

PSYCHOLOGY

PUZZLE

DEVELOPMENT AND GROWTH BEHAVIOUR

Case 1: The Crying Infant in the Therapy Room (Infancy)

A 6-month-old infant is brought for physiotherapy due to delayed head control. The moment the intern places the child on the mat, the baby begins crying intensely and refuses eye contact. The mother appears anxious and repeatedly intervenes, lifting the infant during attempts at therapy. The intern feels pressured to complete the assessment within the scheduled time. Developmentally, the infant is at a stage where attachment, trust, and sensory regulation are critical. The intern must decide how to proceed without increasing distress or compromising developmental needs.

Possible Options

- A. Continue assessment firmly so the infant adapts to the environment
- B. Ask the mother to step outside to reduce distraction
- C. Pause therapy and focus on calming and bonding strategies
- D. Reschedule the session without intervention

Psychological Reasoning

Infancy is governed by trust vs. mistrust and emotional regulation

Distress signals unmet emotional or sensory needs

Option C respects attachment theory, reduces stress hormones, and builds trust

Therapeutic success depends on emotional safety before motor performance

Case 2: The Silent Child with Poor Participation (Early Childhood)

A 5-year-old child with post-fracture stiffness attends outpatient physiotherapy. The child avoids eye contact, gives one-word answers, and refuses to follow instructions, though no cognitive deficits are reported. The supervising clinician assumes non-compliance. However, the intern notices the child becomes more withdrawn when corrected. At this developmental stage, initiative, play, and emotional expression are central. The intern must decide how to improve engagement while meeting therapy goals.

Possible Options

- A. Use strict instructions to establish discipline
- B. Ignore the behavior and complete exercises passively
- C. Integrate play-based therapy and positive reinforcement
- D. Label the child as uncooperative and inform parents

Psychological Reasoning

Early childhood aligns with initiative vs. guilt

Children learn best through play and encouragement

Option C supports emotional development and intrinsic motivation

Psychological safety improves cooperation and learning

Case 3: The Resistant Adolescent Athlete (Adolescence)

A 16-year-old football player undergoing ACL rehabilitation frequently skips home exercises. During sessions, he challenges the intern's instructions and insists he knows better from online sources. His parents report mood swings and declining academic interest. The intern recognizes that adolescence involves identity formation and autonomy, yet therapy adherence is critical.

Possible Options

- A. Enforce strict rules and warn about consequences
- B. Directly involve parents to control compliance
- C. Collaboratively set goals and acknowledge autonomy
- D. Reduce communication to avoid conflict

Psychological Reasoning

Adolescence reflects identity vs. role confusion

Resistance often signals a need for control and respect

Option C validates autonomy and promotes self-efficacy

Shared decision-making improves motivation and adherence

Case 4: The Burned-Out Young Professional (Early Adulthood)

A 28-year-old IT professional attending physiotherapy for chronic neck pain appears distracted and disengaged. He frequently checks his phone and expresses frustration about work deadlines. Despite good physical capacity, progress is slow. The intern suspects psychological stress is affecting recovery. Early adulthood centers on intimacy, responsibility, and career pressure.

Possible Options

- A. Focus only on physical treatment and ignore stress
- B. Advise complete rest from work
- C. Educate about stress–pain interaction and coping strategies
- D. Refer immediately without discussion

Psychological Reasoning

Stress alters pain perception and healing

Early adulthood involves intimacy vs. isolation and role strain

Option C integrates biopsychosocial care

Awareness empowers the patient and improves outcomes

Case 5: The Withdrawn Elderly Patient (Old Age)

A 72-year-old man recovering from a stroke attends inpatient physiotherapy. He follows instructions mechanically but shows no interest in progress and avoids conversation. Family members mention he was recently widowed. The junior clinician notices decreased motivation despite physical potential. Old age is characterized by life review, loss, and integrity vs. despair.

Possible Options

- A. Push harder to improve physical outcomes
- B. Assume low motivation is age-related
- C. Acknowledge emotional loss and encourage meaningful goals
- D. Shorten sessions due to poor engagement

Psychological Reasoning

Emotional well-being strongly affects rehabilitation

Option C respects psychosocial development in old age

Addressing grief restores purpose and participation

Holistic care enhances dignity and recovery

