



PSYCHOSOCIAL NEWS:

The SSCIS Psychosocial Strategy for People with a Spinal Cord Injury Newsletter

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SEPTEMBER 2015

The role of the psychosocial strategy is to assist you in gaining the knowledge and skills you need to effectively support the psychosocial wellbeing of people with SCI .

You know and understand what works for you in your practice setting, so your thoughts and ideas can make a difference.

If you have any ideas on what could assist you in your practice, if you would like to be further involved in specific working groups or have any comments about the strategy, your input is welcome! Please contact your representative on the Steering Group to feedback your thoughts and ideas, or contact the Chair of the Steering Group directly.

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Resilience following Spinal Cord Injury: A Prospective Controlled Study investigating the Influence of the Provision of Group Cognitive Behaviour Therapy During Inpatient Rehabilitation.

R Guest, A Craig, K Nicholson Perry, Y Tran, C Ephraums, A Hales, A Dezarnaulds, R Crino, J Middleton.

Impact and Implications

Despite some people coping with the demands of the injury and impairment from spinal cord injury (SCI), little is known why others do not experience such resilience, and whether resilience changes over time with the addition of group cognitive behaviour therapy (GCBT) during the rehabilitation inpatient phase. This study extends the work of Bonanno et al (2012) by identifying trajectories of resilience 6 months after transitioning back into the community.

The study showed that the addition of GCBT to routine psychosocial rehabilitation (RPR) for people admitted to a spinal cord injury unit was no more efficacious in enhancing resilience than CBT delivered on an individual basis with similar pathways of resilience when transitioning into the community regardless of whether participants received GCBT.

The study further showed that trajectories of resilience are complex with many participants showing some deterioration or maintaining poor levels of resilience.

GCBT may not be an efficacious additive to SCI rehabilitation for enhancing resilience when assessed at 6-months post discharge from hospital. Complex trajectories of resilience over time suggest other factors are capable of impacting resilience.

Findings confirmed the strong relationship that psychosocial factors such as depressive mood, self-efficacy and anxiety have with resilience and further confirmed the weak association with physical, injury and demographic factors (Bonanno et al., 2012; Craig 2012; Min et al ., 2014).

It is interesting to note that social support did not correlate significantly with resilience at discharge; however, this is possibly accounted for by the intensive social involvement of friends, family and hospital staff during the inpatient phase. At 6 months however, social support was significantly associated with resilience suggesting social support becomes crucial for adaptive coping when living in the community.

These findings also suggest that it should not only be those with elevated depressive mood and anxiety that are targeted for change, but also those with poor self-efficacy and poor perceived social support networks.

Conclusions

Given that GCBT and CBT delivered individually may well be equally effective in enhancing resilience, rehabilitation strategies should target those subgroups who would benefit most. Of the four distinct classes identified, those who experience poor resilience at baseline and remain that way, and those with robust baseline resilience but deteriorate markedly over time, require further extensive investigation, such as studying individual differences in intervention modality. It is likely that some people with SCI prefer and would benefit more from group intervention, whereas others may prefer and benefit more from individual intervention strategies.

It is also likely that there are some who prefer not to participate in any psychological interventions. It would be highly beneficial to determine those factors that determine such choices, such as personality differences, age, sex factors, or cultural backgrounds. It is also suggested that future research should conduct a more comprehensive analysis on understanding resilience and its changing nature, including the timing of, and methodology of psychological rehabilitation delivery. A reasonable direction would be to evaluate modifications to the GCBT protocol, such as placing greater emphasis on acceptance of the lifelong impairment and strengthening commitment to the necessary "lifestyle adjustments" required to maintain a QoL as close as possible to people in the community. Furthermore, additional research is required into the impacts on resilience of factors such as self-efficacy and coping skills that act as mediators and protect against psychological morbidity and poor adjustment (Craig, et al 2013; Post et al 2012). The importance of strengthening helpful social support networks in improving resilience would also prove beneficial.

Finally, it is recommended that future research continue to utilize latent class analysis approaches to identify subgroup types and pathways in association with mediating and moderating variables relevant to the development of resilience. Such an approach is congruent with previous suggestions that multidisciplinary variables have the potential to clarify the complex relationships among mechanisms of resilience and progression toward psychopathology or mental health and wellbeing with positive adjustment (Bonanno et al., 2012).

Do you need something more?

For further resources on psychosocial aspects of SCI visit

<http://www.aci.health.nsw.gov.au/networks/spinal-cord-injury/resources>

where you can download the *Guide for Health Professionals on the Psychosocial Care of People with SCI* and the *Directory of Information and Support*

For further information on the work of the Psychosocial Strategy Steering Group contact Annalisa Dezarnaulds via email:

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MENTAL HEALTH
MONTH
OCTOBER 2015

MENTAL HEALTH
FIRST AID COURSE

ST COLUMBA UNITING
CHURCH, WOOLLAHRA

WWW.WOOLLAHRA.NS
W.GOV.AU/EVENTS
5th & 6th NOVEMBER

The SSCIS Psychosocial Steering Committee Update

The SSCIS Psychosocial Steering Committee oversees the implementation of the SSCIS Psychosocial Strategy, and all units and community organizations are invited to send a representative. Current representatives include:

- ◆ Annalisa Dezarnaulds (Chair), Clinical Psychologist, SIU, POWH - annalisa.dezarnaulds@sesiahs.health.nsw.gov.au
- ◆ James Middleton, Director, SSCIS - james.middleton@sydney.edu.au
- ◆ Catherine Ephraums, Clinical Psychologist, SCIU, Royal Rehab
- ◆ Dallas Pirronello, Occupational Therapist, Spinal Outreach Service, Royal Rehab
- ◆ Beverley Berelowitz, Social Worker, Prince of Wales Hospital
- ◆ Neil McKinnon, Manager, Lifetime Care Support Authority (LTCSA)
- ◆ David Coren, Peer Support Officer, ParaQuad NSW
- ◆ Ralf Ilchef, Consultation Liaison Psychiatrist, RNSH
- ◆ Helen Tonkin, Social Worker, RNSH
- ◆ Leanne Cowan SCIA's Regional Services Manager
- ◆ Vikki Brummell, Network Manager, Aged Care & Rehabilitation Services Clinical Network.
- ◆ **We welcome** Sky Fosbrooke, Physio, Rehabilitation Paediatric Services Children's Hospital.

Interesting Items

- ◆ **Depression in adults with spinal cord injury as they transition from an inpatient to a community setting: A prospective controlled study.**

A.Craig, K. Nicholson Perry, R.Guest, Y.Tran, A.Dezarnaulds, A.Hales, C.Ephraums, J.Middleton.

This research provides encouraging direction for addressing the substantial rates of depression that can occur in people with SCI as they transition into the community. SCI participants with clinically elevated depressive mood experienced significant reductions in depressive mood following discharge into the community, a time in which they can experience considerable distress adjusting to their impairment. Research is now required to clarify individual preferences for managing depression in people with SCI, such as anti-depressant medications and variations in CBT delivery style (in print 2015).

- ◆ **The Mindfulness Summit**

A comprehensive practical online guide to mindfulness. The leading teachers and experts from around the world will share their wisdom for the **month of October for free for 31 days for you to enjoy.**

"Learn how to live with more peace, purpose and wisdom". Some of the teachers are Mark Williams, Daniel Siegel, Tara Brach, Rick Hanson, Jon Kabat Zinn, Vidyamala Burch, Ruby Wax, Jack Cornfield.

<http://thefmindfulnesssummit.com/about-us/>

- ◆ **THE SCI Pain Course Macquarie University**

An Internet-Delivered Program for Chronic Pain and Emotional Wellbeing in adults with a SCI. This free course helps people to manage chronic pain and symptoms of anxiety and depression.

www.ecentreclinic.org

Email: contact@ecentreclinic.org

- ◆ **Rick Hanson** news@rickhanson.ccsend.com

It's wonderful and also kind of crazy: right now, whatever you experience is slowly changing your brain. Most of the good stuff we all want inside - the gratitude, kindness, grit, self-worth, confidence, feeling loved, resilience, compassion, insight, happiness, and inner peace - comes from turning passing experiences of these good qualities of mind and heart into lasting *inner strengths* woven into the fabric of the brain. Unfortunately, there's a bottleneck built into the brain: its evolved negativity bias that makes it like Velcro for bad experiences but Teflon for good ones - which makes it harder to turn beneficial experiences into inner strengths.

Meanwhile, feelings of stress, frustration, irritation, disappointment, hurt, worry, and pain are being rapidly and efficiently coded into neural structure . . . relentlessly tilting the mind toward pessimism, anxiety, reactivity, contraction, drivenness, craving and clinging, weariness, and a blah blue mood.

Happily, you can use the power of mindfulness in everyday life to recognize and tune into wholesome experiences and then sustain present moment awareness of them. Since "neurons that fire together, wire together," this *mindful cultivation* of beneficial thoughts, feelings, sensations, desires, and skills in your mind will naturally grow resources in your brain.

Being mind full of good - is a profoundly effective (and enjoyable!) path to psychological healing, well-being and effectiveness, sense of fulfillment, and the upper reaches of human potential.

This above website allows you to sign up to his weekly newsletter

ANZSCOS November 25-27 2015

A New Beginning:
Perth, Western Australia