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Improving Quality of Life Through Peer Support After Sustaining a Spinal Cord Injury: A Doctoral
Capstone Experience

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A Capstone Project Entitled

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Abstract

Individuals with a spinal cord injury (SCI) deal with various secondary complications that can affect their physical, emotional, and social health (Sezer et al., 2015). Having support from one's community can enhance these areas of health (Ekelman et al., 2017). Therefore, a support group was created to provide peer support and education in regard to the variety of complications that can arise after a SCI. A former patient with a SCI from the Rehabilitation Hospital of Fort Wayne and the DCE student prepared for and facilitated group sessions collaboratively. Flyers were distributed to several locations within the community that may serve individuals with a SCI. In addition, letters were sent out to former patients with a SCI from the rehab facility. At each group session, research-based education was given in addition to personal experiences shared from an individual who is living with a SCI. Upon completion of the support group, members reported they would recommend the group to others, and enjoyed receiving evidenced-based research along with advice from a peer. All group members excluding one reported they learned something new at the group sessions they attended, and the group member who did not learn something new has been coping with a SCI for several years and has increased knowledge in regards to secondary complications. The former patient from the facility will continue to lead group sessions for sustainability, and the site mentor was educated on the importance of having a future student continue to develop the support group as it grows.

Literature Review

Introduction

Individuals who have sustained a spinal cord injury (SCI) may have to deal with a variety of acute or chronic complications (Hagen, 2015; Sezer et al., 2015). These complications can be dangerous or life threatening; therefore, it is important for individuals to receive education in regard to them (Hagen, 2015). In addition, one's social participation can be impacted by secondary complications (Craig et al., 2015), making it crucial for individuals to learn how to cope with them. The acute complications of a spinal cord injury occur 2-48 hours after the individual has sustained their injury (Hagen, 2015), while chronic complications come after this period and last throughout the rest of life (Sezer et al., 2015). Within the acute rehabilitation setting, the education given to patients with a spinal cord injury will be more focused on the chronic secondary complications. Education within this setting may not be as in-depth as it should; therefore, individuals may not be appropriately equipped to handle complications as they arise.

Theory & Model

The model that will guide this doctoral capstone experience (DCE) is the Person-Environment-Occupation-Performance (PEOP) model (Cole & Tufano, 2008). One is said to be functioning within this model when they can participate in meaningful occupations while balancing environmental demands (Cole & Tufano, 2008). Dysfunction within this model is a limitation in occupational performance, leading to a lack of competence (Cole & Tufano, 2008). Motivation comes from mastery of occupations within one's environment, which then leads to self-fulfillment (Cole & Tufano, 2008). After sustaining a spinal cord injury, one may experience a lack in occupational performance, while also struggling to adapt to their environment. Using

the PEO as a guide during this experience will keep patient care and the support group created occupation-based and client-centered. A main focus will be seeking a new level of mastery in meaningful occupations among this population, all while ensuring their environment best suits their needs. Finding what is meaningful to the client(s) will be important when treating individuals and formulating discussion topics for the support group. This will become the center of treatment and education in order for the individual to gain self-fulfillment.

The frame of reference (FOR) that will guide this project is the Rehabilitation FOR. Within the rehabilitation FOR, there is a focus on adaptation, modification, and compensation as one may not be able to completely restore the deficits they have (Cole & Tufano, 2008). The rehabilitation model focuses on making individuals independent by adapting, modifying, and compensating as needed (Cole & Tufano, 2008). Because the support group will focus on education on a wide variety of issues, and patients will need various treatments, this broad FOR is appropriate to guide the DCE. A spinal cord injury can drastically alter one's life. These individuals have to learn to adapt to their new condition and rely on different parts of their body to complete daily tasks. They may need education on and practice with adaptive equipment, home modifications, and compensatory techniques to be the most independent they can be. Therefore, following this FOR will work to return individuals with a SCI to completing meaningful occupations with independence.

Secondary Complications of Spinal Cord Injury

Several secondary complications can arise after a SCI (Sezer et al., 2015). Respiratory complications are common within this population, and the severity depends on the level of the SCI (Sezer et al., 2015). Respiratory failure, respiratory dysfunction, sleep-related respiratory disorders, pneumonia, and atelectasis are common conditions that an individual may experience

(Sezer et al., 2015). Positioning, breathing exercises, suctioning, and a variety of other treatments are done to help manage these symptoms (Sezer et al., 2015). Cardiovascular complications are also common within individuals with a SCI (Sezer et al., 2015). Orthostatic hypotension and autonomic dysreflexia are two common conditions that practitioners and individuals need to be aware of (Sezer et al., 2015). Abdominal binders and pressure socks are common methods used to prevent orthostatic hypotension, while autonomic dysreflexia is managed by learning to prevent the issues that may cause it (Sezer et al., 2015). Bladder and bowel dysfunction are also common problems one may deal with after sustaining a SCI (Sezer et al., 2015). Individuals may need to learn how to insert catheters for bladder management and manage a bowel program (Sezer et al., 2015). Another common complication is spasticity, which impacts about 70% of individuals who have a SCI (Sezer et al., 2015). Spasticity can lead to a variety of impairments such as contractures, pain, and ulcers, and can be managed with or without the use of medication (Sezer et al., 2015).

After sustaining a SCI, one may also experience chronic pain that can negatively impact social and community participation (Sezer et al., 2015). Individuals can develop nociceptive pain from overuse of muscles in the upper extremity, depending on the level of injury (Sezer et al., 2015). Neuropathic pain can occur anywhere in the body, no matter where the level of the lesion is (Sezer et al., 2015). Pain can be treated with the use of medications, surgical intervention, or a variety of modalities (Sezer et al., 2015). Skin care is something about which these individuals need to receive education, as one can develop pressure ulcers (Sezer et al., 2015). These can be life threatening if not managed appropriately, and cause functional impairments (Sezer et al., 2015). Pressure ulcers can develop from lack of sensation, immobility, moisture, and a variety of other factors (Sezer et al., 2015). One should be educated on daily skin inspections, pressure-

relief postures, nutrition, and proper hygiene of the skin to prevent pressure ulcers (Sezer et al., 2015). One final complication includes osteoporosis and bone fractures (Sezer et al., 2015). These individuals may experience bone loss, which can cause fractures to occur (Sezer et al., 2015). Osteoporosis and bone fractures can be managed with medication or by performing weight-bearing exercises, walking with the use of an orthosis, and standing (Sezer et al., 2015). It is crucial that one be aware of these secondary complications when recovering from a spinal cord injury, as they can potentially be life threatening (Sezer et al., 2015) and affect one physically, socially, and emotionally.

Facilitators and Barriers to Social Participation

According to Barclay et al. (2015), there are a variety of facilitators and barriers to social participation after sustaining a spinal cord injury. Individuals with a SCI stated that environmental resources such as transport play a big role in encouraging social participation (Barclay et al., 2015). However, they also report that transportation can be difficult due to the lack of accessibility (Barclay et al., 2015). Transport can prohibit individuals from getting to and from their job and other leisure activities (Barclay et al., 2015), which may result in unemployment or decreased community participation. Researchers have found that unemployment was associated with poor social participation (Craig et al., 2015). Other resources such as technology were said to enhance social participation by connecting individuals to others in society (Barclay et al., 2015). Financial resources can either facilitate or hinder social participation (Barclay et al., 2015). Individuals with a SCI reported that sufficient financial resources resulted in better equipment to facilitate social participation, while it also decreased motivation to perform at maximal potential (Barclay et al., 2015).

Researchers also found that other individuals such as family, friends, caregivers, and health professionals affect engagement within society (Barclay et al., 2015). Individuals with a SCI identified social support as a facilitator to social participation (Barclay et al., 2015). This support was important for individuals to have when learning to adapt to their injury (Monden et al., 2014), and should be a main goal of one's rehabilitation (Craig et al., 2015). However, having a relationship with healthcare professionals could either be a facilitator or barrier to social participation (Barclay et al., 2015). Some individuals with a SCI associated them with positive experiences, while others felt that they were stigmatized by healthcare professionals based on the level at which their injury was, and also felt they were not given adequate education for return to work options (Barclay et al., 2015). In addition, many people had to rely on others to care for them, especially if their level of injury was higher and they required more assistance (Barclay et al., 2015). Individuals felt that they had to choose between focusing on self-care and leisure/social participation when receiving care, depending on how much compensation they received for services (Barclay et al., 2015). Those who received more compensation felt they had better access to going out in the community, while those who did not receive compensation felt their care was limited to self-care (Barclay et al., 2015). While individuals identified having other people for support as important, they also discussed that it is important not to be treated differently while in society as this could hinder social participation (Barclay et al., 2015).

While social participation is impacted by secondary health concerns (Craig et al., 2015), some individuals stated that learning how to cope with them allowed them to continue to participate in society (Barclay et al., 2015), which further justifies the need for support and education in regards to complications. Despite having physical concerns, this population identified mental health concerns, such as depression, as a barrier to social participation (Barclay

et al., 2015). Individuals stated depression often came soon after discharge, which led to social isolation during the initial stages of recovery (Barclay et al., 2015). Therefore, it is important that healthcare professionals address this concern and ensure that improving self-efficacy is a key part of the rehabilitation process (Craig et al., 2015).

Sexuality after a Spinal Cord Injury

Currently, there is a gap in the literature on sexuality after a SCI, resulting in a lack of evidence to address sexuality barriers (Fritz et al., 2015). When interviewing a variety of women, researchers found that they had a variety of perspectives on sexual intimacy, but most still wanted to engage in intimacy (Fritz et al., 2015). Some women reported that they were more satisfied with their sexuality than before their injury; however, there was dissatisfaction reported by both married and unmarried individuals (Fritz et al., 2015). Dissatisfaction was caused by lack of a partner, relationship difficulties, and physical barriers such as fatigue and complications with secondary issues (Fritz et al., 2015). Many women identified the lack of education as a challenge when engaging in sexual activity (Fritz et al., 2015). While receiving information about childbirth and pregnancy was important, they felt that the education they received from healthcare professionals was focused only on reproduction, and did not focus on positioning and safe ways to engage in sexual activities (Fritz et al., 2015). Individuals wanted more detailed education from medical professionals in regard to dealing with secondary complications while participating in sexual activities (Fritz et al., 2015). Finally, these women discussed sexual confidence when engaging in sexuality (Fritz et al., 2015). They reported it was important to build self-esteem to accept the physical challenges of a SCI and see oneself as worthy of an intimate relationship (Fritz et al., 2015). This was especially true for individuals who did not

have a partner before their injury, as they expressed more difficulty finding intimate relationships (Fritz et al., 2015).

Peer Support

Peer support was identified as a facilitator to both social participation (Barclay et al., 2015) and self-management (Munce et al., 2014) when learning to cope with a SCI. Individuals with a new SCI reported it was helpful to be paired up with someone who was several years post-injury (Munce et al., 2014). Those who were newly injured reported that it was valuable to share their fears with someone who had experienced living with a SCI, and could offer advice and expectations (Munce et al., 2014). Others reported that having a peer mentor gave them hope for the future (Barclay et al., 2015). They stated that seeing individuals who were further along in their recovery participate in society allowed them to have hope for their future potential to engage in their community (Barclay et al., 2015).

Project Aim

As shown in the literature, an individual with SCI can encounter a wide variety of issues related to their physical health, mental health, social participation, and sexuality. Because literature found that having support in the community led to enhanced quality of physical, mental, and social health (Ekelman et al., 2017), the project aim will be to create a support group for individuals coping with the many complications of a SCI. The support group will provide education about a variety of the issues mentioned above, while also enhancing their social participation. Individuals will be able to have support from their peers who have lived through the experience of dealing with a SCI, which will seek to enhance the quality of life among this population.

Screening/Evaluation

Findings

A needs assessment was conducted in order to evaluate the goals for the support group. While following the PEO model, both extrinsic and intrinsic factors were discussed as they both have an impact on occupational performance (Christiansen et al., 2011). The needs assessment consisted of several questions in regards to the positive and negative aspects of living with a SCI. After interviewing the client, it is evident that there are a variety of needs that individuals with a SCI have. The client interviewed has been living with a SCI for about 20 years, and talks about a variety of complications he has dealt with throughout the recovery process.

Extrinsic Factors. When asked what the most challenging aspect of recovery was, he stated that he often has to rely on others. He explained that this was difficult as not all individuals could be relied on. This is consistent with findings from literature in which individuals with a SCI stated they often had to rely on others for their care, and often had to prioritize their self-care above their social participation when receiving care (Barclay et al., 2015). During the interview, the client also discussed things that keep him from going out and participating in the community. He stated the weather and transportation often prevented him from socially participating within society. According to Barclay et al. (2015), transport could be a facilitator or barrier to social participation. In this client's case it was a barrier as he had to arrange for public transportation when going out into the community. The DCE student's site mentor also discussed feeling that transportation is a significant barrier for this population. She encouraged that individuals be notified of support groups as far in advance as possible to ensure they are able to arrange appropriate transportation as not all of them are able to drive.

Intrinsic Factors. The client also discussed a variety of secondary complications that he has dealt with and received education on. He mentioned the following complications during the interview: skin breakdown, autonomic dysreflexia, mental health challenges, sexuality, and bowel and bladder issues. According to Sezer et al. (2015), there are a variety of secondary complications that arise after sustaining a SCI, and all the ones the client mentioned were also mentioned in research. Literature also suggests that these secondary complications can affect social participation (Craig et al., 2015). The client also discussed feeling this way, and especially felt that skin breakdown negatively impacted his social participation. When asked about sexual needs, he felt it was extremely important to address this in healthcare and within the support group, as it is something not all practitioners give education on. This is consistent with findings from literature, which state that individuals want more detailed education in regards to sexuality after a SCI (Fritz et al., 2015). Finally, when asked what the most positive component of dealing with a SCI has been, the client expressed that he has been able to serve as an inspiration to others. Because findings in literature have stated that having a peer mentor several years post-injury is beneficial to individuals with a SCI (Munce et al., 2014), this individual will serve as an excellent leader when giving support to others, and can hopefully be an inspiration to them too. Not only will he be able to discuss his own experiences of coping with a SCI during group sessions, but he will be able to receive support from the other individuals that attend the support groups. When discussing the needs among this population with the site mentor at the DCE site, she provided feedback about teaching this population to be leaders in their care. It is important that mental health needs are addressed and that interventions be education-based in order to promote confidence among these individuals. They need to be able to educate their caregivers and lead others in their care when receiving assistance from them.

Addressing Occupational Deficits. All of the extrinsic and intrinsic factors the client mentioned he has dealt with and continues to deal with will be addressed in the support group to improve occupational performance deficits (Refer to Table 1). In turn, this group will be a place for individuals to come to receive social support from their peers, while also receiving education on issues they may have never dealt with. Because education- and prevention-based interventions are effective within community settings (Christiansen, 2011), the support group will focus on giving individuals the appropriate information they need to prevent complications from occurring as well as how to deal with them if they do occur. In addition, this group will seek to improve social participation, leisure participation, and ADL performance among individuals with a SCI as it can be greatly affected after sustaining a life-changing injury. In addition, the DCE student's site mentor encouraged talking about return-to-drive options if appropriate as it is an occupation that is deprived among this group. It prohibits them from going out in the community, and is important to give education on if individuals are able to return to driving with appropriate modifications. After each group session, an outcome measure will be given to evaluate whether or not the goals were attained and if occupational deficits were addressed as this is an important aspect to consider when conducting future support groups (Christiansen, 2011).

Table 1. Findings

Extrinsic and Intrinsic Factors Relating to Occupational Performance

<u>Extrinsic Factors</u>	<u>Intrinsic Factors</u>	<u>Occupational Performance Areas Affected</u>
-Relying on others for care -Weather -Transportation	-Skin breakdown -Autonomic dysreflexia -Mental health challenges -Sexuality -Bowel and Bladder Issues	-Social participation -Leisure participation -ADL performance (toileting, sexuality) -Driving

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Needs Assessment Across a Variety of Practice Areas

Addressing the problem areas identified could look different across a variety of practice settings. This support group will be conducted within the acute rehabilitation setting; however, individuals from the community are invited to join. The client who completed the needs assessment has been living with a SCI for several years, therefore he has had a lot of experience with secondary complications that can arise. The results of this needs assessment would most likely be different from one within the acute care or acute rehabilitation setting who may not have experienced many of these complications. Within the acute care setting, individuals may not be aware of the danger of these complications due to the newness of their injury. In acute rehabilitation, individuals are beginning to experience some of the secondary complications while also receiving education from healthcare professionals on managing complications. An individual in an outpatient setting will most likely be aware of the wide variety of secondary complications that can arise, and may have experience with many of them. Therefore, the needs assessment in this setting may be more similar to that of the client interviewed above. It is important to consider each of these settings as all individuals with SCI are welcome to join the support group, which will result in a variety of needs based upon where the individual is at in the recovery process.

Implementation

Implementation consisted of leading the support group alongside a former patient from the facility the DCE student is currently at. Flyers were distributed at various locations and recruitment was also done by word of mouth. In addition, flyers were sent to former patients with

a SCI, along with a personalized letter from their treating therapist during their stay at the rehab facility. It was ensured that this process was done appropriately to maintain patient confidentiality. A PowerPoint presentation covering skin care was then created to guide the support group. The DCE student provided evidence-based education over the topic, and the former patient added in information from his personal experiences with the topic. During the group, the leaders discussed how issues with pressure ulcers can greatly affect occupational performance. The DCE student gave education on techniques to relieve pressure and how to perform skin checks appropriately while others in the group discussed strategies that have worked for them to overcome issues with pressure ulcers. Introductions and education were done for about the first 30-40 minutes, and for the last hour the group had a discussion. Discussion questions were formulated prior to beginning the support group, however were not needed as individuals had a very rich discussion about the topic addressed. At the close of the support group, an outcome measure was given (see Table 2), which consisted of seven yes or no questions, with one open-ended question at the end.

Table 2. Outcome Measure
<i>Post-Group Survey</i>
Would you recommend this support group to a friend/peer?
Did you learn something today you did not already know?
Was there enough time for discussion at the end of the session?
Did the environment feel supportive and encouraging?
Did the day and time work for your schedule? Please state alternative dates/times if necessary.
Would you like a printout of the topics to be discussed in future weeks?
Is there anything you would change about the way the group session was lead? If yes, please specify, as your feedback would be greatly appreciated! You can also talk to me after the

session if you wish to verbally give feedback.

Leadership

Throughout the implementation phase, it was critical that the DCE student demonstrated effective leadership skills. The student had to initiate communication with a wide variety of individuals when printing off flyers, obtaining personalized letters to mail to former patients, distributing flyers to facilities, working alongside a former patient to formulate an educational presentation, and ensuring appropriate technology/resources were available to present our presentation. Implementing the first support group required the DCE student to demonstrate effective communication when talking to various individuals about the purpose of the group, and asking what was needed from them to prepare for this phase. The DCE student also had to be organized and manage time effectively in order to ensure flyers were distributed in a timely manner. Several weeks before the support group, the DCE student made a checklist of tasks that needed to be completed prior to implementation to ensure that she was appropriately prepared. In addition, the student prioritized these tasks and completed them accordingly. As a result of implementation, the DCE student now feels more comfortable with leadership skills and felt much more confident going into the second support group.

Staff Development

The staff at the rehab facility showed increased interdisciplinary communication during the implementation phase. The DCE student had to communicate with therapists about letters being sent to former patients with a SCI. Therapists then had to communicate with one another to formulate an appropriate letter for their former patient. In addition, several therapists came to the DCE student asking for flyers to distribute to places or individuals they felt were appropriate.

They were all very engaged throughout the implementation phase, and supportive in the recruitment process.

When formulating educational materials the DCE student had conversations with several therapists about their experiences when working with patients with SCIs. There were topics related to skin care that the student wanted to know more about, and the staff were very willing to sit down and give education as necessary. Throughout this process they also bounced questions off of each other, which in turn lead to an educational experience for them. Upon completion of the support group, the staff were very interested about the results of the group, and have continued to assist with implementation as the DCE student prepared for the second group session.

Outcome and Discontinuation

At the end of the first group session, the group provided positive verbal feedback and stated they enjoyed the way in which material was presented. They reported they felt it was beneficial to have education that was research-based, while also receiving education from someone who had actually lived through the experience. Each member stated they would recommend this support group to a peer. Members present also provided positive feedback about the date and time of the support group, and were encouraged to communicate any conflicts with future times and dates. At the second support group, similar feedback was given from individuals who also attended the first support group. There was a new group member present at the second session, and she had been dealing with her SCI for several years. She stated that she did not learn anything new from the education given over clothing and hygiene, but still provided positive feedback about the delivery of information and stated she would recommend this group to a peer.

In addition, all members from both group sessions reported they felt the environment was supportive and encouraging.

Continuous Quality Improvement

Because there were only three members present at each of the support groups, the DCE student is currently trying to improve participation by seeking out feedback from those who did not attend. Letters to former patients were sent out again with contact information attached in which they were encouraged to provide feedback about the date/time of the support group. They were also encouraged to reach out if they wished not to receive additional information about the group. The DCE student is hopeful that this will improve the quality of the group by bringing in additional members. It is important to have diverse individuals present as they may provide additional support. Factors such as level of injury, time since injury, and gender may improve quality of the group and provide various perspectives.

Sustainability

To ensure carryover after the DCE student leaves the facility, she will be meeting with the patient who has been assisting with leading the support groups before leaving the facility. The student will give him evidence-based education in regards to future topics, and hopes to provide him with educational handouts for the next couple of support group sessions. Therefore, the groups will still have evidence-based education to improve occupational performance while also discussing their own personal experiences. In addition, the DCE student plans to educate her site mentor about the benefits of having a future DCE student at this facility. Future students could continue to work alongside this patient to provide education to this population, while also assisting to facilitate group sessions. They could organize for guest speakers to come in as the group grows in the future. Many of the group members have expressed that they feel it would be

beneficial to have people from the community come in to speak about wheelchair modifications, driving modifications, vocational rehab, and procedures that can be done after a SCI. The future DCE student could communicate with these individuals and work to set up times for them to speak to the group. Further down the road as the group continues to grow, other DCE students could work to facilitate various group sessions based on a variety of factors. Support groups could be facilitated based on level of injury, time since injury, and male versus female complications while living with a SCI.

Meeting Societal Needs

This support group worked and is working to meet societal needs by promoting peer support and social participation among individuals with a SCI. Decreased social participation among individuals with a SCI is a societal problem as they have many barriers to participating in their community, which may lead to a lower quality of life. (Barclay et al., 2015). Transportation can be inaccessible for these individuals, which could lead to possible unemployment (Barclay et al., 2015). In addition, they have to rely on other individuals to care for them and may have to prioritize self-care above social participation when receiving care (Barclay et al., 2015). When in society, many of these individuals feel they are treated differently, which hinders their participation within the community (Barclay et al., 2015). Finally, social participation among individuals with a SCI is impacted by secondary health concerns (Craig et al., 2015).

Within the support group the DCE student has created, she is promoting social participation by giving them a place they can come to receive education and peer support in regards to the difficulties they are facing. The student is also working to get feedback from individuals regarding the meeting time due to the possible difficulty with transportation to and from support groups and difficulties finding time for leisure/social participation. The DCE

student is hopeful that once feedback is received, she can alter the group to better meet the needs of this population.

Overall Learning

Communication

Throughout this process, the DCE student had to initiate communication with a wide variety of individuals via email, face to face communication, and mail. The student sent out several emails to the former patient she lead the support group with and to her site mentor with updates on the support group. When printing off flyers for the support group, the DCE student had to communicate with the marketing individual at the facility. As the student prepared to mail the flyers out to former patients from the facility, she collaborated with many of the therapists as they wrote personalized letters to send to these patients along with the flyers. The DCE student had to ensure she was respecting patient confidentiality throughout this process by continuously communicating with her site mentor. When delivering flyers to several locations within the public, the student had to give them a brief and clear message about what the support group was trying to achieve. It was important that the DCE student educated them on the purpose of the support group so they could appropriately pass the message along to individuals within their company. In addition, the DCE student communicated with the maintenance staff at the facility regarding the time and date of the support group so they could ensure appropriate technology was setup when the student needed it.

When communicating with the members of the support group and their caregivers, the DCE student had to respond to phone calls and emails regarding questions about the location and time of the support group. The student also had to ensure she was confident and prepared to present the materials she had created for the support group. The DCE student scheduled several

meetings to go over materials with the former patient she lead the group with. The leaders met to plan out topics and communicate about facilitation of the support group. Even though the DCE student had each group member fill out the outcome measure upon completion of the group, she had a verbal discussion with them upon completion of the support group about their thoughts and made it clear to them that she was open to any constructive feedback they had to give.

Throughout this process, the DCE student's communication skills and professionalism have definitely been enhanced as she has had to take initiative to collaborate with various individuals to ensure this support group was best meeting the clients' needs.

Leadership and Advocacy

Throughout this experience, the DCE student has learned how to take initiative and advocate for a population that may be experiencing occupational deprivation. She had to advocate for the need of the support group to various individuals at the rehabilitation hospital to ensure they were on board for holding the group at this facility. When traveling to several locations to deliver flyers, the DCE student had to communicate the purpose of the support group and how it would improve occupational performance among individuals with a SCI.

Along with advocacy, the student has had to take initiative to communicate with various individuals about updates regarding the support group. She also had to talk to several staff members at the facility she is at to ask them for assistance with certain aspects of the support group. This required leadership skills and effective communication to ensure that this group would benefit all individuals who attended.

Conclusion

Providing peer support to individuals after a SCI can greatly enhance their quality of life and occupational performance. Because a majority of the members from the support group felt

they received good education and would suggest this group to a peer, it is important for occupational therapists to seek out and recommend peer support groups to individuals with a SCI. This support group gave education to improve occupational performance from day to day, while also enhancing their social participation and social support through group discussion. Throughout this experience, the DCE student greatly enhanced her knowledge, leadership, and interdisciplinary skills, all of which are crucial to have within the first year of practicing as an OT. Because of this experience, the DCE student now has provided education and support to a vulnerable population, while also learning from these individuals to improve her future clinical skills among individuals with a SCI.

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