

ASCIP Interdisciplinary Champion Essay

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## AN INTERDISCIPLINARY SUPPORT GROUP FOR INDIVIDUALS WITH A SPINAL CORD INJURY AND/OR DISEASE

Individuals who experience spinal cord injury and/or disease (SCI/D) have damage to the spinal cord that results in loss of functional mobility and participation in self-care tasks. These limitations can likely lead to negative psychosocial outcomes. In inpatient (IP) rehabilitation, healthcare professionals have an opportunity to strengthen an individual's psychosocial resources and promote healthy adjustment to disability for optimal functioning. One way this can be established is by examining an individual's resiliency. Resiliency refers to an individual's ability to cope and adapt during a stressful life event (Driver et al., 2016) (Monden et al., 2014). Findings indicate that just over 30% of individuals with SCI/D remain at risk for unhealthy coping skills, depressive symptoms, and overall negativity six months after discharge (Guest, Craig, Tran, & Middleton, 2015). Therefore, it is important to implement rehabilitation strategies that will boost resiliency early in the recovery process to increase future positive psychosocial domains and functioning.

Themes correlated to resiliency include adaptive coping skills, strong social support network, and self-efficacy (Craig, Perry, Guest, Tran, & Middleton, 2016) (Guest et al., 2015) (Monden et al., 2014). Self-efficacy relates to one's perceived sense of abilities. Research suggests that by increasing self-efficacy through social participation, there will be increased resiliency in the SCI/D population (Craig et al., 2016). Another study found that during IP rehabilitation, self-efficacy predicted resiliency (Driver et al., 2016), and having an intervention or treatment approach to increase self-efficacy should be an important goal in the IP rehabilitation stage of recovery.

In March 2018, I established an interdisciplinary weekly support group for individuals with SCI/D at an IP hospital, MedStar National Rehabilitation Hospital, with

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a goal of increasing resiliency. The Merriam-Webster dictionary defines a support group as “a group of people with common experiences and concerns who provide emotional and moral support for one another.” Support groups are a place for individuals to gather and learn from one another, increase self-efficacy through validation, and motivate one another to reach rehabilitation goals. I implemented this support group with the help of members of the interdisciplinary team, specifically a psychologist and SCI/D peer mentor.

Occupational therapists (OTs), psychologists, and peer mentors are well trained to run a support group. OTs are skilled in analyzing client factors, performance skills and patterns as well as the context in which occupations are performed. They facilitate opportunities for individuals to participate in meaningful occupations through self-advocacy and group interventions. Psychologists are also skilled in group therapy as it relates to stress management techniques, coping skills, and behavior management to assist individuals in reaching optimal functioning (Emerich, Parsons, & Stein, 2012). Lastly, SCI/D peer mentors are an invaluable asset in the IP rehabilitation process and can offer support, encouragement, and role modeling for other individuals with SCI/D (Emerich et al., 2012).

Each support group session is designed to empower individuals with a SCI/D in IP rehabilitation to engage in meaningful occupations and lead healthy lives. The eight topics include grief and loss, self-awareness, locus of control, stress management, goal setting, sleep hygiene and pain management, perception of disability, and relationships. The sessions are sequential and on a continuous cycle. Due to the setting of the group, and with individuals enrolling at various times, not all individuals will experience each

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session. The sessions are held every Friday for up to an hour from 1-2 p.m. They are led by an OT and either a psychologist or SCI/D peer mentor depending on the week's topic. The group follows a specific format. It begins with introductions and a review of ground rules, followed by dynamic discussion, a recap of information learned and ends with relaxation techniques. Individuals participating in the current support group report enjoying the social aspect of the group, learning new information, and feeling heard; however, a systematic method for gathering outcomes is needed for ongoing program enhancement.

Currently, the leaders of the group communicate regularly in person and through email about creative ways to address the topics and discuss ways to modify the group to promote quality care. It is with this teamwork and collaboration that we can promote positive psychosocial outcomes for this population. It has also helped me grow and become a more skilled OT. My colleagues continue to educate me about today's mental health issues and perspectives of those living with SCI/D that I otherwise would not have known as an early career OT.

In the future, I hope to perform a mixed methods research design to systematically gather outcomes to support the use of interdisciplinary support groups with individuals with SCI/D in an IP rehabilitation setting. To my knowledge, there are no studies evaluating the impact of an interdisciplinary SCI/D IP support group on psychosocial domains in the US population. Also, I would enjoy educating and promoting other facilities to implement an interdisciplinary support group for increased team work and quality care for the SCI/D population.

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