



**ISCoS 2023 Psychosocial Special Interest Group joint with the
European Spinal Psychologist Association (ESPA)
Pre-Conference Meeting
Sunday 8th October 2023**

Welcome

The **Psychosocial Special Interest Group (SIG)** aims to connect and serve everyone with an interest in psychosocial issues after spinal cord injury – clinicians and users who provide formal and informal psychological and emotional support, and those involved with research. We host free to access webinars and networking meetings in between the ISCoS Annual Meetings. We are keen to connect with people attending the preconference/main ISCoS meeting, and to this end have included as part of your registration an option to share your mobile phone number with us for a Psychosocial SIG Whatsapp group to help with networking during the meeting, possibly arrange social/meals, taxi shares or anything that helps. If your mobile number will change from that on registration whilst you are in the UK please alert a member of the SIG governing panel to this and we will update your number.

The **European Spinal Psychologists Association (ESPA)** was established in 2005 and has members in over 22 nations. It aims to bring psychologists working in SCI together, to share clinical and psychological practice and promote the highest standards of psychological care, support the development and dissemination of psychological knowledge and facilitate clinical research across nation and culture through providing a collaborative network. ESPA holds a two day scientific conference in Europe every 2 years, which in 2024 will be in Nijmegen, Netherlands on the 25th and 26th April - [Nijmegen, Netherlands - 25th & 26th April 2024 - ESPA \(espaspinal.org\)](https://www.espaspinal.org)



Connect with the SIG and ESPA in the following ways:

<p>Psychosocial Special Interest Group</p>	 https://forms.gle/zHiPM5jDcMfc9DVe9	 @ISCoS_Psychsoc	
<p>European Spinal Psychologists Association</p> 	ESPA (espaspinal.org)	 @ESPAspinal	

We would welcome feedback about the preconference after the event via this QR code:





With thanks to our sponsors, without whom this day could not have taken place:

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Stewarts only act for clients who have sustained serious life-changing injury, in particular spinal cord injury and brain injury. Our lawyers handle a small number of cases to ensure that they give the claim the attention it deserves.

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As part of our commitment to those who have suffered a serious injury or illness, we provide extensive pro bono (free of charge) support through The Legal Service. We support patients and their families at a time when independent legal support is most needed but often hard to find. The Legal Service was established in 2004 and now operates in 10 NHS Trusts in England, including major trauma and rehabilitation hospitals. In 2018, The Legal Service was reviewed and endorsed by NHS England when they were considering their Standard Contract.

Stewarts is a law firm like no other. Specialising in high-value and complex disputes, our track record of success for our clients has helped us become the UK's leading litigation-only law firm.

Department of Rehabilitation Medicine, University of Minnesota Medical School

Located within the rich scientific milieu of Minnesota's "Medical Alley," our research program leverages world-class research infrastructure, core facilities, and one of the leading technology commercialization offices in the country. UMN ranks 13th among public universities in research spending, with more than \$1.04 billion in research expenditures in fiscal year 2020 and research awards of more than \$1.15 billion in 2021. Situated within the UMN Medical School, the Department of Rehabilitation Medicine consists of 4 divisions: Adult Neuropsychology, Physical Medicine & Rehabilitation, Physical Therapy, and Rehabilitation Science. In 2019, the Department had \$665 thousand in research expenditures. Our research domains with national reputations include bone biology/health, botulinum neurotoxins, movement disorders, muscle biology/physiology, neuroplasticity and non-invasive brain stimulation, osteoclast biology, rehabilitation psychology, translational orthopedic biomechanics, stroke, brain injury, and spinal cord injury.



Could you be a future Awardee of the Professor Paul Kennedy Scholarship?

PROFESSOR PAUL KENNEDY
LEGACY SCHOLARSHIP FOR PSYCHOLOGY



National Spinal Injuries Centre
Stoke Mandeville Hospital
Buckinghamshire Healthcare NHS Trust



Professor Paul Kennedy was known to many in the ISCoS Community, providing 21 clinical and research presentations at ISCoS Annual Scientific Meetings during his career. Paul established, and was Head, of the Clinical Psychology Service at the National Spinal Injuries Centre at Stoke Mandeville Hospital, a founding Trustee of Stoke Mandeville Spinal Research (SMSR - www.lifeafterparalysis.com) and a leading authority on coping and adjustment, quality of life and rehabilitation planning as well as different areas associated with spinal cord injury and other physical health conditions across the globe.

This award is a testimony to Paul's ability to combine his clinical psychological work with research, and his generosity in reaching, connecting, and sharing his expertise with others, which is celebrated through the networking aspect of the award. The joint sponsorship of this award reflects the esteem in which he was held by colleagues across the world, and particularly his consultation and support for the development of clinical psychology services in New South Wales. This award joins those offered by two other associations which Paul founded: <http://www.espaspinal.org/professorKennedyAward.html> and <https://www.mascip.co.uk/paul-kennedy-bursary-2020/>

Award Information

This scholarship aims to support the development and networking of psychologists across the globe. Pre-criteria for application are a first degree in psychology and for the individual to be practising as a psychologist/mental health clinician with people with spinal cord injuries. The successful applicant will need to demonstrate how this award can build on their knowledge; skills and capacity to enhance their practice, a focus on how the applicant would use this scholarship to strengthen psychological networks across the globe would be advantageous.



The scholarship aims to encourage and support applications from early career psychologists and / or those from lower resource countries. The large global variation and resource access will be acknowledged and part of the decision making panels' analysis. The panel's decision is final and not open to appeal.

The scholarship will provide up to £5,000 GBP towards one of the below:

1. Attendance at an ISCoS conference, including registration, travel and accommodation, and include the applicant networking with at least one psychology service based in a spinal cord injury centre or equivalent, or psychology department based at a University, in the host ISCoS country. The applicant needs to identify and gain consent of the service to be networked with and outline an initial programme as part of the application.
2. Support for a substantial, recognised qualification in a psychological intervention or formal skills-based training that the applicant can then introduce within their practice. For example, developing a skill with formal certification such as psychosexual counselling, coping effectiveness training, CBT or Acceptance and Commitment Therapy, training in mindfulness, neuropsychological assessment and intervention. The scholarship is particularly supportive of formal qualification and online training overseas to your home nation from leading experts in the field. An essential part of the application is partnering with a Mentor who can support the applicant implementing the intervention after training within their practice in their home nation. The applicant needs to identify and gain consent of the Mentor prior to application, identify costs for the training and Mentor relationship.

The successful applicant will be expected to write a summary of the scholarship outcome, an article for the ISCoS Newsletter or associated Journal / provide a report to the ISCoS Psychosocial Committee about their learnings. Attendance at the ISCoS meeting after the award is also part of the application for those applicants wanting to use the award for the skills-based training option (2, above)

For more information on the Award, contact: bht.nsicpsychology@nhs.net

Award Winner 2023: To be Announced at ISCoS 2023

Award Winner 2022: Md. Abdul Zabbar, Senior Counsellor, Dhaka, Bangladesh

Presenting at the ISCoS 2023 meeting after receiving funding to become trained as a Psychosexual Counsellor

Award Winner 2021: Dr Kyle Deane, Paediatric Psychologist, Shriners Children's Chicago

Construction of the Pedatric Version of the Appraisals of Disability Primary and Secondary Scale for Individuals with Spinal Cord Injury



The Final Frontiers for Psychosocial Care?

Many of the clinical parameters and needs for psychosocial care have been established over the past 50 years of practice and research. However there remain significant gaps in parity between the emphasis in spinal cord injury rehabilitation upon physical versus psychosocial needs. Many countries experience psychosocial resource limitations which impact adversely on psychological adjustment, long term quality of life and the development of secondary health complications. The 2023 Psychosocial Special Interest Group preconference seeks to discuss some of the areas in greatest need for development and provide examples of how change can be realised.

Accreditation by the Federation of the Royal Colleges of Physicians of the United Kingdom - to be confirmed

- 08.30 Registration
- 09.00 Welcome and introduction – Dr Jane Duff, Chair of ISCoS Psychosocial SIG and Chair of ESPA

Theme: Screening Individuals For Need Following SCI – Session Chair: Dr. Tijn van Diemen

- 09.15 Universal Psychosocial Screening in SCI Rehabilitation – Professor Charles Bombardier
- 09.45 Scoping Need and Implementing Psychological Care Standards in England: a collaborative matched care complexity treatment pathway and associated MDT psychosocial training – Dr Jane Duff
- 10.05 Assessing Cognitive Performance after an Acute Spinal Cord Injury: a bridge too far? – Professor Ashley Craig
- 10.35 The ISCoS Basic and Advanced Psychological Data Set – Dr Tijn van Diemen and Dr Kimberley Monden
- 10.45 Panel discussion – Screening Challenges and Integration – Dr Tijn van Diemen and Dr Jane Duff
- 11.00 **Break**

Theme: What About Significant Others? Session Chair: Dr. Kimberley Monden

- 11.30 Screening of significant others during inpatient rehabilitation after a spinal cord injury – Dr Eline Scholten and Dr Tijn van Diemen
- 12.00 Reflections on the relationship, intimacy and attachment needs of partners of people with spinal cord injury and how a Family Counsellor can support multidisciplinary inpatient work – Dr Kim Broom
- 12:30 **Lunch**



Theme: Overcoming Challenges For Psychosocial Care - Session Chair: Dr. Jane Duff

- 13.30 An Autoethnography on Helping Develop a National Spinal Cord Injury Rehabilitation Centre in Ukraine During the War with Russia – Dr Alistair Teager, Daisy Fitzpatrick and Nadia Rechun
- 14.10 **Professor Paul Kennedy Scholarship 2022**
Development of a Sexual Rehabilitation Model at Center for the Rehabilitation of the Paralyzed (CRP), Bangladesh: A whole team approach – Md Abdul Zabbar
- 14.30 “It would be great to be portrayed as an active member of the community, because that’s how I feel – the influence of mainstream media and implications for psychosocial care – Dr Leanne Rees
- 15:10 Panel discussion: Services Challenges and Integration – Dr Jane Duff and Dr Kimberley Monden
- 15:40 Update and future work of the Psychosocial Special Interest Group - Dr Jane Duff, Dr Tijn van Diemen and Dr Kimberley Monden
- 16:00 Close

Talk Outline and Learning Objectives:

Universal Psychosocial Screening in SCI Rehabilitation

Mental health disorders (MHDs) and substance use disorders (SUDs) are common comorbid conditions in individuals with SCI. These conditions can contribute to the overall suffering and disability of individuals with SCI, adversely affect outcomes, increase the costs, and reduce the efficiency of rehabilitation and lead to premature death. It is widely recognized that mental health disorders and SUDs are undertreated generally, including within SCI rehabilitation. For example, a minority of individuals with SCI are treated for major depression when it is present.

Universal screening beginning during inpatient rehabilitation is the first step to ensuring that those with MHDs and SUDs receive effective treatment and follow-up. Comorbid conditions that are prevalent, disabling, and treatable merit systematic screening including preinjury MHDs and SUDs, current depression, anxiety, ASD/PTSD, suicidal ideation, maladaptive appraisal and coping, and cognitive impairment as well as pain, fatigue, sleep problems, participation in therapies and care, adherence to medications, and sexual dysfunction. Screening for cognitive impairment, confusion, depression, social isolation and pain interference at rehabilitation admission and discharge is now required in the U.S.

Universal screening can be efficient and effective. Screening can focus limited psychosocial resources where they are needed and flow into measurement-based care. Depression screening will be discussed as an example.



Learning Objectives:

1. Explain the role of screening in improving management of mental health and substance use disorders, cognitive impairment, pain, coping, adherence, and other comorbid psychosocial conditions associated with SCI
2. Recall examples of psychosocial screening domains and measures that may be useful within SCI rehabilitation
3. Appraise the potential costs and benefits of psychosocial screening in rehabilitation settings generally and yours specifically

Scoping Need and Implementing Psychological Care Standards in England: a collaborative matched care complexity treatment pathway and associated MDT psychosocial training

Mental health and psychosocial complexity have increased substantially since the inception of psychology services in England and Wales. Psychology services were initially designed to operate on a referral rather than screening model. Staffing resource across the 8 Spinal Cord Injury Centres (SCIC) in England varies considerably and in most there is considerable under resourcing such that all inpatients are unable to be provided with a psychological assessment after injury. This talk will present the initial scoping of need, subsequent design and implementation of universal screening, assessment and care standards conducted by the UK and Ireland Spinal Injuries Psychology Advisory Group and the NHS England SCI Clinical Reference Group. The talk will focus on the variation in 'acuity' of patient's psychological needs and treatment, and the consequent psychology staffing resource. A universal matched collaborative psychological care pathway will be shared. The pathway identifies foundation need of screening, assessment and group based psychological skills training, with individual intervention by 'complexity' being layered on to this and identifies increased intensity of psychological therapy contact, MDT consultation, discharge planning and community referral by individual need. The corresponding basic and advanced psychosocial care training needs of MDT staff to support care will be presented.

Learning Objectives:

1. Understand the interconnection between individual psychological therapy, psychosocial and trauma informed care provided by the MDT
2. Gain knowledge about how a complexity pathway can be used to aide service planning and meet the range and variety of psychological needs in rehabilitation
3. Discuss and reflect how to improve psychological care for people newly injured within your local setting

Assessing cognitive performance after an acute spinal cord injury: a bridge too far?

Spinal cord injury (SCI) is a life changing neurological disorder that results in the loss of sensation, muscle paralysis and autonomic dysfunction requiring intensive interdisciplinary rehabilitation to promote and maintain health and wellbeing. Secondary conditions such as chronic pain, cardiovascular disease and mental health problems are prevalent and can be



significant barriers to adjustment. Mild cognitive impairment (MCI) is also a prevalent, though not well understood, comorbid condition following SCI that can result in complications in recovery and adjustment. This talk will focus on the

status of current evidence-based knowledge about MCI following SCI and its impact on adjustment. Specifically, we will examine: (i) the problem of the very broad estimates of the prevalence (10-60%) of MCI from research conducted over the past 20 years; (ii) the lack of clarity about which cognitive domains are most affected by SCI; (iii) the absence of a universally accepted definition for the identification of cognitive impairment following SCI; (iv) the lack of a neurocognitive screen that has demonstrated structural validity for assessing MCI after SCI; (v) the lack of cognitive performance norms for assessing MCI after SCI; (vi) the lack of clarity around the contribution of environmental factors to cognitive performance during the acute and rehabilitation phases, and (vii) the problem of misdiagnosing cognitive impairment resulting from the application of norm-referenced assessments with little regard for measures of baseline or premorbid cognitive function. These seven limitations pose very real and significant barriers to SCI adjustment and rehabilitation outcomes. We will conclude by exploring possible solutions to these multiple problems. For example, the importance of determining whether cognitive decline or cognitive improvement is occurring post-SCI and the value of including measures of pre-morbid cognitive performance in addition to norm based cognitive assessments.

Learning Objectives:

1. Describe mild cognitive impairment (MCI) associated with spinal cord injury (SCI)
2. Discuss the problem of the very broad estimates of the prevalence (10-60%) of MCI after a SCI, concluded by findings from cross-sectional research
3. Discuss the problem of the lack of a universally accepted definition of what constitutes MCI after a SCI
4. Describe the possible impact of the environment on MCI after SCI
5. Understand the problem of misclassification of MCI after SCI
6. Describe the importance of a correct diagnosis of MCI to SCI rehabilitation

The ISCoS Basic and Advanced Psychological Data Set

Spinal cord injury (SCI) can result in major psychological consequences including increased anxiety, depressive mood, and posttraumatic stress. These factors can impede the rehabilitation process by reducing motivation and adherence to self-care protocols. As such, SCI clinicians need standard instruments and a dataset to assess and document these key symptoms. To address this need, a group of international experts developed the International SCI Psychological Functioning Basic Dataset (PSYCHBDS). The PSYCHBDS, currently being reviewed by the boards of ISCoS and ASIA, consists of eight data elements: date of assessment, professional background of data collector, patient's history of psychological disorders, GAD-2 score, PHQ-2 score, current psychological treatment, and optional scores for the PHQ-9 and GAD-7. A data collection form and scoring instructions are part of the PSYCHBDS. Because a basic data set contains only a minimum amount of information, the PSYCHBDS serves as a screener for symptoms of depressive mood and anxiety. The PSYCHBDS does not contain other important aspects of psychological functioning, such as appraisals of injury, resilience, self-efficacy, posttraumatic stress and substance use. Therefore, PSYCHBDS collaborators are developing an extended dataset to document a wider range of psychological aspects relevant to the rehabilitation of individuals with SCI. The expanded psychological functioning dataset will contribute to uniformity and comparability of



psychological assessment in SCI rehabilitation across the world. Uniform data collection of psychological functioning will help advance and inform future research and psychological interventions. In this presentation, we will provide an overview of the current PSCYCHBDS and an update on the development of the expanded psychological functioning dataset.

Learning Objectives:

1. Describe the development of the psychological functioning basic data set (PSCYCHBDS).
2. Demonstrate understanding of how to administer the PSCYCHBDS.
3. Explain the need for an expanded psychological functioning data set.

Screening of significant others during inpatient rehabilitation after a spinal cord injury

After being confronted with a spinal cord injury (SCI), the psychological well-being of both the patient and their significant others may alter. Besides the person with SCI, their significant others are also more likely to experience mood problems, and their perceived burden of care increases. Although there is a growing academic interest in the role of the significant other, most of the research done to date focuses on the chronic phase. Only a few studies investigated the mood and perceived burden during, and shortly after, initial SCI rehabilitation. To investigate the perceived burden of care, a lot of different scales are being used in SCI research. All these scales have a different scope and differ in their psychometric properties. At last, how can all the scientific knowledge be used in clinical practice? Is there a value for routine screening of significant others in clinical practice?

Learning objectives:

1. Overview of the literature concerning mood and perceived burden of significant others over time from initial rehabilitation till the chronic phase
2. Explore the psychometric properties of the used burden scales for significant others of people with SCI
3. Experience of routine screening in clinical practice

Reflections on the relationship, intimacy and attachment needs of partners of people with spinal cord injury and how a Family Counsellor can support multidisciplinary inpatient work

This talk will identify the unique contribution and insight that a Family Counsellor can bring to the rehabilitation team's care of inpatients with spinal cord injury. It will include discussion about how to engage family members with therapeutic work, considerations about confidentiality and the advantage of therapeutic intervention for the family members as well as systemic gain for the person with injury and their rehabilitation experience. Considerations of the detrimental impact of COVID upon family preparedness for discharge will be discussed and how the role has been changed to enable greater flexibility to meet this demand. The presentation will discuss in detail how to support people with spinal cord



injuries partners to consider they're and the person with injuries emotional needs, intimacy and sexual adjustment following injury.

Learning Objectives:

1. For delegates to appreciate the integral role that family members play in the adjustment of a person with spinal cord injury.
2. Reflections on the impact and ongoing implications for COVID-19 and consequential lack of micro-adjustments of family members following injury.
3. For delegates to gain insight into how to consider partners needs and especially related to sex and intimacy following injury.

An Autoethnography on Helping Develop a National Spinal Cord Injury Rehabilitation Centre in Ukraine During the War with Russia

As a result of the war with Russia, increasing numbers of Ukrainians have been sustaining Spinal Cord Injuries (SCI) requiring complex care and specialist rehabilitation, including psychosocial support. The World Health Organisation (WHO) therefore deployed an international multidisciplinary team (MDT) to support the development of a new National Rehabilitation Centre in Rivne Oblast, Ukraine.

This presentation will describe the experience and role and reflections of the psychologist deployed in Ukraine as well as reflections from the National Rehabilitation Centre Psychologists. It will discuss the types of injuries being treated, and common and more unique psychosocial issues being seen in Ukraine such as displacement, infrastructure, and culture. The presentation will also speak to training needs, lessons learned, and implications for future work.

Learning Objectives:

1. Understand role and reflections of an international psychologist working in SCI Rehabilitation during the Ukraine war.
2. Increase awareness of unique psychosocial and contextual issues in SCI Rehabilitation in Ukraine.
3. Improve understanding about training needs during conflict, and lessons learned from experience.

Development of a Sexual Rehabilitation Model at Center for the Rehabilitation of the Paralyzed (CRP), Bangladesh: A whole team approach

Spinal Cord Injury (SCI) is a catastrophic incident that causes major physical limitations due to full or partial loss of muscle power and loss of sensation but ultimately affects all aspects (psychological, social and economic) of an injured individual's



life. Traditionally, rehabilitation programs have focused more on physical rather than psychological, social or sexually related issues. Due to psychosocial and religious barriers, issues relating to sexuality are often ignored. The common view is that sexuality is private and personal and should not be discussed. Also due to lack of skilled personnel, as well as a structured protocol, sexual rehabilitation is not an integral part of rehabilitation.

This presentation is based on my experience and training received as the 2022 Professor Paul Kennedy Scholarship recipient. The award has allowed me to participate in an intensive training program, covering topics such as the physiology, anatomy and social components of sexuality. As such, I have come to better understand that education about sexuality in rehabilitation is best provided by all members of the interdisciplinary team. Every team member has a vital role to play. Participation of the multidisciplinary team in sexuality education ensures that all medical, physical and/or psychosocial factors are addressed. Typically, a coordinator oversees the education and counseling and reports areas of concern at interdisciplinary rounds. In addition, the coordinator meets with the patient and partner in order to answer any specific questions that they may have. At the Center for the Rehabilitation of the Paralyzed (CRP), whilst these services generally begin in depth at the halfway house, depending on the urgency or type of question, sharing of preliminary information may start any time instead of waiting. This presentation will discuss the various roles of each discipline and will provide suggestions as to which aspects of sexual functioning should be addressed by the various members of an interdisciplinary team. At CRP, the following service steps are implemented: Step-1: Assess the need, Step-2: Share information regarding sex and problems after SCI, Step-3: Arrange single room in half way hostel, Step-4: Provide sexual counseling and sex education, Step-5: Discuss sexual health and hygiene issues, Step-6: Couple able to share intimacy and explore sexual activities, Step-7: Feedback session, Step-8: Doctor provides advice about medication (if required), Step-9: Feedback session and intervention as per need, Step-10: Evaluation.

Learning Objectives:

1. Identify the role of multi-disciplinary team members in providing information on sexuality and spinal cord injury.
2. Discuss the protocol used at the Center for the Rehabilitation of the Paralyzed, (CRP) for psychosexual services.
3. Describe the training that would be helpful for staff members who provide sexuality educational services.

'It would great to be portrayed as an active member of the community, because that's how I would like to feel' – the influence of mainstream media and implications for psychosocial care

Media studies provide a lens to the experience of spinal cord injury (SCI) and can inform psychosocial care for people with SCI, and their family and friends. People with SCI report media portrayals of SCI are limited. They say this has a negative impact on their lives by fostering unreasonable public expectations and assumptions about living with SCI, informing hope and identity. Media studies suggest identity of SCI is connected to a state of tragedy or over-achievement, and while news stories on SCI can have a positive role in hope, media studies also suggest the only hope with SCI is the hope to walk again or to become a Paralympic athlete. Conflicts like this can make it difficult for the public to understand SCI, and for someone with a newly acquired SCI, to understand and interpret their experience



and the re-negotiation of self. Recognising these social constructs can inform discourse of hope and identity, and potentially improve rehabilitation outcomes for people with SCI.

Learning Objectives:

1. Understand media informed public (mis)understanding of SCI and experience of disability, and how we can counter this in the rehabilitation setting.
2. Explore the duality of hope and how we can construct and normalize the conversation.
3. Appreciate multiple layers to identity and share strategies to how people with SCI can negotiate this.

Biographies:



Professor Charles Bombardier (PhD, ABPP) is a psychologist and professor in the Department of Rehabilitation Medicine at the University of Washington. He has worked on the interdisciplinary inpatient rehabilitation unit at Harborview Medical Center in Seattle for three decades. He has conducted studies on secondary conditions facing people with SCI including substance use, depression, pain, and physical inactivity.



Dr. Kim Broom is a Family Counsellor at the National Spinal Injuries Centre (NSIC) at Stoke Mandeville Hospital, Buckinghamshire Healthcare NHS Trust, UK. She is an experienced counsellor and has worked across a range of client groups which contribute to the systemic knowledge she brings to her current role. Kim is a UKCP registered psychotherapist and is currently completing her Doctorate in Counselling Psychology. At the NSIC, she works with relatives of individuals engaging in rehabilitation, offering support with emotional and psychological adjustment to spinal cord injury in the family, and helps families comprehend the enormity of injury, think through potential changed circumstances and offers psycho-education around rehabilitation and spinal cord injury, with the ultimate aim of supporting preparation for discharge and reconnection with life following injury. Kim advocates on behalf of families at multi-disciplinary team meetings to support systemic thinking around the inpatient and families experience of care. Kim has contributed to the content of the Psychosocial Modules on the ISCoS e-Learn SCI portal, provides staff training and induction around family matters, conducts service audit on family standards of care and co-leads the NSIC Family and Friends Days working in collaboration with Back Up Trust, a UK spinal cord injury charity.



Dr. Ashley Craig is the Professor of Rehabilitation Studies, John Walsh Centre for Rehabilitation Research, Faculty of Medicine and Health, The University of Sydney, Australia. He is a senior researcher in the Kolling Institute, Royal North Shore Hospital, NSW, Australia. He has been investigating the psychosocial impact of injury on trajectories of adjustment and recovery for over 25 million in research funding in his academic career. Spinal cord injury and its impacts has been a special focus of his research. Recent funded projects include the efficacy of resonant breathing and heart rate variability feedback on autonomic function in chronic SCI, and a longitudinal study of cognitive function and causes of cognitive impairment in adults with acute to chronic SCI.

Dr Craig is also a senior consultant clinical psychologist in a private psychology clinic where he specialises in treating adults who present with a physical injury like spinal cord injury, traumatic brain injury, or mild to moderate injuries like whiplash and back injury. In this clinical position, he helps clients self-manage secondary conditions such as chronic pain, cognitive impairment, fatigue and mental health disorder like depression and/or post-traumatic stress disorder.



Dr. Tijn van Diemen has been a Healthcare psychologist in the Sint Maartenskliniek in Nijmegen, the Netherlands since 2003. He is currently working for the spinal cord injury department. He studied Psychology with specialization neuro- and rehabilitation psychology, and graduated in 1994 at the Radboud University in Nijmegen. From 1994 till 2002 he worked mostly as a neuropsychologist in different organisations.

After completing a cognitive behavioural therapy training in 2008, he began to do research besides his clinical work at the spinal cord injury unit. First a cross-sectional study with respect to coping flexibility, later this was studied longitudinal. In May 2015 Tijn was able to start as a PhD candidate at De Hoogstraat rehabilitation in Utrecht combined with the University of Groningen. The title of his theses: self-management, self-efficacy and secondary health conditions in people with spinal cord injury. This mix-methods study includes all 8 rehabilitation centres in the Netherlands with a specialization in spinal cord injury. After he completed his PhD in 2020 he is doing research in the Sint Maartenskliniek, beside his clinical work. The focus of his research work is on the psychological aspects, especially self-efficacy, of people with SCI during and after their rehabilitation.

Tijn is the chair of the workforce psychology of the Dutch and Famish Society of Spinal Cord Injury and member of the board. He is board member of ESPA and the ISCoS psychosocial SIG. He is co-chair of the ISCoS workforce regarding screening of psychological functioning in people with SCI.



Dr. Jane Duff is a Consultant Clinical Psychologist and Head of the NSIC Clinical Psychology Department at Stoke Mandeville Hospital. She has worked in spinal cord injury rehabilitation for over 25 years providing direct clinical therapy, research, teaching/training and consultancy. Jane is Chair of the ISCoS Psychosocial Special Interest Group, and European Spinal Psychologists Association (ESPA) and is on the ISCoS Local Organising Committee for the Edinburgh 2023. Jane is past Chair of the UK and Ireland Spinal Injury Psychologists Advisory Group (SIPAG – 2015-2022) and represented this group on the NHS England Spinal Services Clinical Reference Group until 2022, Chairing the working group and report on the Psychological and Mental Health Standards Group, published January 2023. She was an expert panel member on the SCI Development Group of the WHO Rehabilitation 2030 Package of Rehabilitation Interventions and is a member of the ISCoS Psychosocial Dataset Group. Jane has published widely on spinal cord injury coping and adjustment, appraisals, quality of life, rehabilitation/goal planning and the development of self-management skills. She provides post graduate research supervision and lecturing for the University of Oxford. Jane holds a dual qualification as a health coach and works alongside the Back Up Trust, Spinal Injuries Association and Aspire in the UK to promote personalised care.

Twitter: @DuffJS - [Dr Jane Duff Twitter](#)

ResearchGate: <https://www.researchgate.net/profile/Jane-Duff-2>

LinkedIn - [Dr Jane Duff LinkedIn](#)



Daisy Fitzpatrick is a Trainee Clinical Psychologist with a specialist interest in physical health and humanitarian work. During her doctoral training she has worked within a hospital clinical health psychology service, an early intervention service, and an inpatient adolescent service. Prior to the clinical doctorate she worked in both inpatient and community mental health teams. Her doctoral thesis concerns research into judgments of certainty, threat, and delusional beliefs. She has previously been part of research teams exploring human visual perception.



Dr. Kimberley Monden is an Assistant Professor and Licensed Psychologist in the Department of Rehabilitation Medicine at the University of Minnesota Medical School. She has 13 years of experience in spinal cord injury clinical care and research. Dr. Monden's research focuses on psychosocial adaptation to injury, including resilience and appraisals of injustice. She has a specific interest in improving quality of life and long-term psychosocial outcomes after SCI. Dr. Monden also has expertise in dissemination and implementation science through completion of a graduate certificate program at the University of Colorado Anschutz Medical School. She is the founder and director of the Spinal Cord Injury Psychosocial Outcomes and Wellbeing Research (SCIPOWER).



laboratory. Her contributions to the field have been recognized with the Division 22 Harold Yuker Award for Research Excellence and the ASCIP Becky Adcock Mentoring Award. Dr. Monden is a Fellow of the American Psychological Association.



Nadia Rechun is a psychologist working with patients with spinal cord injuries (SCI) in the National Rehabilitation Centre in Ukraine, which has recently be expanded as a result of the war, and related need for increased support. Nadia works as a part of a Psychology Team comprising of four psychologists, a doctor psychologist and a psychiatrist.

Nadia's trained as a primary school teacher and sign language therapist, before moving into psychology. She obtained her Bachelor's and Master's degrees in Psychology, from Rivne State University of the Humanities, Ukraine. Prior to working at the National Rehabilitation Centre, Nadia was a volunteer in a student organization engaging in art therapy with older adults with neurological conditions. Nadia also spend 5 years working as an interviewer in sociology, conducting research for Ukrainian and international organizations.

Nadia's clinical interests include features of spinal injury, patient behavior after injury, study of effective rehabilitation interventions for therapy, and recovery of people with SCI. Her past research interests include conflict behavior in adolescence, and she is currently undertaking training in Positive Trans-Cultural Psychotherapy. Nadia's interests and hobbies include travelling to the mountains and reservoirs, dancing, Pilates, delicious food, and delightful people with a great sense of humor.

My Facebook <https://www.facebook.com/profile.php?id=100009113607693>



Dr. Leanne Rees has worked as a physiotherapist in spinal cord injury rehabilitation for nearly twenty years with the Victorian Spinal Cord Service at Austin Health, Melbourne, Australia. In 2018 she completed a Master of Public Health, where she gained interest in social and environmental factors that inform experiences of people with SCI. In 2023 Leanne successfully passed her PhD through La Trobe University having investigated the representation, creation, and impact of spinal cord injury in Australian news media. Today, Leanne holds a post-doctoral position at the Murdoch Children's Research Institute in Melbourne. Here she is part of the stem cell ethics and policy team, investigating how health care professionals navigate conversations of hope in context to unproven and emerging therapies. Leanne is also an Honorary Fellow with the Department of Medical Education at the University of Melbourne.



Dr. Eline Scholten is a postdoc researcher at the Center of Excellence for Rehabilitation Medicine in Utrecht, a collaboration between the Department of Rehabilitation at the University Medical Center Utrecht and the De Hoogstraat Rehabilitation, both in the Netherlands.

She studied Interdisciplinary Social Science at Utrecht University. After graduation in 2013, she worked as a junior researcher at the IVO Addiction Research Institute. In 2015 she started as a PhD-student at the Center of Excellence for Rehabilitation Medicine. In 2020 she completed her thesis titled 'Significance of the significant other', which emphasized the importance of paying attention to the well-being of significant others of patients in rehabilitation care. In addition, early identifiable risk factors were investigated that can predict an increased risk of later psychosocial problems among patients with spinal cord injury or acquired brain injury who were clinically admitted to a rehabilitation center and their significant others.

Currently, she is involved in various studies and projects focusing on measuring rehabilitation outcomes, using Patient Reported Outcome Measures, and involving the family in rehabilitation practice.



Dr. Alistair Teager is a Consultant Clinical Neuropsychologist who was recently deployed on a World Health Organisation (WHO) mission in Ukraine to help establish a National Spinal Cord Injury Rehabilitation Centre. Alistair's usual role is in the National Health Service (NHS) at Manchester Centre for Clinical Neurosciences (MCCN) in the United Kingdom. He is the neuropsychology lead for acute neurorehabilitation and spinal cord injury support at MCCN, and his team were heavily involved in providing inpatient psychological support for those brought to Salford Royal following the Manchester Arena Attack. Alistair does inpatient and outpatient work, and has research interests in humanitarian support, emergency preparedness, major trauma, digitisation of clinical practice, and rare neurological disorders.

Alistair completed his Bachelor's degree in Psychology at Liverpool, before doing a Master's degree in Performance Psychology at Edinburgh. He then went on to do the Doctorate in Clinical Psychology at Manchester, and the Postgraduate Diploma in Neuropsychology at Glasgow. Alistair has also completed the British Psychological Society's Qualification in Clinical Neuropsychology and is on the Specialist Register of Clinical Neuropsychologists. Outside of work, Alistair likes rugby, mountain biking, late 90s dance music, and talking about his dog.

Twitter: @ajteager

Researchgate: https://www.researchgate.net/profile/Alistair_Teager



Md Abdul Zabbar is a Senior Counselor, his great passion is bringing healing to people who have been through traumatic experience/ stressful experiences in their life events. His education background includes M.Sc in Psychology from University of Dhaka, and a B.Sc (Honors) in Psychology. Since 2001 he has been working in Psychosocial Rehabilitation of people with spinal cord injury at Centre for the Rehabilitation of Paralyzed (CRP), Dhaka, Bangladesh. In the meantime he has completed a Diploma in Counseling; and different professional courses (CBT, Mindfulness, Psychosexual therapy). He is experienced in individual counseling, group counseling, Relationship/couple counseling, Sex and reproductive health Counseling, psychos-education, tele-health service, vocational counseling, as well as team management and multi-disciplinary approaches.

He conducted multiple psychosocial research studies on anxiety, depression, PTSD, resilience and community integration, psychosexual issues and QoL and has presented in national and international conferences. A few of the studies focused on alleviating the signs of depression & anxiety and improving a patient's overall well-being. He has also worked with International Labor Organization (ILO) for Rana Plaza collapsed victims' psychological assessment, and has been an experienced as trainer in CRP's various projects with Queens University Canada and Sydney University, Australia.

He participated and supported the development of a booklet, guideline and e-learning module regarding spinal cord injury management under Asian Spinal Cord Network (ASCoN) and ELearnSCI, International Spinal Cord Society (ISCoS).

He was awarded ASCoN fellowship and completed observer ship placement in Prince of Wales Hospital, Sydney in 2011, Australia, and won "Professor Paul Kennedy legacy scholarship for psychology" in 2022, ISCoS, and under this scholarship I completed certificate course on psychosexual therapy. He has been actively involved in establishing the sexual service for person with disabilities especially for people with spinal cord injury at CRP, Bangladesh.



THANK YOU FOR YOUR PARTICIPATION

We would be grateful to receive your feedback on the links advertised and we hope to see you at future Psychosocial SIG events. We usually host a webinar and networking meeting during the year. Join our mailing list to receive information about events, details are on the front of the programme.

ESPA is hosting its 2-day bi-annual conference in April 2024 in the Netherlands, Keynote information is below. Although a European meeting, delegates are welcomed from all nations, and we hope that you can join this friendly and informative meeting.

Professor Marcel Post
Keynote Speaker ESPA 2024

Quality of Life: Looking back and to the future



"The term quality of life has fascinated me throughout my scientific career. According to PubMed, I have authored 108 articles with the term 'quality of life' in the title or abstract, of which 56 in combination with the term 'spinal cord'. Not a bad record for someone who defended his PhD Thesis with the proposition that the term quality of life should be abandoned in 1997. The twenty five year anniversary of my PhD is a good reason to contemplate what has changed, or not changed, over the years. If I would submit the main article from my PhD Thesis as a new original study today would anyone notice? Looking back and forward, I will take the opportunity of this honorable keynote presentation to discuss findings and clinical implications of quality of life research among people with spinal cord injury"