Evidence Based Practice Day
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Benefits of Social Support for Individuals with Spinal Cord Injury

Search Terms: (spinal cord injury) AND (social support); (spinal cord injury OR spinal cord trauma) AND (social support OR interpersonal support)
Years: 2007-2013
Databases: SPORTdiscus, Academic Search Premier, CINAHL, ERIC, MEDLINE, PsycARTICLES, Psychology and Behavioral Sciences Collection, PsycINFO, PubMed
Number of Articles: 8
Summary of Research Findings:

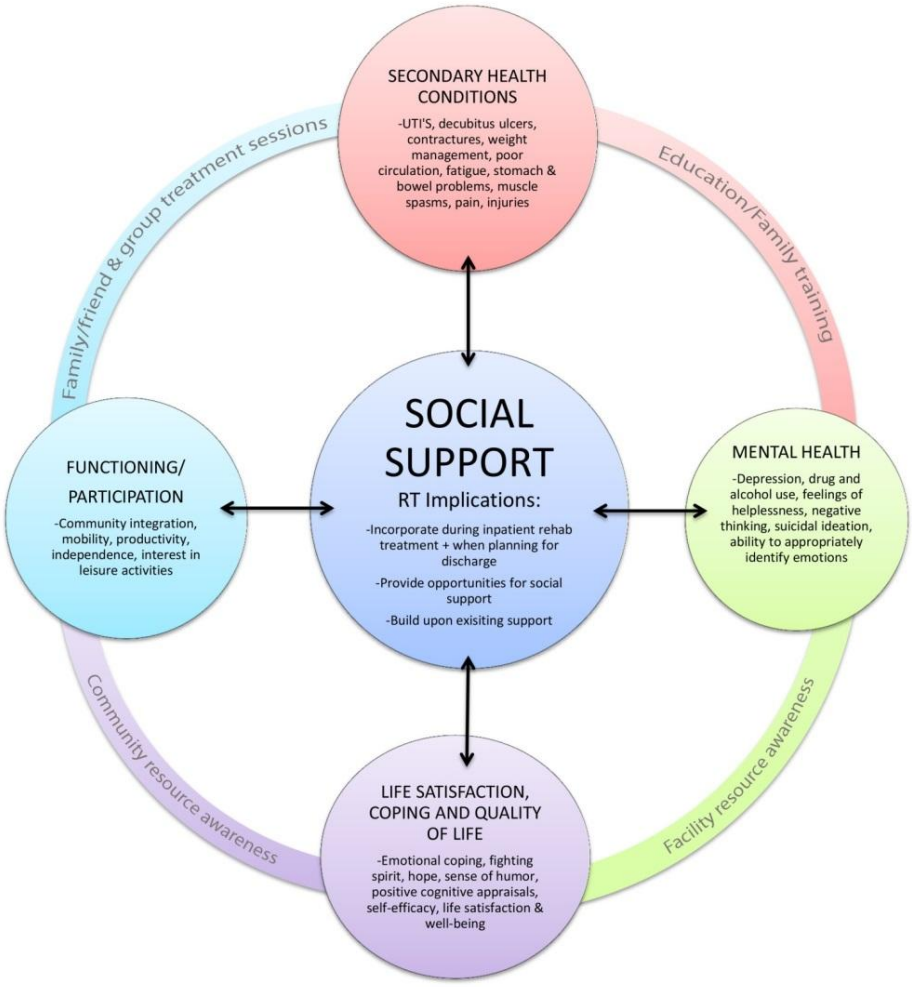
Problems associated with poor social support for individuals with spinal cord injury (SCI) include an increased risk of developing secondary health conditions (Guilcher, Casciaro, Lemieux-Charles, Craven, McColl & Jaglal, 2012), a decreased health-related quality of life (O'Hare, Wallis & Murphy, 2011), a greater likelihood of developing learned-helplessness (O'Hare et al., 2011), and an increased chance of abusing substances (Muller, Peter, Cieza & Geyh, 2012). Despite these risk factors, understanding the role social support plays in the lives of individuals with spinal cord injury has received little focus in comparison to populations with mental health conditions (Guilcher et al., 2012), coronary heart disease, stroke, cancer, and diabetes (Muller et al., 2012). Given the concerns surrounding a lack of social support, a review and synthesis of research published in the last 6 years was undertaken to better understand its benefits for individuals with SCI. Within the literature, social support was often categorized into three separate components: perceived, actual, and structural support. However, this was not consistent across all articles. Consequently, the correlations described below were not all tied to a specific category of social support. Nonetheless, through the literature review and synthesis, four primary benefits emerged: 1) *Mental health*: Reduces depression, drug and alcohol abuse, feelings of helplessness, negative thinking, & suicidal ideation, as well as improved ability to appropriately identify emotions (Muller et al., 2012; Raichle, Hanley, Jensen & Cardenas, 2007), 2) *Secondary health conditions*: Reduces urinary tract infections, decubitus ulcers, contractures, , poor circulation, fatigue, stomach & bowel problems, muscle spasms, pain, & injuries, as well as improves weight management (Muller et al., 2012; Suzuki, Krahn, McCarthy & Adams, 2007; Guilcher et al., 2012; Krause & Carter, 2009), 3) *Functioning and Participation*: Improves community integration, mobility, productivity, independence, & interest in leisure activities (Muller, Rauch, Cieza & Geyh, 2013; O'Hare et al., 2011; Muller et al., 2012), & 4) *Life satisfaction, Coping, and Quality of life*: Facilitates a fighting spirit, hope, decreased emotional coping, a sense of humor, positive cognitive appraisals, self-efficacy, life satisfaction & well-being (Muller et al., 2012; O'Hare et al., 2011; Angel, Kirkevold & Pedersen, 2011). Specific findings within the literature review and synthesis highlight several potential implications for Recreational Therapists (RT) who are working with individuals with SCI in an inpatient physical rehabilitation hospital. These findings include: 1) Social support needs to be a focus within inpatient rehab treatment to potentially help combat feelings of depression, helplessness, negative thoughts about oneself, suicidal ideation, and an inability to identify emotions one is experiencing (Muller et al., 2012), 2) Social support needs to be a focus when planning for discharge because social support was found to correlate with fewer secondary health conditions (Muller et al., 2012; Suzuki et al., 2007). This may be due to social support system assisting individuals with health care use post discharge (Guilcher et al, 2012; Muller et al, 2012), 3) Social support needs to be a focus when planning for discharge because perceived social support along with healthcare access and community accessibility may lead to a decrease in secondary health conditions (Suzuki et al., 2007), & 4) Social support needs to be a focus when planning for discharge because perceived social support along with community integration was correlated with successful post-injury daily functioning (O'Hare et al., 2011).

Knowledge Translation Plan:

Overall, the above correlations (rather than causations) indicate that RT should take an eclectic approach when addressing social support. Such an approach might include 1) encouraging family/friend involvement during admission, 2) holding group treatment sessions when appropriate, and 3) providing facility resource awareness (e.g., technological resources such as computers for facebook/skype that could help maintain existing social support networks). Social support can also be addressed when planning for discharge through training and education of the patient's family and/or other social

support network members with a focus on quality of support along with supportive actions and by RT providing community resources awareness to patients with a SCI. Community resources that enhance community integration with social support may help to improve daily functioning. Below is an image illustrating the variables correlating with social support and potential RT implications at the discretion of the presenter.

Appendix A: Knowledge Translation Plan-Correlations of social support



*Note: "RT implications" and treatment approaches in connecting rings are the suggestions and opinions of the presenter

References:

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Suzuki, R., Krahn, G., McCarthy, M., & Adams, E. (2007). Understanding health outcomes: physical secondary conditions in people with spinal cord injury. *Rehabilitation Psychology*, *52*(3), 338-350.