Psychological Issues in Spinal Cord Injury

Dr Carey Viala
Clinical Psychologist
Psychological Issues in Spinal Cord Injury

1. Emotional reactions following SCI
2. Specific adjustment difficulties
3. Factors promoting adjustment
4. What does a clinical psychologist do?
Common emotional responses to Spinal Cord Injury

- Shock, disbelief ~ what has happened to me? If only…
- Anxiety ~ concern, fear about the future.
- Anger ~ unfairness, apportion blame, sense of injustice.
Pattern of reactions over time

Acute care

- How do I make sense of what has happened?
- Need to grasp:
  - nature of injury
  - what it means for me as a person
  - what it means for my family and friends

Reactions will vary

- are there stable factors to hold on to? (job, house)
- will circumstances of life change forever?
Rehabilitation

• Variations in mood state inevitable
  - Emotional roller coaster
  - Positive, cheerful, sense of camaraderie
  - Overwhelmed by loss, sadness, futility

• Shattering of expectations, beliefs about rehabilitation, medical profession

• Shattering of assumptions held about themselves, the future, the world
Discharge

Major transition

- Testing effectiveness of skills learned in hospital
- Facing reality of everyday life
- Adjusting to changes in relationships
- Possible lack of personal support
- Coping with less than perfect environment

Challenging -
but most people negotiate successfully
Lebovitz:

“need to mourn loss of old self and re-organise identity”
Specific Adjustment Difficulties

- Acute stress disorder
- Depression or anxiety
- Chronic pain - affects up to 50% of people with SCI
- Brain injury - difficulty managing emotions, processing information
- Post traumatic stress disorder
- Relationship or sexual difficulties
- Substance misuse
SCI and Depression

- Rate of depression reported by a recent German study was 46.1%. This was shown to improve with time (Schonenberg, Reimitz, Jusyte, Maier, Badke, & Hautzinger, 2014).

- SCI and depression associated with more visits to healthcare establishments and were on more medication than SCI without depression (Ullrich, Smith, Blow, Valenstein, & Weaver, 2014).

- Severe negative impact on post-SCI recovery including longer lengths of stay for inpatient rehabilitation, less independence following discharge, poor compliance with self-care needs, higher medical expenses, and increased risk of suicide (Dryden et al., 2005).

- Risk factors for depression include younger age, less education, not working or in education and less time since SCI (Bombardier, et al., 2012).
Anxiety following SCI

- Few modern studies into anxiety following spinal cord injury.
- Clinical levels of anxiety highest in acute stages of injury and peak at weeks leading up to discharge (Kennedy & Rogers, 2000).
- Stress levels raised in those individuals that experienced an incomplete injury as opposed to complete (Migliorini, New, & Tonge, 2009).
- Group CBT shown to reduce levels of clinical anxiety both in the long- and short-term (Craig, Hancock, Chang, & Dickson, 1998).
Factors Promoting Adjustment

Information - high quality, well timed
- nature of injury - prognosis
- service available - implications for self care

Emotional support - people there to listen, understand, talk

Expertise/Facilities - to learn to live with Spinal Cord Injury

Goal Planning - to enhance engagement and control

Suitably adapted home/work place

Peer support
What does a clinical psychologist do?

• Meet all patients early in admission - one of the team
• Psychological assessment and therapy
• Contact with partners/family members
• Neuropsychological assessment
• Advice and support to staff in work with patients
• Goal Planning - Co-ordination
• Research
Overall tasks :-

• Support informational care

• Facilitate adjustment

• Promote psychological well being
Thank you