectively collaborate with other health professionals, share resources, and

---

**It is the overactivity in response to stressors that result in many diseases of our time.**

---

<table>
<thead>
<tr>
<th>HOW IMPORTANT IS YOUR LIFE AND HOW YOU SEE YOURSELF AS A PERSON?</th>
</tr>
</thead>
<tbody>
<tr>
<td>HOW SATISFIED ARE YOU WITH YOUR LIFE?</td>
</tr>
<tr>
<td>HOW MUCH CONTROL DO YOU HAVE OVER YOUR LIFE?</td>
</tr>
<tr>
<td>HOW MUCH DOES YOUR ILLNESS AND DISABILITY IMPACT YOUR LIFE?</td>
</tr>
</tbody>
</table>

**FIGURE 1**
Suggested questions one would ask while adapting to chronic illness or disability.
decision-making strategies to assist individuals with coping and adaptation to disability. Considerations and respect of cultural differences and family structure must be demonstrated. Case managers who take a holistic interest in their client’s well-being will likely produce positive outcomes.

**CONCLUSION**

A great deal of research has been done in the area of adaptation and disability-related factors. Because of the multitude of variables associated with a disability, sociodemographic characteristics of the individual, and personal attributes, there are varying behaviors that can be observed regarding chronic disease and disability. An individual’s perception of himself or herself can be a powerful determinant of quality of life.

General findings indicate that individual-coping mechanisms in relationship to adaptation and QOL were important in achieving optimal health benefits. A strong support system with financial security, strong faith, and personal relationships also contributed to optimal health and well-being. A limitation included disagreements among researchers in what constitutes appropriate outcome measures and goal setting.

Optimization of activities of daily living to encourage less dependency on others for completion of everyday tasks must be the goal we strive for as case managers. Assisting individuals and families to cope from one stage of life to the next can be challenging. The case manager must be cognizant in addressing an individual’s adaptation to life-altering events, whether it is a chronic illness or a disability. Specific disability-related factors need to be identified in order to understand a level of functioning and appropriately implement strategies.

One day, we may all find ourselves with an acquired disability or chronic illness. Our lives will be challenged and, therefore, be faced with significant adaptation from the life we once knew. As we advocate for our clients, we must begin the case management assessment and planning process with the end in mind.

**REFERENCES**


