

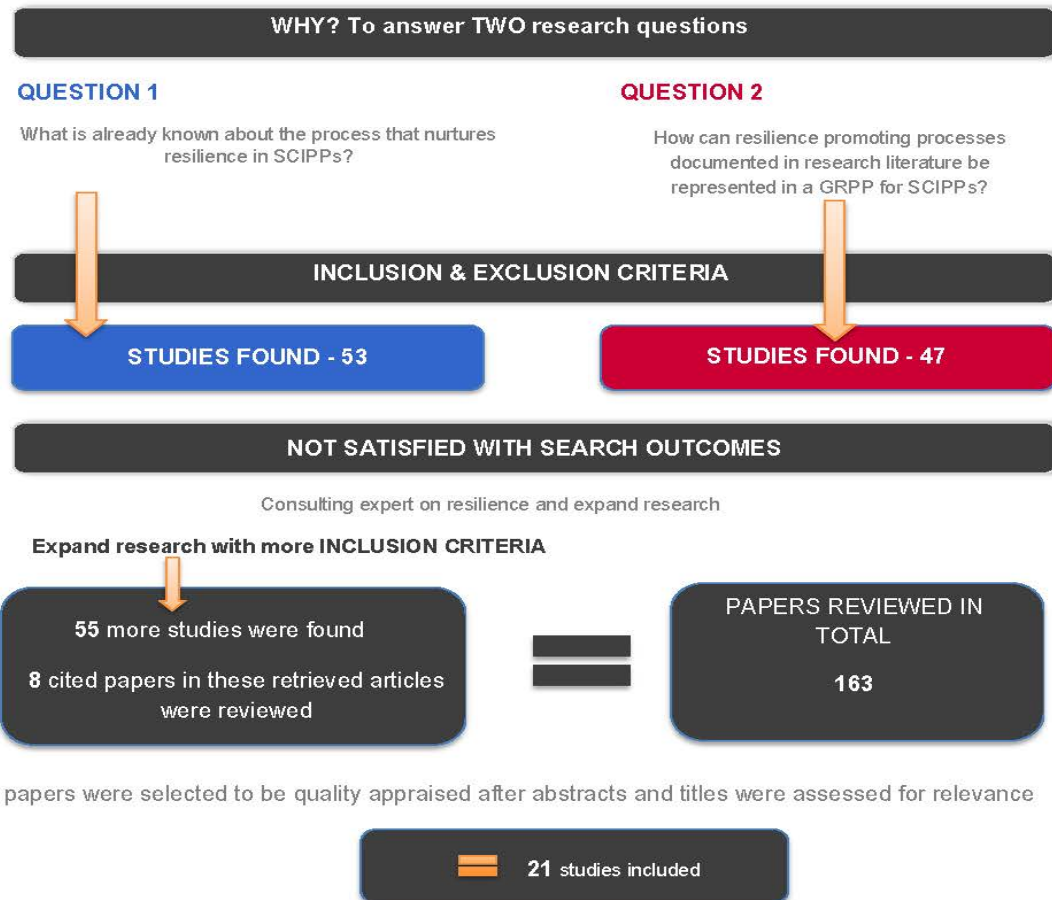
Addendum 1: Search methods

QRS: Search Method

FROM: AUGUST 2013 – MARCH 2014

WHERE?

Google scholar, EBSCOhost, Scopus, One Search, Web of Science, Crossref, Emerald, SAEpublications and LexisNexis



Addendum 2: Quality appraisal checklist

CHECKLIST	Good (4)	Fair (3)	Poor (2)	Very poor (1)	Comments
1. Title					
2. Date					
3. Abstract					
4. Introduction					
5. Aims					
6. Methods and Data					
7. Resilience processes					
8. Sampling					
9. Findings and results					
10. Transferability and generalizability					
11. Implications and usefulness					
12. Programme included					
13. Programme activities included					
TOTAL					

[Maximum: Good (52) \longleftrightarrow Minimum: Poor (13)]

SCORES FOR THIS QRS: Ranging from 31 \longleftrightarrow 44



Addendum 3: First and Second level coding

<p style="text-align: center;">FIRST LEVEL CODES</p> <p style="text-align: center;">(Data segment from the 21 studies included in Qualitative Research Synthesis)</p>	<p style="text-align: center;">SECOND LEVEL CODES (8 categories)</p>	<p style="text-align: center;">SIX RESILIENCE PROTECTIVE PROCESSES (Masten & Wright, 2010:222-229)</p>	<p style="text-align: center;">Emerging themes for GRPP for SCIPPs</p>
<div style="background-color: #90EE90; padding: 5px; margin-bottom: 10px;"> <p>Information on the impact of SCI on SCIPPs; Guide SCIPPs to decrease their partner’s post-injury dependence in order to alter the spouses’ perceptions of masculinity (in this case the SCI person will be a male); Educate SCIPPs about change, loss and grief; Identifying existing strengths; Prevention; Communication; Listening skills; Choices for the future; Resourcefulness; Problem definition; Creativity; Social competence; Self-leadership</p> </div> <div style="background-color: #D8BFD8; padding: 5px; margin-bottom: 10px;"> <p>Analytical thinking to promote motivation and problem solving; Resilience competencies regarding their cognitive functioning; To support SCIPPs to understand and manage the experiences of loss of their original relationship/roles; Help SCIPPs to understand that their reactions to the changes in their lives are normal; Developing skills for problem solving and decision making; Practicing critical awareness; CBT and positive psychology; Providing material (manual, etc.) for SCIPPs which is supported by creative and interactive group activities to facilitate the learning of key objectives; Building self-efficacy and identifying existing strengths and recognizing opportunities for growth; Problem-focused coping; Decision making; Problem solving; Orientation toward problem-solving; Creativity and generating alternatives; Understanding and decision making; Solving the problem with implementation and evaluation of a solution; Understanding; Life situation and practical problems; Condition-related unhelpful cognitions; Condition-related altered physical feelings/symptoms; Unhelpful behavioural patterns; Problem solving, decision making and time management; Collecting of cognitive behavioural skills; Analytical thinking to promote motivation and problem-solving; Refocus on planning</p> </div> <div style="background-color: #FF0000; padding: 5px;"> <p>Encourage participants to apply skills (focused on broad-based life skills); spirituality.</p> </div>	<div style="background-color: #90EE90; padding: 5px; margin-bottom: 10px; text-align: center;"> <p>Information</p> </div> <div style="background-color: #D8BFD8; padding: 5px; margin-bottom: 10px; text-align: center;"> <p>Thinking/problem solving</p> </div> <div style="background-color: #FF0000; padding: 5px; text-align: center;"> <p>Spirituality</p> </div>	<div style="background-color: #FF8C00; padding: 10px; margin-bottom: 10px; text-align: center;"> <p>(1) Agency and mastery motivation system</p> </div> <div style="background-color: #FF8C00; padding: 10px; margin-bottom: 10px; text-align: center;"> <p>(2) Intelligence (Problem solving)</p> </div> <div style="background-color: #FF8C00; padding: 10px; text-align: center;"> <p>(3) Cultural, tradition and religion</p> </div>	<ul style="list-style-type: none"> * Information about spinal cord injury and resilience (problem solving and self-regulation) * Help SCIPPs understand that their reactions/emotions to these big changes are normal (self-regulation; making meaning) * Care taking and support (agency and mastery motivation system; intelligence/problem solving/attachment relationships (accessing social support) * My dual role as SCIPP (attachment; cultural, tradition and religion) * Own caretaking by SCIPP (making meaning of life; mastery motivation system; self-regulation)



<p>Seeking resources for further support; Resilience competencies regarding their social functioning; Psycho-education; Cognitive behavioural therapy (CBT); Build a group and individual support network for SCIPPs; Creation of a secure base (a source of security that makes exploration possible); Creation of a safe haven for comfort and protection.</p>	<p>Support</p>	<p>(4) Attachment relationships</p>
<p>Building relationship with partner; Resilience competencies regarding their emotional functioning; Foster positive cycles of comfort and caring; Creating a safe connection; Communication.</p>	<p>On-going relationships</p>	
<p>Information on predicted and extraordinary stress; Organizational approaches to building resilience and reducing stress; Relaxation training; Expressions of vulnerability; More engagement of positive reappraisal; Reaching out and speaking shame; Resisting separation; Exercise thinking; Handling of stress; Optimistic; Assertiveness; Coping with stress and emotions; Resistance to failure.</p>	<p>Stress management</p>	
<p>Coping positively with the exposure to adversity; Resilience competencies regarding their behaviour; Developing skills for coping; Adjust to the environment; Intrapersonal perspectives; Recognizing opportunities for growth; Emotion-focused coping; Balance between dependence and autonomy; Optimism</p>	<p>Coping</p>	<p>(5) Self-regulation</p>
<p>Intrapersonal competencies and intrapersonal skills; Assertive communication; Help restore self-confidence and self-esteem; Accept the reality of loss and move on with life; Move on with life; Recognizing shame and triggers; Integration of self and meaning making; Integration of self and meaning making; Assertiveness in communicating own needs; Conflict handling; Optimism; Solution; Condition-related altered emotions; A sense of purpose.</p>	<p>Acceptance</p>	<p>(6) Making meaning</p>

Addendum 4: Synthesized studies

First level codes



Second level codes (8 categories)

-  1. INFORMATION
-  2. THINKING/PROBLEM SOLVING
-  3. SPIRITUALITY
-  4. SUPPORT
-  5. ON-GOING RELATIONSHIPS
-  6. STRESS MANAGEMENT
-  7. COPING
-  8. ACCEPTANCE



*Resilience-protective
processes*

- 1. AGENCY AND MASTERY MOTIVATION SYSTEM
- 2. INTELLIGENCE (PROBLEM SOLVING)
- 3. CULTURAL, TRADITIONAL AND RELIGION
- 4. ATTACHMENT RELATIONSHIPS
- 5. SELF-REGULATION
- 6. MAKING MEANING



*Formulate outline of
GRPP for SCIPPs*



Author & date	Title	Research approach/design	Sample & Participants	First level Codes	Second level codes: 8 Categories identified from synthesis								Alignment with the 6 resilience-protective processes of Masten and Wright (2010:222-229)					
					Information	Problem solving	Spirituality	Support	On-going relationship	Stress management	Coping	Acceptance	Agency and mastery	Intelligence (Problem solving)	Cultural, tradition and religion	Attachment relationship	Self-regulation	Making meaning
Aiello, Khayeri, Raja, Peladeau, Romano, Leszcz, Maunder, Rose, Adam, Pain, Moore, Savage & Schulman (2011)	Resilience training for hospital workers in anticipation of an influenza Pandemic	Multifaceted approach (training sessions; survey)	The training was delivered to more than 1250 hospital staff.	Information about stress and reducing stress; Information on the impact of the trauma; Coping positively; Seeking resources for further support	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Basson, Walter & Stuart (2003)	A Phenomenological study into the experience of their sexuality by males with spinal cord injury	Qualitative study: A existential Phenomenological framework.	Four males who acquired an SCI were included in the study	Guidance to decrease partners' post-injury dependence	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	



Author & date	Title	Research approach/design	Sample & Participants	First level Codes	Second level codes: 8 Categories identified from synthesis								Alignment with the 6 resilience-protective processes of Masten and Wright (2010:222-229)					
					Information	Problem solving	Spirituality	Support	On-going relationship	Stress management	Coping	Acceptance	Agency and mastery	Intelligence (Problem solving)	Cultural, tradition and religion	Attachment relationship	Self-regulation	Making meaning
Chen, (2011)	Problem-based learning: Developing resilience in nursing students	Literature review	-	Analytical thinking to promote motivation and problem solving; Social competence; resistance to failure	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
De Villiers & Van den Berg (2012)	The implementation and evaluation of a resiliency programme for children	Mixed-method design	161 participants (72 girls and 89 boys).	Development of interpersonal competencies and interpersonal skills; resilience competencies regarding behaviour, cognitive, emotional and social functioning.		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			



Author & date	Title	Research approach/design	Sample & Participants	First level Codes	Second level codes: 8 Categories identified from synthesis								Alignment with the 6 resilience-protective processes of Masten and Wright (2010:222-229)						
					Information	Problem solving	Spirituality	Support	On-going relationship	Stress management	Coping	Acceptance	Agency and mastery	Intelligence (Problem solving)	Cultural, tradition and religion	Attachment relationship	Self-regulation	Making meaning	
Dodding, Nasal, Murphy & Howell (2008)	All in for mental health: a pilot study of group therapy for people experiencing anxiety and/or depression and a significant other of their choice	Mixed methods approach.	25 people (13 females and 12 males)	Assertive communication; psycho-education; cognitive behavioural therapy (CBT); relaxation training.		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>



Author & date	Title	Research approach/design	Sample & Participants	First level Codes	Second level codes: 8 Categories identified from synthesis								Alignment with the 6 resilience-protective processes of Masten and Wright (2010:222-229)					
					Information	Problem solving	Spirituality	Support	On-going relationship	Stress management	Coping	Acceptance	Agency and mastery	Intelligence (Problem solving)	Cultural, tradition and religion	Attachment relationship	Self-regulation	Making meaning
Elliot, Brossart, Berry & Fine (2008)	Problem-solving training via videoconferencing for family caregivers of persons with spinal cord injuries: A randomized controlled trial	Mixed methods approach: (Experimental design)	61 caregivers (54 women and 7 men) and their care recipients (40 men and 21 women)	Problem definition; optimism; orientation toward problem-solving; creativity and generating alternatives; understanding and decision-making; solving the problem with implementation and evaluation of a solution; This were illustrated by the principles of obtaining FOCUS (Facts; Optimism; Creativity; Understanding; Solution) .	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	



Author & date	Title	Research approach/design	Sample & Participants	First level Codes	Second level codes: 8 Categories identified from synthesis								Alignment with the 6 resilience-protective processes of Masten and Wright (2010:222-229)					
					Information	Problem solving	Spirituality	Support	On-going relationship	Stress management	Coping	Acceptance	Agency and mastery	Intelligence (Problem solving)	Cultural, tradition and religion	Attachment relationship	Self-regulation	Making meaning
Graham, (2004)	Life is like the seasons: Responding to change, loss, and grief through a peer-based education programme	Qualitative design	Programme was implemented in about 3 000 schools in Australia	Support to understand and manage the experiences of loss; understanding their reactions to loss; educate about change, loss and grief; develop skills for coping, problem solving and decision making; building a support network; restore self-confidence and self-esteem; accept the reality of loss; adjust to the environment; move on with life.		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	



Author & date	Title	Research approach/design	Sample & Participants	First level Codes	Second level codes: 8 Categories identified from synthesis								Alignment with the 6 resilience-protective processes of Masten and Wright (2010:222-229)					
					Information	Problem solving	Spirituality	Support	On-going relationship	Stress management	Coping	Acceptance	Agency and mastery	Intelligence (Problem solving)	Cultural, tradition and religion	Attachment relationship	Self-regulation	Making meaning
Hernandez & Mendoza (2011)	Shame resilience: A strategy for empowering women in treatment for substance abuse	Mixed method design.	19 women from 3 residential substance abuse facilities	Recognize shame and triggers; practising criteria awareness; reaching out; speaking shame.		■		■		■		■	■					■
Johnson, Makinen & Millikin (2001)	Attachment injuries in couple relationships: a new perspective on impasses in couples therapy	Literature review	-	Foster positive cycles of comfort and caring; expressions of vulnerability; creation of a secure base; creation of a safe haven for comfort and protection; resisting separation.				■		■		■			■	■	■	■



Author & date	Title	Research approach/design	Sample & Participants	First level Codes	Second level codes: 8 Categories identified from synthesis								Alignment with the 6 resilience-protective processes of Masten and Wright (2010:222-229)					
					Information	Problem solving	Spirituality	Support	On-going relationship	Stress management	Coping	Acceptance	Agency and mastery	Intelligence (Problem solving)	Cultural, tradition and religion	Attachment relationship	Self-regulation	Making meaning
Kellett, Purdie, Bickerstaffe, Hopper & Scott (2013)	Predicting return to work from health related welfare following low intensity cognitive behaviour therapy	Prospective cohort design	3 794 participants with health conditions	A '5 areas' self-help approach in managing: life situation and practical problems; condition-related unhelpful cognitions; condition-related altered emotions; condition-related altered physical feelings/symptoms and unhelpful behavioural patterns.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	



Author & date	Title	Research approach/design	Sample & Participants	First level Codes	Second level codes: 8 Categories identified from synthesis								Alignment with the 6 resilience-protective processes of Masten and Wright (2010:222-229)					
					Information	Problem solving	Spirituality	Support	On-going relationship	Stress management	Coping	Acceptance	Agency and mastery	Intelligence (Problem solving)	Cultural, tradition and religion	Attachment relationship	Self-regulation	Making meaning
Liossis, Shochet, Milliar & Biggs (2009)	The promoting adult resilience (PAR) program: The effectiveness of the second shorter pilot of a workplace prevention program	Qualitative intervention research: a strengths-based resilience building programme). Pre- and post-tests; and a 6-month follow up.	The Promoting Adult Resilience (PAR) programme was conducted within a large Brisbane area local government organization, offered to three business areas within the organization (n=304).	Encourages participants to apply skills (focus on broad-life skills) which was drawn from the coping and resilience literature; interpersonal perspectives; CBT and positive psychology,		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		



Author & date	Title	Research approach/design	Sample & Participants	First level Codes	Second level codes: 8 Categories identified from synthesis								Alignment with the 6 resilience-protective processes of Masten and Wright (2010:222-229)					
					Information	Problem solving	Spirituality	Support	On-going relationship	Stress management	Coping	Acceptance	Agency and mastery	Intelligence (Problem solving)	Cultural, tradition and religion	Attachment relationship	Self-regulation	Making meaning
Loprinzi, Prasad, Schroeder, Sood (2011)	Stress Management and resilience training (SMART) program to decrease stress and enhance resilience among breast cancer survivors	Mixed-method study.	25 women diagnosed with breast cancer	Exercise thinking; attention training to work toward a more flexible disposition while cultivating skills such as gratitude, compassion, acceptance, forgiveness and higher meaning and purpose.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	



Author & date	Title	Research approach/design	Sample & Participants	First level Codes	Second level codes: 8 Categories identified from synthesis								Alignment with the 6 resilience-protective processes of Masten and Wright (2010:222-229)					
					Information	Problem solving	Spirituality	Support	On-going relationship	Stress management	Coping	Acceptance	Agency and mastery	Intelligence (Problem solving)	Cultural, tradition and religion	Attachment relationship	Self-regulation	Making meaning
Min, Lee & Chae (2013)	Cognitive emotion regulation strategies contributing to resilience in patients with depression and/or anxiety disorders	Mixed-method approach: Semi-structured interviews.	230 outpatients with depression and anxiety disorders	More engagement of positive reappraisal; refocus on planning.		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	



Author & date	Title	Research design	Sample & Participants	Open Codes	Resilience promoting processing identified....							Alignment with theoretical framework – Masten’s six resilience protective processes						
					Information	Problem solving	Spirituality	Support	On-going relationship	Stress management	Coping	Acceptance	Agency and mastery	Intelligence (Problem solving)	Cultural, tradition and religion	Attachment relationship	Self-regulation	Making meaning
Mitchelson, Eriskine, Ramirez, Suleman, Prosad-Ildes, Siskind & Harris (2010)	Brita Futures: A resilience building program for children and young people from culturally and linguistically diverse backgrounds - Program description and preliminary findings.	Mixed-Method design (Repeated measures design)	177 Brita Primary school children and 192 adolescent participants attending 13 Brita Future programmes	Providing material (manual, etc.) supported by creative and interactive group activities to facilitate the learning of key concepts.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		



Author & date	Title	Research design	Sample & Participants	Open Codes	Resilience promoting processing identified....								Alignment with theoretical framework – Masten’s six resilience protective processes					
					Information	Problem solving	Spirituality	Support	On-going relationship	Stress management	Coping	Acceptance	Agency and mastery	Intelligence (Problem solving)	Cultural, tradition and religion	Attachment relationship	Self-regulation	Making meaning
Olivier (2009)	An HIV and AIDS group work programme empowering adolescents for the possible death of their caregivers	Mixed-Method (pre-test and post-test) design	16 adolescents - 8 participated in the experimental group and 8 in the comparison group	Relationship; communication; assertiveness; problem-solving, decision making and time management; coping with stress and emotions; spirituality.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	



Author & date	Title	Research design	Sample & Participants	Open Codes	Resilience promoting processing identified....							Alignment with theoretical framework – Masten’s six resilience protective processes					
					Information	Problem solving	Spirituality	Support	On-going relationship	Stress management	Coping	Acceptance	Agency and mastery	Intelligence (Problem solving)	Cultural, tradition and religion	Attachment relationship	Self-regulation
Orbke & Smith (2013)	A Developmental framework for enhancing resiliency in adult survivors of childhood abuse	Literature review	-	Creating a safe connection; building self-efficacy and identifying existing strengths and recognizing opportunities for growth; integration of self and meaning making.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Pillay, Dunbar-Krige & Mostet (2013)	Learners with behavioural, emotional and social difficulties' experiences of reintegration into mainstream education	Qualitative research approaches (a phenomenological enquiry)	13 learners from four schools between the ages 11 - 14 years (3 girls and 10 boys)	Promoting emotional experiences by using the following strategies: inventory of triggers and responses; take time out; maintain control; repair and rebuild; negotiate an outcome; making positive choices; aligning self-concept	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>



Author & date	Title	Research design	Sample & Participants	Open Codes	Resilience promoting processing identified....						Alignment with theoretical framework – Masten’s six resilience protective processes					
					Information	Problem solving	Spirituality	Support	On-going relationship	Stress management	Coping	Acceptance	Agency and mastery	Intelligence (Problem solving)	Cultural, tradition and religion	Attachment relationship
Steinhardt & Dolbier (2010)	Evaluation of a resilience intervention to enhance coping strategies and protective factors and decrease symptomatology	Qualitative research: Intervention research (experimental group: pre- and postintervention; and wait-list group)	College students were randomly assigned to experimental (n=30) and wait-list control groups (n=27)	Two broad categories of coping, namely: problem-focused coping (optimism, self-esteem and self-leadership); intelligence and problem-solving.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>



Author & date	Title	Research design	Sample & Participants	Open Codes	Resilience promoting processing identified....								Alignment with theoretical framework – Masten’s six resilience protective processes					
					Information	Problem solving	Spirituality	Support	On-going relationship	Stress management	Coping	Acceptance	Agency and mastery	Intelligence (Problem solving)	Cultural, tradition and religion	Attachment relationship	Self-regulation	Making meaning
Van Der Westhuizen, (2011)	A Social group work programme wih adolescent orphans in foster care affected by HIV and AIDS: North West Province	Mixed method design (intervention research model).	70 Adolescents	Communication; listening skills; assertiveness in communicating own needs; choices for the future; decision making; problem solving; conflict handling	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		



Author & date	Title	Research design	Sample & Participants	Open Codes	Resilience promoting processing identified....								Alignment with theoretical framework – Masten’s six resilience protective processes					
					Information	Problem solving	Spirituality	Support	On-going relationship	Stress management	Coping	Acceptance	Agency and mastery	Intelligence (Problem solving)	Cultural, tradition and religion	Attachment relationship	Self-regulation	Making meaning
Visser, Finestone, Sikkema, Boeving-Allen, Ferreira, Eloff, Forsyth (2012)	Development and piloting of a mother and child intervention to promote resilience in young children of HIV-infected mothers in South Africa	Qualitative action research (pilot implementation)	HIV positive mothers and their young children (6 - 10 years)	Development of self-esteem; interpersonal relationships; survival skills.					<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	



Author & date	Title	Research design	Sample & Participants	Open Codes	Resilience promoting processing identified....							Alignment with theoretical framework – Masten’s six resilience protective processes					
					Information	Problem solving	Spirituality	Support	On-going relationship	Stress management	Coping	Acceptance	Agency and mastery	Intelligence (Problem solving)	Cultural, tradition and religion	Attachment relationship	Self-regulation
Yorgason, Piercy, Piercy (2007)	Acquired hearing impairment in older couple relationships: An exploration of couple resilience processes	Qualitative design (semi-structured interviews)	Couples (8)	Balance between dependence and autonomy		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>



Emerging themes to be included in GRPP for SCIPPs

Resilience-protective processes	Session 1	Session 2	Session 3	Session 4	Session 5	Session 6
	Information about SCI and Resilience	Help SCIPPs understand/realize that their reactions/emotions to these big changes are normal	Caretaking and Support	My dual role	Own caretaking by SCIPPs	Termination and way forward
	Agency and mastery	Agency and mastery	Agency and mastery	Agency and mastery	Agency and mastery	Agency and mastery
	Intelligence (Problem solving)	Intelligence (Problem solving)	Intelligence (Problem solving)	Intelligence (Problem solving)	Intelligence (Problem solving)	Intelligence (Problem solving)
	Cultural, tradition and religion	Cultural, tradition and religion	Cultural, tradition and religion	Cultural, tradition and religion	Cultural, tradition and religion	Cultural, tradition and religion
	Attachment relationship	Attachment relationship	Attachment relationship	Attachment relationship	Attachment relationship	Attachment relationship
	Self-regulation	Self-regulation	Self-regulation	Self-regulation	Self-regulation	Self-regulation
	Making meaning	Making meaning	Making meaning	Making meaning	Making meaning	Making meaning

Addendum 5: Informed Consent form – Advisory Panel MeetingsNORTH-WEST UNIVERSITY
YUNIBESITI YA BOKONE-BOPHIRIMA
NOORDWES-UNIVERSITEIT
VAAL TRIANGLE CAMPUSPO Box 1174, Vanderbijlpark
South Africa, 1900

Tel.: 016 910 3475

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23 July 2013

**INFORMED CONSENT FORM
ADVISORY PANEL MEETINGS****1. Name of researcher**

Yolinda Steyn

2. Title of research project

A group resilience-promoting programme (GRPP) for individuals whose partners have acquired a spinal cord injury (SCI)

3. Purpose of research

The purpose of the research is to develop and explore the usefulness of a GRPP for spinal cord injured persons' partners (SCIPPs) for promoting their resilience, so that, by being more resilient, they and their partners can positively adapt to the prolonged risk and potential negative outcomes.

- The AP will consist of social workers; physiotherapist/s employed by rehabilitation centres who are confronted with individuals who have acquired an SCI and their partners. I will also include at least two SCIPPs who participated in my master's studies to participate in this panel because they have experience of living with SCI as a pre-injury couple and to seek their opinions and advice regarding the programme. Experts in the field of resilience will also be included in the AP. Therefore, I want to approach you to assist me with your expert knowledge on the topic.

4. Dates and duration of meetings

Date: _____ (approximately one – two hours)

Address: _____
_____**6. Research procedures**

- As part of my PhD, I will develop and implement a GRPP for SCIPPs. Prior to the implementation of the intervention, I will seek advice from social workers/rehabilitation centre managers/physiotherapists, employed by rehabilitation centres, who are confronted with

individuals who have acquired an SCI and their partners. I will also include two couples who participated in my master's studies to participate in this panel because they have experience of living with SCI as a couple. You will be requested to advise me due to your expert knowledge on the content of the GRPP.

- In **April 2014**, I will request you, as one of the AP panel members, to participate in a meeting/discussion to review the content of the GRPP. This will entail that we will meet for one to two hours, during which I will present the outline of the intended GRPP for SCIPPs and road map for the study to you. During the panel meeting, the AP members will be asked to comment on the outline of the GRPP for SCIPPs and the road map, and I will request you to advise me on possible changes.
- After the individual meetings with all the AP members, I will then implement the GRPP with two spinal cord injured person's partners (SCIPPs) who have been identified from my MA study (not the same SCIPPs who participated in the AP), as they have first-hand knowledge of living with a partner who has acquired an SCI, and they may have valuable suggestions regarding the GRPP.
- In **June 2014**, I will again run the content of the GRPP by the advisory panel, after implementing it on the previously mentioned SCIPPs and, if necessary, refine or redesign it.
- Once the final GRPP for SCIPPs has been refined and redesigned, an attempt will be made to present the GRPP in three groups (with a maximum of four to six SCIPPs in a group) at two rehabilitation centres in Gauteng. I will conduct a pre-test and two post-tests to evaluate the effectiveness of the GRPP.

7. Possible risks

No potential risks to the advisory panel member are predicted.

8. Benefits

There will be no form of compensation for the advisory panel member other than that you will have the opportunity to participate in a process of discussing and agreeing on the most effective GRPP from which the SCIPPs might benefit and, therefore, will contribute to a programme that does not yet exist in South Africa.

9. Voluntary participation

Participation in these advisory panel meetings is voluntary. Under no circumstances is anyone forced or expected to participate in this process. As a panel member, you may withdraw or excuse yourself from the proceedings at any time.

10. Confidentiality

Although the content of the meetings will be audiotaped, the participants in the AP will be requested to keep sensitive information that is shared during the meetings confidential.

Any information that may be shared by an advisory panel member, which relates to a colleague, a rehabilitation centre, or another couple where one of the partners has acquired an SCI will remain confidential.

11. Dissemination of information

Information gathered during these meetings will be documented in the PhD dissertation. The manuscript(s) may be published in a journal, and information may be provided to rehabilitation centres that rehabilitate people who have acquired an SCI.

12. Permission for identification for a follow-up discussion

After the AP meetings and the pilot study have been conducted, I will send out the minutes of the meeting and an agenda for the AP meeting that will be held in June 2014. This will give each AP member the opportunity to add points for discussion to the agenda.

13. Permission for using AP members' ideas/advice in the GRPP

The members of the AP will again advise me regarding the content and outcome of the GRPP after the pilot testing, and I will incorporate any further advice and suggestions given by them.

14. Feedback after completion of the study

If requested by the AP, we can have another meeting after completion of the study to give thorough feedback on the impact of the GRPP.



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23 July 2013

INFORMED CONSENT

I,, have read and understand the nature of my participation in this research project and agree to the following:

	I acknowledge and agree to the audio-recording of this meeting and the documentation of the discussion in a PhD dissertation.
	I agree to <i>participate</i> in the advisory panel meetings in April and June 2014 as a part of this research study.
	I agree to be identified and invited to participate in follow-up discussions (if necessary).
	I declare that I am willing to participate in the advisory panel without any compensation and attend the meetings on my own account.
	I would like to receive feedback after the completion of the research study. (If so, please provide your address or e-mail address.)

Signature: _____ Date: _____

Researcher: _____ Date: _____

CONTACT DETAILS OF RESEARCHER AND SUPERVISOR:

Researcher

Name: Yolinda Steyn
Email: Yolinda.Steyn@nwu.ac.za
Mobile: 083 451 9397
Telephone: 016 910 3475

Supervisor

Name: Dr A Fouché
Email: Ansie.Fouche@nwu.ac.za
Mobile: 083 777 3511
Telephone: 016 910 3428

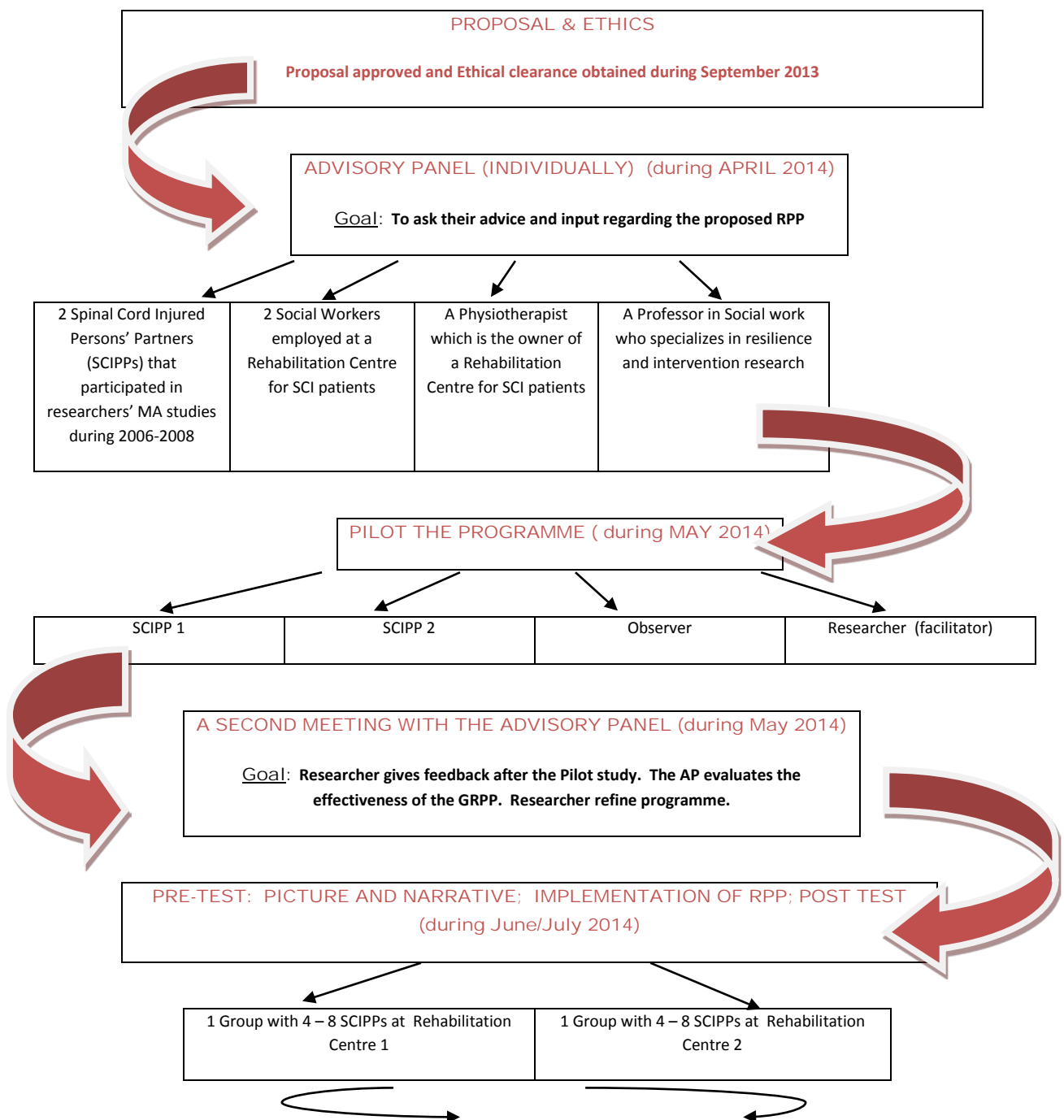
Addendum 6: Road Map for Advisory Panel Meetings

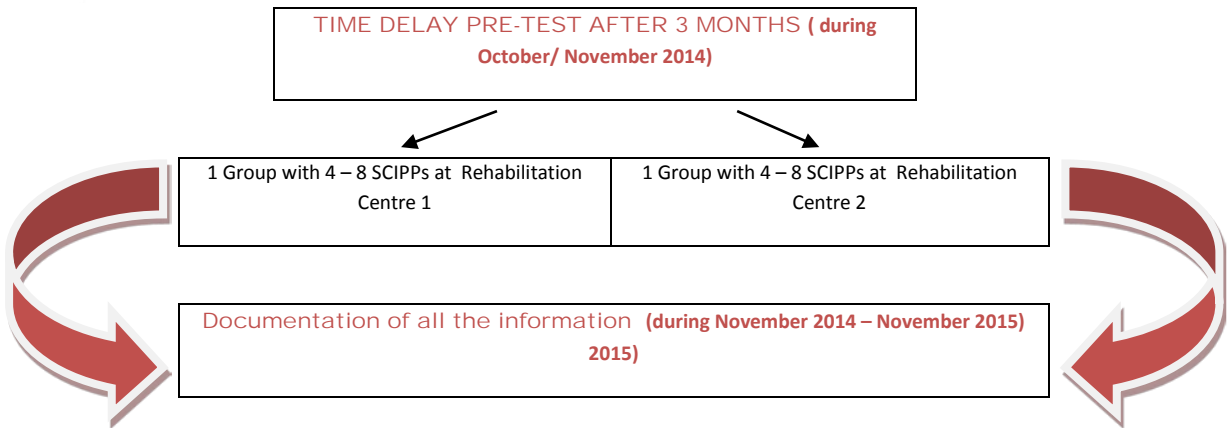
NOTE TO EXAMINER:

Please note that this was the initial road map that were given to the APMs, however the researcher decided after peer-review (as mentioned in manuscripts 2 and 3) to rather conduct an evaluability assessment (Fouché, 2011:456-457)

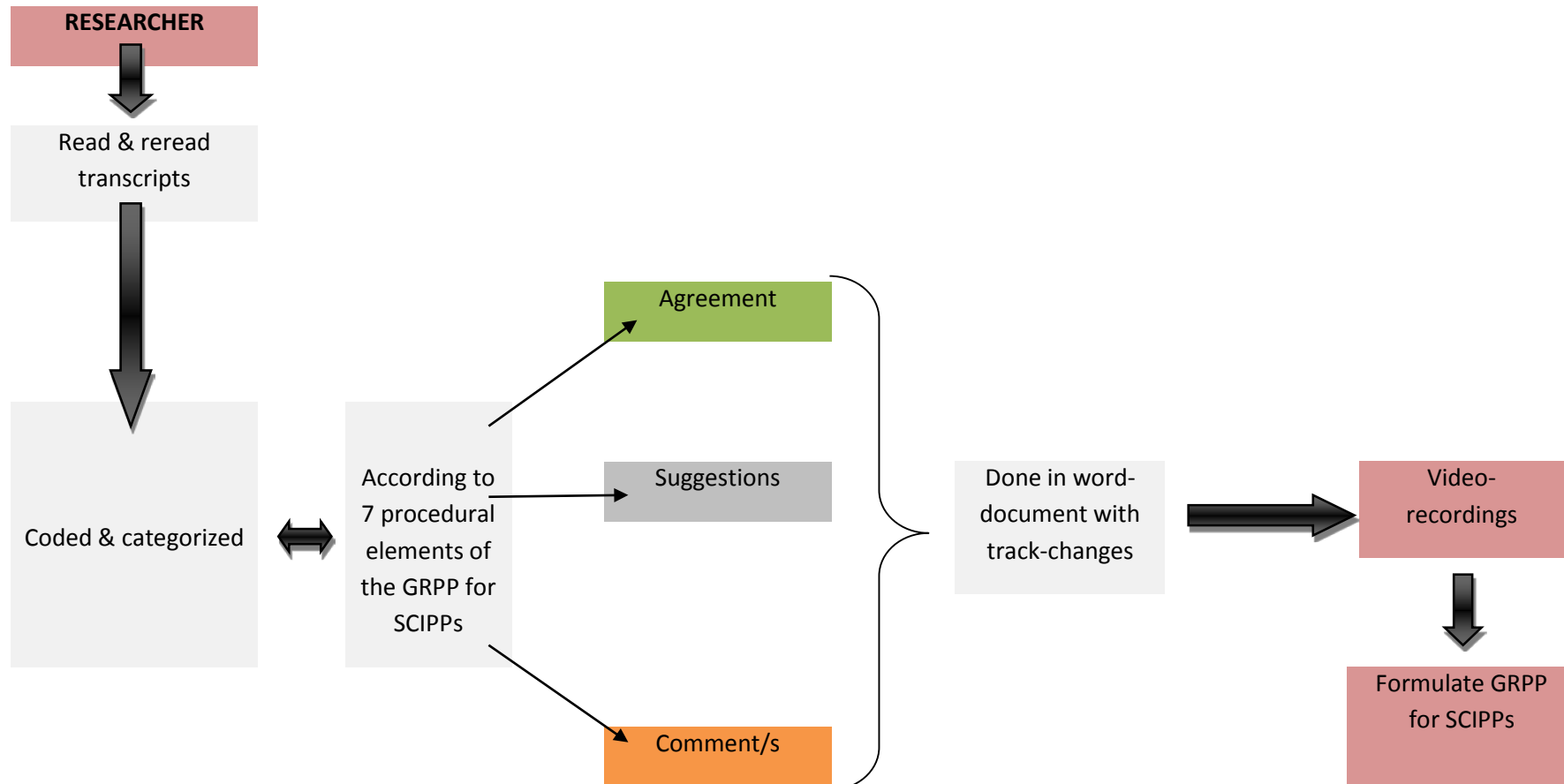
ROAD MAP FOR IMPLEMENTING OF RESEARCH STUDY(2013-2015)

A GROUP RESILIENCE PROMOTING PROGRAMME (RPP) FOR INDIVIDUALS WHOSE PARTNERS HAVE ACQUIRED A SPINAL CORD INJURY





Addendum 7: Advisory Panel 1: Coding Procedures



Addendum 8: DVDs: Complete demographics

Demographics of participants on DVDs (to be used during group sessions)

SESSION 1									
Participants: Gender	Country/ Home town	Race	Age	Language	Profession/ Expertise/ Contribution	Part		Topic	Duration of input
						1	2		
Female	Sasolburg, SOUTH AFRICA (S.A.)	White	41	Afrikaans	Social Worker/ Researcher/ SCIPP	x		Background/Welcoming/Own experience as SCIPP	10 minutes
Female	Heidelberg, S.A.	White	38	Afrikaans	SCIPP/APM 2	x		Own experience as SCIPP	
Female	Heilbron, S.A.	White	40	Afrikaans	SCIPP/APM 1	x		Own experience as SCIPP	
Female	Jefferysbaai, S.A.	White	55	Afrikaans	SCIPP	x		Own experience as SCIPP	
Female	Naturena, S.A.	Black	41	Sotho	SCIPP	x		Own experience as SCIPP	
Female		White		English	Expert on SCI		x	Different levels of SCI	10 minutes
Male		White		English	Professor in Social Work/ Resilience expert		x	Resilience: Social Ecology	
Female	Vanderbijlpark, S.A.	White	30	Afrikaans	Lecturer in Social Work		x	Definition of Resilience	
Female		White		English	Resilience expert		x	Definition of Resilience	

SESSION 2									
Participants Gender	Country/ Home town	Race	Age	Language	Profession/ Expertise/ Contribution	Part		Topic	Duration of input
						1	2		
Female	Heidelber g, S.A.	White	38	Afrikaans	SCIPP/APM2	x		Own experience as SCIPP	6 minutes
Female	Heilbron, S.A.	White	40	Afrikaans	SCIPP/APM1	x		Own experience as SCIPP	
Female	Jefferysba ai, S.A.	White	55	Afrikaans	SCIPP	x		Own experience as SCIPP	
Female	Pretoria, S.A.	White	70	Afrikaans	South African Trauma Councilor		x	* The brain and Trauma * The Trauma process	24 minutes

SESSION 3									
Participants Gender	Country/ Home town	Race	Age	Language	Profession/ Expertise/ Contribution	Part		Topic	Duration of input
						1	2		
Male	Potchefstro om, S.A.	White	64	Afrikaans	Professor in Social Work & APM6	x		* Resilience * Support	23 minutes
Female	Heidelberg,	White	38	Afrikaans	SCIPP/APM2	x		Own experience	

SESSION 3									
Participants Gender	Country/ Home town	Race	Age	Language	Profession/ Expertise/ Contribution	Part		Topic	Duration of input
						1	2		
	S.A.							as SCIPP	
Female	Heilbron, S.A.	White	40	Afrikaans	SCIPP/APM1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Own experience as SCIPP	
Female	Jefferysbaai , S.A.	White	55	Afrikaans	SCIPP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Own experience as SCIPP	
Female	Naturena, S.A.	Black	41	Sotho	SCIPP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Own experience as SCIPP	
Female	Port Elizabeth, S.A.	White	60	English	SCIPP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Own experience as SCIPP	
Female	Johannesbu rg S.A.	White	55	Afrikaans	Physiotherapist/ APM5	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SCI and the role of the Physiotherapist during rehabilitation (acute phase)	17 minutes
Female	Johannesbu rg S.A.	White		Afrikaans	Occupational therapist/Seating specialist	<input type="checkbox"/>	<input checked="" type="checkbox"/>	* SCI and the role of the Occupational Therapist during rehabilitation * SCI and the role of the Seating specialist	
Female	Johannesbu rg S.A.	White		Afrikaans	Occupational therapist/Seating specialist/SCIPP	<input type="checkbox"/>	<input checked="" type="checkbox"/>	* SCI and the role of the Occupational Therapist during rehabilitation * SCI and the role of the Seating specialist	
Female	Vereenigin g, S.A.	Black	41	Sotho	SCIPP	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Own experience as SCIPP	

SESSION 4									
Participants Gender	Country/ Home town	Race	Age	Languag e	Profession/ Expertise/ Contribution	Part		Topic	Duration of input
						1	2		
Female	Heidelberg, S.A.	White	38	Afrikaans	SCIPP/APM2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Own experience as SCIPP	30 minutes
Female	Heilbron, S.A.	White	40	Afrikaans	SCIPP/APM1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Own experience as SCIPP	
Female	Jefferysbaai, S.A.	White	55	Afrikaans	SCIPP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Own experience as SCIPP	
Female	Naturena, S.A.	Black	41	Sotho	SCIPP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Own experience as SCIPP	
Female	Johannesburg, S.A.	White		Afrikaans	Occupational therapist/Seating specialist/SCIPP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Own experience as SCIPP	

Female	Johannesburg, S.A.	White	41	Afrikaans	Social Worker	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SCI and the role of the Social Worker during rehabilitation	21 minutes
Male	Port Elizabeth, S.A.	White	65	English	Psychologist/Sexologist/ Quadriplegic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SCI and sexuality	
Male	Pretoria, S.A.	White		Afrikaans	Sexologist	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SCI and sexuality	
Male	Chicago, USA	White		English	Author: The 5 Love Languages	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Introduction on "The 5 Love Languages"	

SESSION 5									
Participants Gender	Country/ Home town	Race	Age	Language	Profession/ Expertise/ Contribution	Part		Topic	Duration of input
						1	2		
Male	Potchefstroom, S.A.	White	64	Afrikaans	Professor in Social Work & APM6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	* Own caretaking: An important component of resilience * UBUNTU	4 minutes
Female	Heidelberg, S.A.	White	38	Afrikaans	SCIPP/APM2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Own experience as SCIPP	21 minutes
Female	Heilbron, S.A.	White	40	Afrikaans	SCIPP/APM1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Own experience as SCIPP	
Female	Jefferysbaai, S.A.	White	55	Afrikaans	SCIPP	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Own experience as SCIPP	
Female	Naturena, S.A.	Black	41	Sotho	SCIPP	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Own experience as SCIPP	

SESSION 6									
Participants Gender	Country/Home town	Race	Age	Language	Profession/ Expertise/ Contribution	Part		Topic	Duration of input
						1	2		
Male	Heidelberg, S.A.	White	40	Afrikaans	Paralegic/Husband of Elna de Waal (SCIPP & APM2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	* Life after SCI (8 years after injury) * Marriage & SCI	55 minutes
Male	Jefferysbaai, S.A.	White	60	Afrikaans	Quadriplegic/Husband of Renè Pieters (SCIPP)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	* Life after SCI (29 years after injury) * Marriage & SCI	
Male	Johannesburg, S.A.	White		Afrikaans	Quadriplegic/Husband of Illze du Preez (SCIPP/Occupational Therapist/Seating specialist)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	* Life after SCI (10 years after injury) * Marriage & SCI	
Male	Naturena, S.A.	Black		Sotho	Quadriplegic/Husband of Mpho Dladla (SCIPP)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	* Life after SCI (22 Years after injury) * Marriage & SCI	
Male	Port Elizabeth, S.A.	White	65	English	Psychologist/ Sexologist/ Quadriplegic/Husband of Lydia Holmes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	* Life after SCI (47 years after injury) * Marriage &	

SESSION 6									
Participants Gender	Country/Home town	Race	Age	Language	Profession/ Expertise/ Contribution	Part	Part	Topic	Duration of input
						1	2		
					(SCIPP)			SCI	
Male	Pretoria, S.A.	White		Afrikaans	Paralegic/Well known South African singer	x		* Life after SCI (5 years after injury)	
	Sasolburg, S.A.	White	40	Afrikaans	Paralegic/Husband of Researcher	x		* Life after SCI (12 years after injury) * Marriage & SCI	
Female	Sasolburg, S.A.	White	41	Afrikaans	Social Worker/ Researcher/ SCIPP of Johan Steyn (paralegic)		X	Termination and Way Forward	1 minute

Demographics of participants on DVDs (SURVIVAL KIT)

SESSION 1

Participants Gender	Country/Home town	Race	Age	Language	Profession/ Expertise/ Contribution	Topic
Female		White		English	Expert on SCI	Different levels of SCI
Female	Johannesburg, S.A.	White		Afrikaans	Social Worker/APM4	SCI and Social Work
Female	Johannesburg, S.A.	White		Afrikaans	Occupational therapist/Seating specialist/SCIPP	* Choosing the correct wheelchair/different types of wheelchairs * Choosing the correct cushion for your wheelchair/different types of cushions
Female	Johannesburg, S.A.	White		Afrikaans	Occupational therapist/Seating specialist	* Different types of wheelchairs * Adapted cars for people with SCI
Female	Vanderbijlpark, S.A.	White	47	Afrikaans	Private Nurse	* SCI and pressure sores * SCI and burn wounds * SCI and colostomy

SESSION 2

Participants Gender	Country/ Home town	Race	Age	Language	Profession/ Expertise/ Contribution	Topic
Female		White	64	English		Acceptance and the Treatment of Trauma SCI and Trauma process
Female	Vereeniging, S.A.	Black	64	Sotho	Social Worker/APM3	SCI and Trauma process
Male		White		English		Resilience

SESSION 3

Participant Gender	Country/Home town	Race	Age	Language	Profession/ Expertise/ Contribution	Topic
Female	Vereeniging, S.A.	Black	64	Sotho	Social Worker/APM3	SCI and Social Work

SESSION 4

Participants Gender	Country/Home town	Race	Age	Language	Profession/ Expertise/ Contribution	Topic
Male	Johannesburg, S.A.	White		Afrikaans	Sexologist	SCI and sexuality
Male	Port Elizabeth, S.A.	White	65	English	Psychologist/Sexologist/ Quadriplegic	* SCI and sexuality * SCI and marriage
Male		White		English		Five keys of saving your marriage
Male		White		English	Pastor	One person can save a marriage

SESSION 5

Participants Gender	Country/Home town	Race	Age	Language	Profession/ Expertise/ Contribution	Topic
				English		Overcoming depression
Female				English		Why should you care about emotional resilience
Female	Heidelberg, S.A.	White	38	Afrikaans	SCIPP/APM2	Own experience of religion(as an important Resilience-promoting process)
Female	Naturena, S.A.	Black	41	English	SCIPP	Own experience of religion(as an important Resilience-promoting process)

SESSION 6

Participants Gender	Country/ Home town	Race	Age	Language	Profession/ Expertise/ Contribution	Topic
Male	Pretoria, S.A.	White		Afrikaans	Paraplegic/Well known South African singer	Song: "In my lewe"
Male	Johannesburg, S.A.	White		Afrikaans	Quadriplegic/Husband of Ilze du Preez (SCIPP/Occupational Therapist/Seating specialist)	"Still Running"
Male	Johannesburg, S.A.	White		Afrikaans	Quadriplegic/Husband of Ilze du Preez (SCIPP/Occupational Therapist/Seating specialist)	* Life after SCI (10 years after injury) – motivational thoughts
Male	Port Elizabeth, S.A.	White	65	English	Psychologist/Sexologist/ Quadriplegic/Husband of Lydia Holmes (SCIPP)	* Life after SCI (47 years after injury) – motivational thoughts

Addendum 9: Informed Consent form – DVD recordings



NORTH-WEST UNIVERSITY
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VAAL TRIANGLE CAMPUS

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27 April 2014

INFORMED CONSENT FORM PERMISSION TO PARTICIPATE IN VIDEO-RECORDINGS

1. Name of researcher

Yolinda Steyn

2. Title of research project

A group resilience-promoting intervention programme for individuals whose partners have acquired an spinal cord injury (SCI).

3. Purpose of research

To explore how a group resilience-promoting intervention programme (GRPP) will encourage spinal cord injured person's partners (SCIPPs) to apply resilience-promoting knowledge and skills being taught to them in order to help them and their partners to adapt positively to adversity.

4. Participating Parties

The people who will be approached to be video recorded (for their expert knowledge on the above topic), will consist of social workers, physiotherapists and occupational therapists working within the field of SCI; SCIPPs and their partners; a Trauma Therapist in private practice; Social Work academics who specializes in resilience; a Registered Wound Nurse who specializes in wounds and pressure sores; and sexologists who specializes in SCI and sexuality.

5. Participating party's name/date/s and duration of meetings

Name: _____

Date of recording: _____

Duration of meetings: Approximately 60 – 80 minutes

6. Research procedures

- * As part of the researcher's PhD, she will develop and implement a GRPP for SCIPPs, whose partners are still in a rehabilitation centre after his/her spinal cord injury. After seeking advice from an Advisory Panel (during March – April 2014), the researcher will compile a first-draft of the GRPP for SCIPPs, which needs to be piloted before implemented. She will approach different professional people, as well as SCIPPs and their partners (the participating parties) to assist her in recording videos, that will be utilized as programme-media during the GRPP for SCIPPs. The participating parties will be requested to assist the researcher with their expert knowledge on a specific subject, by allowing her to record them, for the purposes of inclusion on a DVD to be used during the GRPP for SCIPPs..
- During **May - June 2014**, the researcher will request the participating parties, to allow her to make a video-recording of them.. This will entail that they will meet for one to two hours, during which the researcher and Mrs. Riata Nel (videographer) will do the recording with the participating parties.
- After the video-recordings the researcher will edit the recordings (with the help of a videographer) to fit the video-recorded information with the suited sessions and content. Each footage that will not be recorded in English, will be translated into English (and language edited), by including subtitles and written on DVDs. These DVDs will then be included as programme media in the GRPP for SCIPPs to be used during a Pilot study (17-18 July 2014), as well as in the final GRPP for SCIPPs, for the purposes of this PhD, as well as use in post-doc dissemination.

7. Possible risks

No potential risks are predicted. As interviews are interventions which affect people in one way or another (sometimes people may become aware of some things about themselves that they were not aware of, prior to the interview); this could not be predicted by the researcher or the participant, therefore debriefing prior to video-recordings could be arranged, if necessary. The participating parties will not be able to hold the researcher or the North-West University liable for any damages whatsoever suffered as a result of participating in the program.

8. Benefits

The participating parties will not be compensated for their participation. Their contact details will be mentioned on the DVD for further enquiries and usage from SCIPPs (if necessary/requested). They will be provided with a final edited DVD after the completion of the researcher's PhD, for their own further use and lastly will they contribute to a programme that does not exist in South Africa yet.

9. Voluntary participation

Participation in the making of the video recordings are voluntary. Under no circumstances is anyone forced or expected to participate in this process. Any participating party may withdraw or excuse him- or herself from the proceedings at any time before signing of this informed consent form.

10. Dissemination of information

These video-recordings may be included in the form of DVDs in the GRPP for SCIPPs (only for the use of the researcher, and possibly on a later stage by other social workers/psychiatrists/counsellors that will render the programme) and some recordings will be included (on DVDs) in the survival kit of the programme (that will be issued to each participating party after the completion of the programme). Information gathered during these recordings will be documented in the PhD dissertation. The manuscript(s) may be published in a journal, and information may be provided to rehabilitation centres that rehabilitate people who have acquired an SCI.

11. Feedback after completion of the study

On request by the participating parties the researcher will give thorough feedback on the impact/results obtained of the GRPP for SCIPPs.



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Email: Yolinda.Steyn@nwu.ac.za

27 April 2014

INFORMED CONSENT

I,, have read and understand the nature of my participation in this research project and agree to the following:

	I acknowledge and agree to the video-recording (to be placed on DVDs) on my expert knowledge on the subject and the documentation of the content in a PhD dissertation.
	I agree that my video- recording can be included in the GRPP for SCIPPs for the exclusive use by social workers/psychologists/counsellors.
	I agree that my video-recording can be included in the survival kid for the GRPP for SCIPPs' participants to take home with them after completion of the programme.
	I agree that my video- recording can be included in both the GRPP for SCIPPs, for the use by social workers/psychologists/counsellor as well as to be included in the survival kid for the GRPP for SCIPPs' participants to take home with them after completion of the programme.
	I would like to receive feedback after the completion of the research study. (If so, please provide your address or e-mail address.)

Participating parties: _____

Date: _____

Researcher: _____

Date: _____

CONTACT DETAILS OF RESEARCHER AND SUPERVISOR:

Researcher

Name: Yolinda Steyn
Email: Yolinda.Steyn@nwu.ac.za
Mobile: 083 451 9397
Telephone: 016 910 3475

Supervisor

Name: Dr Ansie Fouché
Email: Ansie.Fouche@nwu.ac.za
Mobile: 083 777 3511
Telephone: 016 910 3428

Addendum 10: Pilot Study evaluation form – Session 1



NAME OF RESEARCHER: YOLINDA STEYN

17-18 July 2014

PILOT STUDY: EVALUATION FORM OF SESSION 1

The following pages contain a number of statements that relate to the GRPP for SCIPPs.

Please use the following scale to rate how much you personally agree or disagree with these statements

- 1** Completely agree
- 2** Mostly agree
- 3** Disagree
- 4** Completely disagree

- For each statement, circle the number corresponding to the degree of your agreement or disagreement.
- Note: there are no right or wrong answers. All that is important is that you indicate your personal feeling.

1. Programme Media: The DVDs are helpful and are adding on to the title of the session:

1.1 RESEARCHER'S BACKGROUND ON PROGRAMME	Completely agree	1	Mostly agree	2	Disagree	3	Completely disagree	4
---	------------------	---	--------------	---	----------	---	---------------------	---

MOTIVATE YOUR ANSWER:

SUGGESTIONS:

1.2 SCIPPs INTRODUCTION AND WELCOMING	Completely agree	1	Mostly agree	2	Disagree	3	Completely disagree	4
--	------------------	---	--------------	---	----------	---	---------------------	---

MOTIVATE YOUR ANSWER:

SUGGESTIONS:

1.3 YOUTUBE DVD ABOUT SCI	Completely agree	1	Mostly agree	2	Disagree	3	Completely disagree	4
MOTIVATE YOUR ANSWER:								
SUGGESTIONS:								
1.4 THE PROFESSIONALS' DEFINITIONS OF RESILIENCE	Completely agree	1	Mostly agree	2	Disagree	3	Completely disagree	4
MOTIVATE YOUR ANSWER:								
SUGGESTIONS:								
1.5 QUALITY OF DVD	Completely agree	1	Mostly agree	2	Disagree	3	Completely disagree	4
MOTIVATE YOUR ANSWER:								
SUGGESTIONS:								

2. Programme Media: Resilience-promoting activity – STRONG FOOT is a helpful resilience-promoting tool:

	Completely agree	1	Mostly agree	2	Disagree	3	Completely disagree	4
MOTIVATE YOUR ANSWER:								
SUGGESTIONS:								



3. ICE BREAKER: The chosen ice breaker was appropriate for this session:

	Completely agree	1	Mostly agree	2	Disagree	3	Completely disagree	4
MOTIVATE YOUR ANSWER:								
SUGGESTIONS:								

ANY SUGGESTIONS/FURTHER NEEDS THAT WERE NOT ADDRESSED DURING THIS SESSION?

Addendum 11: Pilot Study evaluation form – Session 2



NAME OF RESEARCHER: YOLINDA STEYN

17-18 July 2014

PILOT STUDY: EVALUATION FORM OF SESSION 2

The following pages contain a number of statements that relate to the GRPP for SCIPPs.

Please use the following scale to rate how much you personally agree or disagree with these statements

- 1 Completely agree
- 2 Mostly agree
- 3 Disagree
- 4 Completely disagree

- For each statement, circle the number corresponding to the degree of your agreement or disagreement.
- Note: there are no right or wrong answers. All that is important is that you indicate your personal feeling.

1. Programme Media: The DVDs are helpful and are adding on to the title of the session: **HELP SCIPPs TO UNDERSTAND/REALIZE THAT THEIR REACTIONS/EMOTIONS TO THESE HUGE CHANGES ARE NORMAL**

1.1 SCIPPs SHARING OF THEIR EXPERIENCES	Completely agree	1	Mostly agree	2	Disagree	3	Completely disagree	4
--	---------------------	---	--------------	---	----------	---	------------------------	---

MOTIVATE YOUR ANSWER:

SUGGESTIONS:

1.2 DVD ABOUT TRAUMA BY YVONNE RETIEF	Completely agree	1	Mostly agree	2	Disagree	3	Completely disagree	4
---	---------------------	---	--------------	---	----------	---	------------------------	---

MOTIVATE YOUR ANSWER:

SUGGESTIONS:



2. Programme Media: Resilience-promoting activity – PNI GOAL EXERCISE is a helpful resilience-promoting tool:

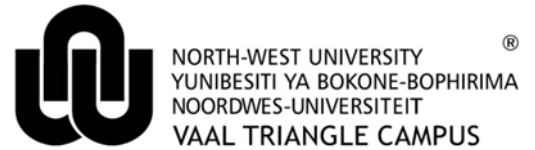
	Completely agree	1	Mostly agree	2	Disagree	3	Completely disagree	4
MOTIVATE YOUR ANSWER:								
SUGGESTIONS:								

3. ICE BREAKER: The chosen ice breaker (PICTURE) was appropriate for this session:

	Completely agree	1	Mostly agree	2	Disagree	3	Completely disagree	4
MOTIVATE YOUR ANSWER:								
SUGGESTIONS:								

ANY SUGGESTIONS/FURTHER NEEDS THAT WERE NOT ADDRESSED DURING THIS SESSION?

Addendum 12: Pilot Study evaluation form – Session 3



NAME OF RESEARCHER: YOLINDA STEYN

17-18 July 2014

PILOT STUDY: EVALUATION FORM OF SESSION 3

The following pages contain a number of statements that relate to the GRPP.

Please use the following scale to rate how much you personally agree or disagree with these statements

- 1 Completely agree
- 2 Mostly agree
- 3 Disagree
- 4 Completely disagree

- For each statement, circle the number corresponding to the degree of your agreement or disagreement.
- Note: there are no right or wrong answers. All that is important is that you indicate your personal feeling.

1. Programme Media: The DVD is helpful and is adding on to the title of the session: CARETAKING AND SUPPORT

1.1 SCIPPs SHARING THEIR EXPERIENCES	Completely agree	1	Mostly agree	2	Disagree	3	Completely disagree	4
--------------------------------------	------------------	---	--------------	---	----------	---	---------------------	---

MOTIVATE YOUR ANSWER:

SUGGESTIONS:

1.2 ACADEMIC: PROF HERMAN STRYDOM	Completely agree	1	Mostly agree	2	Disagree	3	Completely disagree	4
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MOTIVATE YOUR ANSWER:

SUGGESTIONS:

1.3 SOCIAL WORKER: MS MONICA DUBE	Completely agree	1	Mostly agree	2	Disagree	3	Completely disagree	4
MOTIVATE YOUR ANSWER:								
SUGGESTIONS:								
1.4 PHYSIOTHERAPIST: MS RITA HENN	Completely agree	1	Mostly agree	2	Disagree	3	Completely disagree	4
MOTIVATE YOUR ANSWER:								
SUGGESTIONS:								
1.5 OCCUPATIONAL THERAPISTS: MS DENISE VAN HEERDEN & MS ILSE DU PREEZ	Completely agree	1	Mostly agree	2	Disagree	3	Completely disagree	4
MOTIVATE YOUR ANSWER:								
SUGGESTIONS:								

2. Programme Media: Resilience-promoting activity – “EVER READY BATTERY” is a helpful resilience-promoting tool:

	Completely agree	1	Mostly agree	2	Disagree	3	Completely disagree	4
MOTIVATE YOUR ANSWER:								
SUGGESTIONS:								



**3. ICE BREAKER: The chosen ice breaker (MONEY vs. SECONDS)
was appropriate for this session:**

	Completely agree	1	Mostly agree	2	Disagree	3	Completely disagree	4
MOTIVATE YOUR ANSWER:								
SUGGESTIONS:								

ANY SUGGESTIONS/FURTHER NEEDS THAT WERE NOT ADDRESSED DURING THIS SESSION?

Addendum 13: Pilot Study Evaluation Form – Session 4



NAME OF RESEARCHER: YOLINDA STEYN

17-18 July 2014

PILOT STUDY: EVALUATION FORM OF SESSION 4

The following pages contain a number of statements that relate to the GRPP.

Please use the following scale to rate how much you personally agree or disagree with these statements

- 1 Completely agree
- 2 Mostly agree
- 3 Disagree
- 4 Completely disagree

- For each statement, circle the number corresponding to the degree of your agreement or disagreement.
- Note: there are no right or wrong answers. All that is important is that you indicate your personal feeling.

1. Programme Media: The DVD is helpful and is adding on to the title of the session: MY DUAL ROLE AS SCIPP

1.1 SCIPPs SHARING OF THEIR EXPE- RIENCES	Completely agree	1	Mostly agree	2	Disagree	3	Completely disagree	4
--	---------------------	---	--------------	---	----------	---	------------------------	---

MOTIVATE YOUR ANSWER:

SUGGESTIONS:

1.2 SOCIAL WORKER: MARELI POTTAS	Completely agree	1	Mostly agree	2	Disagree	3	Completely disagree	4
---	---------------------	---	--------------	---	----------	---	------------------------	---

MOTIVATE YOUR ANSWER:

SUGGESTIONS:

1.3 LOVE LANGUAGES: GARY CHAPMAN	Completely agree	1	Mostly agree	2	Disagree	3	Completely disagree	4
MOTIVATE YOUR ANSWER:								
SUGGESTIONS:								

2. **Programme Media: Resilience-promoting activity – THE 5 LOVE LANGUAGES is a helpful resilience-promoting tool:**

	Completely agree	1	Mostly agree	2	Disagree	3	Completely disagree	4
MOTIVATE YOUR ANSWER:								
SUGGESTIONS:								

3. **ICE BREAKER: The chosen ice breaker (FACES OR HOUR GLASS – WHAT DO YOU SEE?) was appropriate for this session:**

	Completely agree	1	Mostly agree	2	Disagree	3	Completely disagree	4
MOTIVATE YOUR ANSWER:								
SUGGESTIONS:								

ANY SUGGESTIONS/FURTHER NEEDS THAT WERE NOT ADDRESSED DURING THIS SESSION?

Addendum 14: Pilot Study evaluation form – Session 5



NAME OF RESEARCHER: YOLINDA STEYN

17-18 July 2014

PILOT STUDY: EVALUATION FORM OF SESSION 5

The following pages contain a number of statements that relate to the GRPP.

Please use the following scale to rate how much you personally agree or disagree with these statements

- 1 Completely agree
- 2 Mostly agree
- 3 Disagree
- 4 Completely disagree

- For each statement, circle the number corresponding to the degree of your agreement or disagreement.
- Note, there is not right or wrong answer. All that is important is that you indicate your personal feeling.

1. Programme Media: The DVD's is helpful and adding on to the title of the session:

1.1 PART 1: PROFESSIONAL PEOPLE	Completely agree	1	Mostly agree	2	Disagree	3	Completely disagree	4
<p>MOTIVE YOUR ANSWER:</p> <p>SUGGESTIONS:</p>								
1.2 PART 2: SCIPPs SHARING OF THEIR EXPERIENCES	Completely agree	1	Mostly agree	2	Disagree	3	Completely disagree	4
<p>MOTIVE YOUR ANSWER:</p> <p>SUGGESTIONS:</p>								



2. Programme Media: Resilience promoting activity – The PNI EXERCISES is a helpful resilience promoting tool:

	Completely agree	1	Mostly agree	2	Disagree	3	Completely disagree	4
MOTIVE YOUR ANSWER:								
SUGGESTIONS:								

3. ICE BREAKER: The chosen ice breaker was appropriate for this session:

	Completely agree	1	Mostly agree	2	Disagree	3	Completely disagree	4
MOTIVE YOUR ANSWER:								
SUGGESTIONS:								

ANY SUGGESTIONS/FURTHER NEEDS THAT WERE NOT ADDRESSED DURING THIS SESSION?



2. The termination message of researcher is satisfying:

	Completely agree	1	Mostly agree	2	Disagree	3	Completely disagree	4
MOTIVE YOUR ANSWER:								
SUGGESTIONS:								

3. ICE BREAKER: The chosen ice breaker was appropriate for this session:

	Completely agree	1	Mostly agree	2	Disagree	3	Completely disagree	4
MOTIVE YOUR ANSWER:								
SUGGESTIONS:								

ANY SUGGESTIONS/FURTHER NEEDS THAT WERE NOT ADDRESSED DURING THIS SESSION?



Addendum 16: Observer’s Checklist/Protocol

17 – 18 July 2014

VENUE: BUILDING 9 A – G17

PROTOCOL FOR PILOT-STUDY

A GROUP RESILIENCE PROMOTING PROGRAMME (GRPP) FOR INDIVIDUALS WHOSE PARTNERS HAVE ACQUIRED A SPINAL CORD INJURY

17 JULY 2014

	OUTCOMES		ACTIVITY		PROGRAMME MEDIA		RESILIENCE PROMOTING ACTIVITY (RPA)		SURVIVAL KIT/HOMEWORK		REMARKS
S E S I O N 1	Contracting		Registration		Attendance register		STRONG FOOT		DVD		
	Pre-test and processing thereof	N/A for pilot	Welcoming		Signed Informed consent (collecting thereof)		1. Close your eyes – think of own strength & weaknesses.		<u>Hard copies:</u>		
	Introduce potential negative outcomes of SCI, resilience processes and a resilience promoting skill that could assist to survive the negative outcomes		Expectations		DVD (Introduction by Yolinda Steyn)		2. How would your friends describe you?		* Research journal		
			Facilitator explains her role during the programme		Design Map of GRPP		3. If you think back, try to remember what helped you when negative things happened in your life/when life was hard?		* Reflection sheet		
			Ground rules		Survivor journal (handed over to group members)		4. What “things” helped you in the past to relax or to give you energy that you might not use/do currently?		* Ann Masten’s 6 protective processes (Resilience)		
			Ice Breaker		Survivor kit (handed over to group members)		5. Note balances/imbbalances		* How to develop hardiness in everyday life – practical tools (Dr Margo de Kooker)		
			Information about SCI and resilience (DVD’s)		DVD – Part 1 (SCIPPs)		6. Educate group about external				
			Resilience promotion activity: STRONG FOOT		DVD – Part 2 (Spinal cord injury and resilience)						
			Evaluation of session 1		STRONG FOOT exercise						
			Watching of DVD in Survival Kit		Evaluation questionnaire (members need to						



	OUTCOMES		ACTIVITY		PROGRAMME MEDIA		RESILIENCE PROMOTING ACTIVITY (RPA)		SURVIVAL KIT/HOMEWORK		REMARKS
					complete)			(support) and internal (emotional regulations) resources.			
					Reflection Sheet in survival kit (members need to complete)			7. How will you know when you have a thorn in your foot?			
								8. Assign external and internal resources as coping skills			
								9. Action plan			
								10. Commitment plan			
S E S I O N 2	Continue creating awareness of potential negative outcomes of SCI, resilience processes and a resilience promoting skill that could assist to survive the negative outcomes		Ice Breaker		DVD – Part 1: SCIPPs		PNI- GOAL EXERCISE		DVD		
			Facilitate and normalize emotional reactions (relating to session 1)		* Explanation of Kubler-Ross’s 5 stages of grief		1. Think about a long-term perspectives or goal that you have. It must be something that you really want to achieve (maybe you want to learn to be more assertive; maybe you want to become more patient, etc).	<u>Hard copies:</u>			
		Brainstorm and assess baseline knowledge on the topic		* DVD – Part 2: Yvonne Retief		2. Write it down.	* Research journal				
	Educate about loss and the trauma process		Contextualize the normal process in the processing of trauma:		PNI-goal exercise sheet		3. Choose the most important one on your list.	* Reflection sheet			
		DVD (Part 1): SCIPPs		Facilitator explains Kubler-Ross’s phases of trauma:		4. Close your eyes and sit comfortable (do not fall asleep).	* Yvonne Retief’s diagram of trauma				
				Denial		5. See in your minds-eye any					
			Anger								



	OUTCOMES	ACTIVITY	PROGRAMME MEDIA	RESILIENCE PROMOTING ACTIVITY (RPA)	SURVIVAL KIT/HOMEWORK	REMARKS																											
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Bargaining</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td>Depression</td> <td></td> <td></td> </tr> <tr> <td>Acceptance</td> <td></td> <td></td> </tr> <tr> <td colspan="3">DVD (Part 2): Yvonne Retief</td> </tr> <tr> <td colspan="3">Normalizing feelings and symptoms</td> </tr> <tr> <td colspan="3">Resilience promotion activity: (1) PNI-goal exercise</td> </tr> <tr> <td colspan="3">Resilience promotion activity: (2) Powerful arm exercise</td> </tr> <tr> <td colspan="3">Explain contents of survival kit no. 2</td> </tr> <tr> <td colspan="3">Evaluation of session 2</td> </tr> </table>	Bargaining			Depression			Acceptance			DVD (Part 2): Yvonne Retief			Normalizing feelings and symptoms			Resilience promotion activity: (1) PNI-goal exercise			Resilience promotion activity: (2) Powerful arm exercise			Explain contents of survival kit no. 2			Evaluation of session 2				<p>symbol (for example an animal; something in nature) that symbolizes your goal.</p> <p>6. Imagine there was a long, straight, clear path that leads to the tip of a mountain. On the mountain you can see the symbol that you had seen in your minds-eye.</p> <p>7. On both sides of the road you can see things, hear things, feel things that is trying to obstruct or astray you to reach the tip of the mountain.</p> <p>8. These things can do anything that they want to, but they can't touch you and they can't also stop you from reaching your goal.</p> <p>9. The road is all the time straight and clear in front of you.</p> <p>10. These things can be situations, people, thoughts or internal impulses which has their own strategies</p>		
Bargaining																																	
Depression																																	
Acceptance																																	
DVD (Part 2): Yvonne Retief																																	
Normalizing feelings and symptoms																																	
Resilience promotion activity: (1) PNI-goal exercise																																	
Resilience promotion activity: (2) Powerful arm exercise																																	
Explain contents of survival kit no. 2																																	
Evaluation of session 2																																	



	OUTCOMES	ACTIVITY	PROGRAMME MEDIA	RESILIENCE PROMOTING ACTIVITY (RPA)		SURVIVAL KIT/HOMEWORK	REMARKS
				to try and make you scared, deceives or demoralize you.			
				11. See yourself as a person with a strong will, see how you will reach your goal and walk on.			
				12. Take a moment to understand the strategy of each thing, person or internal impulse which is trying to deceive or scare you.			
				13. Feel the influence of that on you.			
				14. You are even allowed to talk to that person or impulse and then walk on determinedly to reach your goal.			
				15. When you reach the end of the mountain, see the symbol that symbolizes your goal, and ENJOY it. 16. Realize what the achievement of your goal means to you. 17. Open your eyes and write it down.			
				POWERFUL ARM			
				1. Group members			



	OUTCOMES	ACTIVITY	PROGRAMME MEDIA	RESILIENCE PROMOTING ACTIVITY (RPA)		SURVIVAL KIT/HOMEWORK	REMARKS
				hold out right arm & close their eyes.			
				2. Visualize situation where she felt weak or powerless			
				3. Group members must focus on situation			
				4. Researcher attempts to push clients arm down			
				5. Repeat steps 1 & 2, change weak and powerless to strong and powerful			
				6. Researcher attempts to push clients arm down			
				7. Note resistance			
				8. Relate above to clients internal self-talk			
				9. Therapist leads client to replace negative self-talk with positive self-talk (or negative coping to positive coping).			
				10. Relate to initial visualization of powerful arm			
				11. Explain function of internal voice.			
				12. Focus on			



	OUTCOMES		ACTIVITY		PROGRAMME MEDIA		RESILIENCE PROMOTING ACTIVITY (RPA)		SURVIVAL KIT/HOMEWORK		REMARKS
							emerging themes.				
							13. Clarify labels & meanings attached.				
							14. Group members to identify what needs to change to replace her inner dialogue.				
							15. Deal with resistance & denial.				
							16. Homework: Awareness & experiment				
							17. Action plan.				
							18. Follow up & commitment.				
SESSION 3	Continue creating awareness of potential negative outcomes of SCI, resilience processes and resilience promoting skills that could assist to survive the negative outcomes		Ice Breaker		DVD – Part 1: SCIPPs		“EVER-READY” BATTERY		DVD		Reflection sheet of survival kit no. 2 needs to be filled out for tomorrow
	Educate about physical care taking of partner		Feedback on session 2		DVD – Part 2: Professional people			1. 2 rules	<u>Hard copies:</u>		
	Accessing/utilizing external resources		Facts about caregiving: DVD		Resilience promoting activity: “EVER-READY BATTERY			2. Born – same potential.	* Research journal		
			Resilience promoting activity: BATTERY		Evaluation questionnaire			3. Born 100% motivated.	* Reflection sheet		
			Evaluation of session 3				4. Facilitates argument.				
							5. Alter rules				
							6. ...but my potential was affected....				
							7.my motivation decreased due to ...				
							8. Ever-ready battery				
							9. ... % input & ...% output.				
							10. Reasons for not performing – write				



	OUTCOMES		ACTIVITY		PROGRAMME MEDIA		RESILIENCE PROMOTING ACTIVITY (RPA)		SURVIVAL KIT/HOMEWORK		REMARKS
							inside the battery.				
							11. Clarify/reflect themes				
							12. Blue- control.				
							13. Red – no control.				
							14. Explore red – emerging themes.				
							15. Take control.				
							16. List plan of action.				
							17. Awareness.				
							18. Commitment plan.				
S E S I O N 4	Continue creating awareness of potential negative outcomes of SCI, resilience processes and a resilience promoting skill that could assist to survive the negative outcomes		Ice Breaker		The 5 love languages: Information sheet	Evaluation questionnaire	THE 5 LOVE LANGUAGES:		DVD		
	Educate about how physical care taking of the partner can influence the relationship and attachment between the partners		Reflections on yesterday				1. Words of affirmation.		Hard copies: * Research journal * Reflection sheet * Information about SCI and sexuality		
			Discussion of Reflection sheet in survival kit (session 2)				2. Acts of service				
			Watching DVD				3. Receiving gifts				
			Resilience promoting activity: THE 5 LOVE LANGUAGES				4. Quality time.				
			Evaluation of session 4				5. Physical touch.				



	OUTCOMES		ACTIVITY		PROGRAMME MEDIA		RESILIENCE PROMOTING ACTIVITY (RPA)		SURVIVAL KIT/HOMEWORK		REMARKS
S E S S I O N 5	Continue creating awareness of potential negative outcomes of SCI, resilience processes and a resilience promoting skill that could assist to survive the negative outcomes		Ice Breaker		DVD Part 1: Professional people		ENERGY INVESTMENT	1. Researcher explains to group members that a person starts each day with a certain energy investment, for example R100.	DVD		
	Creating awareness about the importance of own caretaking in order to maintain stress better and cope competently with the adversity		Watching DVD's		DVD Part 2: SCIPPs				2. Then explain certain things that might happen on your way to work (traffic, poor drivers, swerve onto the pavement, damage to your wheel alignment...), you thus spend R40 of your energy investment.	Hard copies: * Research journal * Reflection sheet * Stress-questionnaire and information (Dr. Brain Jude)	
			Resilience promoting activity: (1) ENERGY INVESTMENT (2) PNI-awareness exercise		Evaluation questionnaire			3. On arrival at work you are confronted by an angry supervisor for being late and are completely frustrated – you thus use up R10 of your energy investment needed for the day.			
			Evaluation of session 5					4. Once you sit down at your desk you experience flashbacks of the mornings happenings and what you could			



	OUTCOMES	ACTIVITY	PROGRAMME MEDIA	RESILIENCE PROMOTING ACTIVITY (RPA)		SURVIVAL KIT/HOMEWORK	REMARKS
				have or should have done instead – spending another R20 of your energy investment.			
				5. You then need to begin the day and deal with any difficult situations and problems.			
				6. Your energy investment to now stands at R30			
				7. Explain to the group members that this is not sufficient to cope with the days demand and is insufficient to motivate us or maintain adaptive functioning = Distress			
				PNI-AWARENESS EXERCISE			
				1. Make a list of 10 good things in your life.			
				2. Write down the names of 5 people in your life which you care for.			
				3. Write down 5 things in your life that you are grateful for.			



	OUTCOMES		ACTIVITY		PROGRAMME MEDIA		RESILIENCE PROMOTING ACTIVITY (RPA)		SURVIVAL KIT/HOMEWORK		REMARKS
							4. Write down the names of 5 people who have helped you in your life.				
							5. Decide on one day in the week that you can just be grateful.				
S E S I O N 6	Continue creating awareness of potential negative outcomes of SCI, resilience processes and a resilience promoting skill that could assist to survive the negative outcomes		Ice Breaker		DVD of spinal cord injured people				DVD		
			Watching DVD of spinal cord injured people		DVD of survival kit (session 6)				<u>Hard copies:</u>		
			Watching DVD in survival kit (session 6)		Evaluation questionnaire (session 6)				* Research journal		
			Evaluation of session 6		Evaluation questionnaire (whole programme)						
	Post-test	N/A for pilot	Evaluation of programme overall and way forward								
	Evaluation and termination										
	Way forward										



Addendum 17: Programme of Pilot Study (17-18 July 2014)

A GROUP RESILIENCE PROMOTING PROGRAMME (GRPP) FOR INDIVIDUALS WHOSE PARTNERS HAVE ACQUIRED A SPINAL CORD INJURY

17 JULY 2014 VENUE: BUILDING 9 A – G17

TIME	ACTIVITY	PROGRAMME MEDIA
9:00 – 9:15	Registration Tea and Coffee	* Attendance register * Signed informed Consent forms (to be submitted)
9:15 – 10:00	* Welcoming (Yolinda Steyn) * Background about Research Project * Expectations * Ground rules * Ice Breaker	* DVD (Introduction by Yolinda Steyn) * Design Map of GRPP * Survivor journal * Survivor Kit
10:00 – 11:00	<u>SESSION 1:</u> * Information about SCI and Resilience * RPP (resilience promoting activity): Self-regulation: STRONG FOOT	* DVD – Part 1: SCIPPs * DVD – Part 2: Spinal Cord Injury and Resilience * STRONG FOOT sheet
11:00 – 11:10	* Evaluation of session 1	* Evaluation questionnaire
11:10 – 11:20	BODY BREAK/TEA/COFFEE	
11:20 – 12:00	* Watching of DVD in Survival Kit	* Reflection Sheet in Survival Kit
12:00 – 12:30	LIGHT LUNCH COFFEE/TEA/JUICE	
12:30 – 14:00	<u>SESSION 2:</u> * Ice-Breaker * Kubler-Ross explanation * Watching DVD * RPP (resilience promoting activity): PNI-goal exercise; Powerful arm	* DVD – Part 1: SCIPPs * DVD – Part 2: Yvonne Retief * PNI-goal exercise sheet
14:00-14:10	* Evaluation of session 2	* Evaluation questionnaire
14:10 – 14:20	BODY BREAK/TEA/COFFEE	
14:20 – 16:00	<u>SESSION 3:</u> * Ice-Breaker * Watching DVD * RPP: BATTERY	* DVD – Part 1: SCIPPs * DVD – Part 2: Professional people * BATTERY exercise sheet
16:00-16:10	* Evaluation of session 3	* Evaluation questionnaire
16:10 – 16:20	* Watching DVD in survival kit	* DVD of survival kit (session 3)
16:20-16:30	*Evaluation of DVD in survival kit (session 3)	



TIME	ACTIVITY	PROGRAMME MEDIA
16:30	CLOSURE	* <u>Homework for tonight</u> : *Watching DVD in Survival Kit (session 2) and filling out of reflection sheet * Completion of PNI questionnaire in Survival Kit (session 4)

18 JULY 2014

TIME	ACTIVITY	PROGRAMME MEDIA
9:00 - 9:15	Tea and Coffee	
9:15 – 9:45	* Reflections on yesterday * Discussion of Reflection sheet in survival kit (session 2)	* Reflection sheet of session 2 in survival kit
9:45 – 10:30	<u>SESSION 4:</u> * Ice breaker * Watching DVD	* DVD Part 1: SCIPPs * DVD Part 2: Professional people
10:30 – 10:40	BODY BREAK/TEA/COFFEE	
10:40 – 11:30	* RPA: The five love languages	* The five love languages: Information sheet
11:30 – 11:40	*Evaluation of session 4	* Evaluation questionnaire
11:40 – 12:30	<u>SESSION 5:</u> * Ice Breaker * Watching DVD's	* DVD Part 1: Professional person * DVD Part 2: SCIPPs
12:30 – 13:00	LIGHT LUNCH COFFEE/TEA/JUICE	
13:00 – 14:00	* PNI relaxation exercises * RPA: Energy Investment	
14:00 – 14:10	* Evaluation of session 5	* Evaluation questionnaire
14:10 – 14:20	BODY BREAK/TEA/COFFEE	
14:20 – 16:00	<u>SESSION 6:</u> * Ice Breaker *Watching DVD of spinal cord injured people * Watching DCD in survival kit (session 6)	* DVD of spinal cord injured people * DVD of survival kit (session 6)
16:00 – 16:30	* Evaluation of session 6 * Evaluation of programme overall	* Evaluation questionnaire (session 6) * Evaluation questionnaire (Whole programme)

Addendum 18: Pilot Study Informed Consent Forms

PO Box 1174, Vanderbijlpark
South Africa, 1900

Tel: (016) 910-3475
Fax: (016) 910-3424
Email: Yolinda.Steyn@nwu.ac.za

18 July 2014

INFORMED CONSENT FORM: PARTICIPANTS**REQUEST TO PARTICIPATE IN THE RESEARCH ENTITLED:**

A group resilience-promoting programme (GRPP) for individuals whose partners have acquired an spinal cord injury (SCI).

I am Yolinda Steyn, (a registered social worker) and a lecturer, employed on a full-time basis at the North-West University Vanderbijlpark Campus, School of Behavioural Sciences. As part of my PHD studies I aim to develop and evaluate a GRPP for individuals whose partners have acquired an spinal cord injury. I became aware that there is no existing programme in South Africa to prepare partners on the challenges awaiting them after the SCI of a partner.

I, therefore, decided to develop a resilience-promoting programme (GRPP) for SCIPPs (spinal cord injured person's partners) to assist them with resilience-promoting knowledge and skills.

The objectives of the research are to determine:

The primary objective is to develop and explore the usefulness of a GRPP for spinal cord injured persons partners (SCIPPs) to promote their resilience, so that, by being more resilient, they and their partners can positively adapt to the prolonged risk and potential negative outcomes.

Voluntarily participation

Your participation in this research study is voluntary and you reserve the right to withdraw at any time, without any negative consequences for you.

Confidentiality and publication of results

I will respect your privacy and will therefore not disclose your name during publication of the results.

Benefits and risks

You will not be remunerated for your participation and no costs will be incurred by your participation. Should you consent to participate in this study you might benefit personally by the intervention as you will be taught resilience-promoting knowledge and skills...Other SCIPPs might also benefit in that the outcomes of this research will result in the writing of guidelines on how to implement the GRPP for social workers who are employed in rehabilitation centres.

You will be entitled to feedback regarding the research results and programme guidelines.



What will your participation entail?

Once you have consented to participate in the above research and completed the attached consent form, I will make contact with you to set up an appointment to do the following:

Before the group intervention I will have an interview with you where I will conduct a pre-test. This will entail an interview and drawing and writing activities.. We will do the interview at a place and time that is convenient for you.

I will also request you to take part in six group sessions which will be conducted twice a week (on a Saturday and any other day in the week that will suit all the group members, over a period of three weeks.. A convenient time for the group sessions will be negotiated with the group members.

I will conduct the group sessions and the content will focus on resilience.

Shortly after the last session I will conduct a post-test, which will entail an interview and drawing and writing activities. The aim of this post-test is to determine how effective the group sessions were for you. The post-test will be conducted within two weeks after conclusion of the last group session.

In order for me to determine whether the GRPP did indeed assisted you I want to conduct a post-test which entail drawing and writing activities. This will be done after three months of the last session.

Possible experience of discomfort

Should you experience any mental discomfort or distress during or as a result of your participation in this study, external emotional support will be arranged by the myself.

Ethical clearance

Permission for this research were obtained from the Ethical Committee of the North-West University (Number: NWU.00171.13.A8).

Permission to audio-taped sessions and allowing an observer/assistant

I would also like you to give me permission to audio-tape all our sessions in order for me to be able to analyse all the data correctly and make the research trustworthy. These audio tapes will be kept confidential, kept in a lock and only I and my supervisor Dr Ansie Fouché will have access to it.

You are kindly requested to complete the attached consent form to indicate that you are willing to participate in this research. If you have any queries please feel free to call me at your earliest convenience.

Thanking you for your participation.

Mrs. Y. Steyn

RESEARCHER



NORTH-WEST UNIVERSITY
YUNIBESITI YA BOKONE-BOPHIRIMA
NOORDWES-UNIVERSITEIT
VAAL TRIANGLE CAMPUS

PO Box 1174, Vanderbijlpark
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Tel: (016) 910-3475

Fax: (016) 910-3424

Email: Yolinda.Steyn@nwu.ac.za

23/07/2013

CONSENT TO PARTICIPATE IN THE RESEARCH ENTITLED:

A group resilience-promoting programme (GRPP) for individuals after their partner has acquired an spinal cord injury.

I _____ hereby consent to the following:

- To partake in the pre-test; the GRPP; the post-test and another post=est three months after the last session of the GRPP The pre-test; the GRPP; the post-tests will be recorded on a digital voice recorder.
- The recordings will be treated confidentially and kept in a lock up facility,
- My identity will not be disclosed during the publication of the results.
- Participation in this study is voluntary and confidential.
- I reserve the right to withdraw at any time.
- Should I experience any mental discomfort or distress during or as a result of my participation I will inform the researcher who will provide emotional containment and support and referral on if necessary to an external helping professional.
- I shall not be remunerated for my participation nor should I incur any costs.

The objectives, benefits, risks and obligations of the research are clear and I understand the implications of my participation.

___/___/___

Participants Name Printed

Participants Signature DD MM YYYY



Addendum 19: Pilot Study Coding: Track-changes Document

Example of track-changes coding after Pilot Test 17 – 18 July 2014

A GROUP RESILIENCE PROMOTING PROGRAMME (GRPP) FOR INDIVIDUALS WHOSE PARTNERS HAVE ACQUIRED A SPINAL CORD INJURY

Changes as suggested during Pilot	Green
No changes	No color
Areas where researcher is still uncertain/still needs some advice	Grey
Still awaiting feedback from Pilot participants	Pink

Observer	O
Researcher	R
Pilot Members	PM

SESSION 1	OBJECTIVES	ACTIVITY	PROGRAMME MEDIA	RESILIENCE PROMOTING ACTIVITY (RPA)	SURVIVAL KIT/HOMEWORK	
INFORMATION ABOUT SPINAL CORD INJURY AND RESILIENCE	Contracting	Registration	Attendance register	STRONG FOOT Resilience process: Self regulation	DVD	
	Pre-test and processing thereof	Welcoming	Signed Informed consent (collecting thereof)		* SCI – Marcy	
	Introduce potential negative outcomes of SCI, resilience processes and a resilience promoting skill that could assist to survive the	Background about research project (DVD: introduction by Yolinda Steyn (researcher))	DVD (Introduction by Yolinda Steyn)		1. Close your eyes – think of own strength & weaknesses.	* Mareli Pottas (Social Worker)
		Expectations	Design Map of GRPP		2. How would your friends describe you?	* Ilse du Preez (wheelchairs and cushions)
Facilitator explains her role	Survivor journal (handed over to group members)	3. If you think back, try to remember what negative things happened in your life/when life were	* Denise van Heerden (wheelchairs and adaptive cars)			

ADDENDUM 19 (manuscript 2)

- Commented [Yolinda 23]:** Already reflected on in "Activity" column
- Commented [Yolinda 2]:** Due to the fact that this was a pilot, the R only contracted verbally but also let them sign informed consent forms
- Commented [Yolinda 5]:** Efficient
- Commented [Yolinda 16]:** Participants signed both days. All 3 participants was present during both days.
- Commented [Yolinda 24]:** This DVD was watched during the session and PM agreed that this is a very useful survival dvd. O mentions though verbally that R must remember to encourage group members to watch the survival kit dvd's at home
- Commented [Yolinda 1]:** Observer (O) suggests that researcher (R) include the name of the session on the checklist
- Commented [Yolinda 6]:** Efficient
- Commented [Yolinda 17]:** Was signed and collected
- Commented [Yolinda 3]:** There was not a pre- and post-test done
- Commented [Yolinda 7]:** Efficient. Observer (O) feel positive about the fact that this research was "born" out of a own personal motivation; P1 mentions that the R knows why a programme is important because she has first-hand knowledge personally, P2 wrote that this helps to relate to other people's situations.
- Commented [Yolinda 4]:** O agree with objectives
- Commented [Yolinda 18]:** All participants verbally indicated that a survivor journal will be helpful for SCIPPs
- Commented [Yolinda 8]:** Done on white bord. Expectations were met.
- Commented [Yolinda 9]:** O mentions that R must explain her role more clearly emphasizing that she is only a facilitator and not a therapist – enhancing the fact that this is an educational group and not a therapeutic group.

Example of track-changes coding after Pilot Test 17 – 18 July 2014

SESSION 1	OBJECTIVES	ACTIVITY	PROGRAMME MEDIA	RESILIENCE PROMOTING ACTIVITY (RPA)	SURVIVAL KIT/HOMEWORK
	negative outcomes	<p>during the programme</p> <p>Ground rules</p> <p>Ice Breaker: Get-to-know-each-other (see handout)</p> <p>Information by SCIPPs (on DVD) and SCI (watching DVD) and reflection on the information in the DVD</p> <p>Information about resilience (facilitator explains the concept of resilience)</p> <p>Information about resilience (watching DVD) and reflection on</p>	<p>Survivor kit (handed over to group members)</p> <p>DVD – Part 1 (SCIPPs; Elna de Waal; Renet van Rooyen; Rene Pieters; Mpho Dladla)</p> <p>DVD – Part 2 (Spinal cord injury: Marcy)</p> <p>DVD – Part 3 (Resilience: Prof. Ungar; Dr. Truter; Dr. Brooks)</p> <p>STRONG FOOT exercise (use next column of RPA as checklist)</p> <p>Evaluation questionnaire (members need to complete)</p>	<p>hard?</p> <p>4. What "things" helped you in the past to relax or to give you energy that you might not use/do currently?</p> <p>5. Note balances/imbbalances</p> <p>6. Educate group about external (support) and internal (emotional regulations) resources.</p> <p>7. How will you know when you have a thorn in your foot?</p> <p>8. Assign external and internal resources as coping skills</p>	<p>* Joey van Tonder (Nurse: Pressure sores; bum wounds and colostomy)</p> <p>Hard copies:</p> <p>* Research journal</p> <p>* Reflection sheet</p> <p>* Ann Masten's 6 protective processes in resilience (handout)</p> <p>* How to develop hardiness in everyday life – practical tools (Dr Margo de Kooker)</p>

ADDENDUM 19 (manuscript 2)

Commented [Yolinda 19]: Participants verbally mentioned that a survival kit will be useful for members during and after the completion of the group work intervention

Commented [Yolinda 10]: Efficient, but O mentions that R must make sure that all the members understand the term "confidentiality"

Commented [Yolinda 20]: O: Personal bit is good and a good motivation for members to complete programme; P1: "Very realistic and approachable"; P2: "Was interesting"

Commented [Yolinda 11]: Worked very well regarding O and PM. The ice breaker was not typed out during the pilot study but is now included

Commented [Yolinda 25]: Everyone present verbally mentioned that the research journal is a good idea

Commented [Yolinda 12]: See comments regarding the DVD's in programme media column

Commented [Yolinda 21]: O: Enough information for a layman; P1: "Excellent and very necessary"; P2: "Helped us to know more information"

Commented [Yolinda 26]: Still awaiting feedback from pilot group members

Commented [Yolinda 22]: O: "Everyone has its own woof; P1: "Very important. Learnt a lot"; P2: "Made me understand and be able to learn how to be resilient"

Commented [Yolinda 27]: See comment 13. R already typed out a more simplified explanation of resilience (please see attached)

Commented [Yolinda 13]: O suggests that R simplifies the concept/definition of resilience so that the members have a better understanding of the term resilience. She further suggested that R explains the following: "What does it mean to be resilient in your ..."

Commented [Yolinda 28]: All present verbally suggested that this practical tools will be helpful

Commented [Yolinda 14]: See comment regarding the DVD's in programme media column

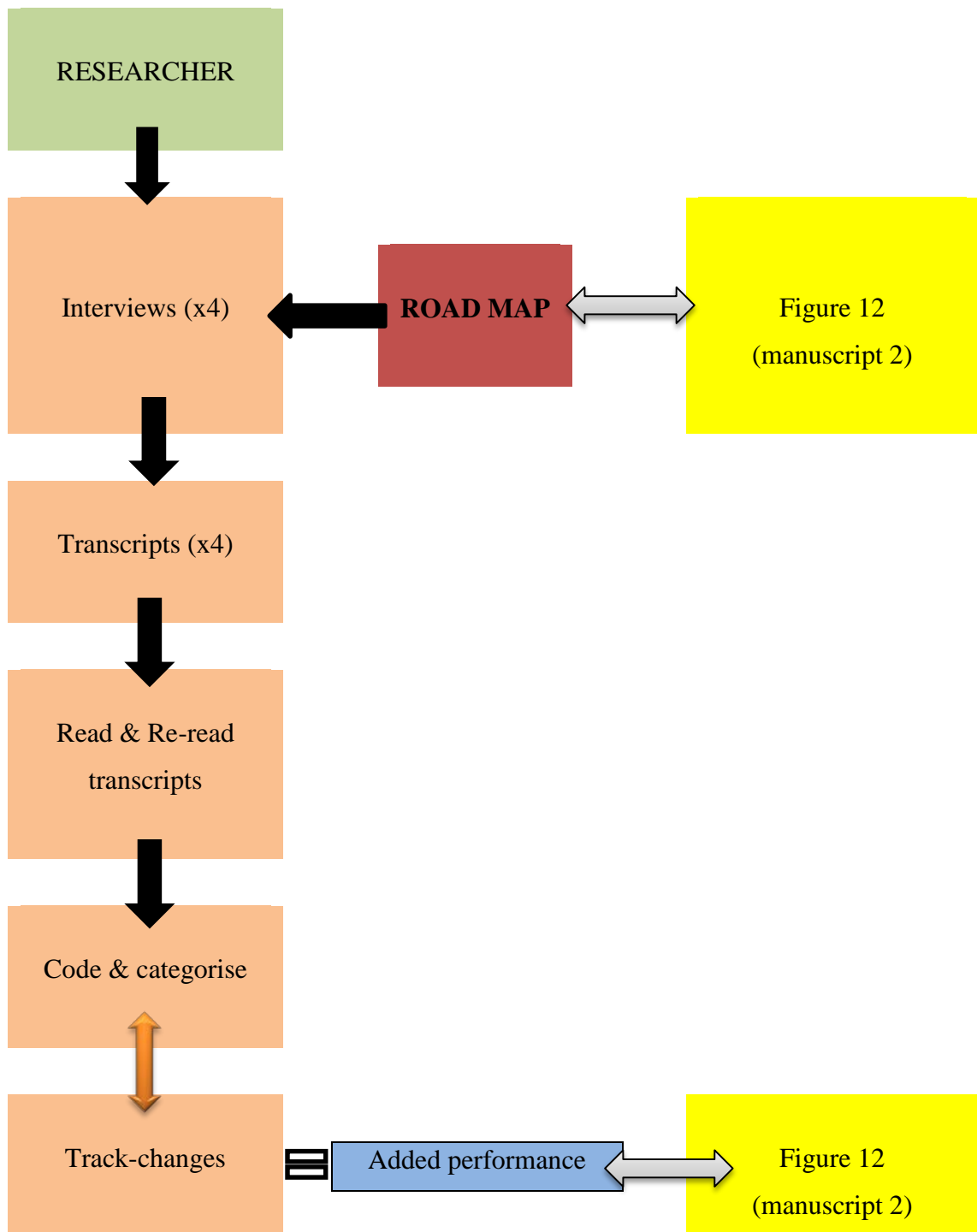


Example of track-changes coding after Pilot Test 17 – 18 July 2014

SESSION 1	OBJECTIVES	ACTIVITY	PROGRAMME MEDIA	RESILIENCE PROMOTING ACTIVITY (RPA)	SURVIVAL KIT/HOMEWORK
		the information in the DVD Resilience promotion activity: STRONG FOOT Evaluation of session 1	Home work for next session in Survival kit (reflection sheet included)	Resilience process: Self regulation 9. Action plan 10. Commitment plan	

Commented [Yolinda 15]: O: "is a good tool to remind people about what have worked in the past. Suggestion: Remember to reflect on what has helped previously it is in checklist but it forget to address that specifically. P1: This activity forces one to think about yourself in this situation. P2: "We could identify our strengths and weaknesses and how to deal with them".

Addendum 20: Advisory Panel 2: Coding Procedures



Addendum 21: SASCA Congress Programme 2 – 4 October 2014
**11th Biennial SASCA Congress
 PROGRAMME
 Thursday, 2 October 2014**


07:30 – 08:00	Registration with Tea & Coffee	
SESSION 1: Quality of Life and Ethics Chair: Francois Theron		
08:00 – 08:15	Welcome to the SASCA 2014 Congress	SASCA President Mac Lukhele
08:15 – 09:15	Keynote Address Quality of Life – Ethical Considerations	Jeff Blackmer Canadian Medical Association
09:15 – 09:30	Quality of Life Following Spinal Cord Injury: Impact on Employment	DJ Mothabeng University of Pretoria
09:30 – 09:45	Quantity versus Quality	Elma Burger Gauteng Health Department
09:45 – 10:00	Risk Factors for Non-Communicable Diseases in Wheelchair-Dependent People with Spinal Cord Injury Living in the City Of Tshwane: A Cross-Sectional Study	Izaan de Jager University of Pretoria
10:00 – 10:30	Tea & Coffee Break	
SESSION 2: Rehabilitation Chair: Ernst Scriba		
10:30 – 11:15	Keynote Address SCI Management and Rehab in India	Harvinder Chhabra Indian Spinal Injuries Centre
11:15 – 11:30	Outcomes Based Rehabilitation of an Elderly Spinal Cord Injured Patient – A Case Study	Almari Smit Summit Rehabilitation
11:30 – 11:45	The Effects Robotic Locomotor Walking has on Bone Mass Density – A Case Study	Charl Kaschula J&K Biokineticists
11:45 – 12:00	The Influence of Discharge Outcome Levels on Re- Admission to Hospital following Spinal Cord Injury	KM Mashola University of Pretoria
12:00 – 12:15	Enhancing Lives of Persons with Spinal Cord Injuries through Peer Support	Jacques Lloyd Reabled
12:15 – 12:30	A Case Study of a C5 Tetraplegic Airlifted whilst Fully Ventilated from Dubai for Rehabilitation in SA - His 3 Year Journey	Melanie Skeen Summit Rehab
12:30 – 12:45	Driving after Spinal Injury	Caroline Rule Rolling Rehab
12:45 – 13:45	Lunch Break - Driving Ambitions Exhibition	

- This programme is subject to change by SASCA and the organisers
- Dr Biffi is sponsored by Summit Rehab

Open Rubric

SESSION 3: Epidemiology Chair: Juliette Stander		
13:45 – 14:30	Keynote Address Advance Care Planning for Patients with SCI	Jeff Blackmer Canadian Medical Association
14:30 – 14:45	International Perspectives on Spinal Cord Injury	Yorck B Kalke University of Ulm, Germany
14:45 – 15:00	Guidelines to reimbursement pathways	Mark Brand Brandtech
15:00 – 15:15	Epidemiology of Acute Spinal Cord Injuries in the ASCI (Acute Spinal Cord Injury) Unit at GSH (Groote Schuur Hospital) over the past 10 years	Johan Sothmann Groote Schuur Hospital
15:15 – 15:30	SCI in Germany	Yorck B Kalke University of Ulm, Germany
15:30 – 16:00	Tea & Coffee Break	
SESSION 4: Autonomic Dysreflexia Chair: Melanie Skeen		
16:00 – 16:45	Keynote Address E-Learn SCI and Education re SCI	Harvinder Chhabra Indian Spinal Injuries Centre
16:45 – 17:00	Survey of Senior Nursing Staff and Spinal Ward Nursing Staff: Autonomic Dysreflexia	Vee Wilson Netcare Rehabilitation Hospital
17:00 – 17:15	Autonomic Dysreflexia Survey	Hans Myburgh University of Pretoria
17:15	Welcome Cocktail Party - Guest appearance by Mathys Roets	

- This programme is subject to change by SASCA and the organisers
- Dr Biffl is sponsored by Summit Rehab

**11th Biennial SASCA Congress
 PROGRAMME
 Friday, 3 October 2014**



07:30 – 08:00	Registration with Tea & Coffee	
SESSION 5: Nursing Outcomes and Community Needs Chair: Herman Willemse		
08:00 – 09:00	Keynote Address Ethical Dilemmas in Current Nursing Care	Nelouise Geyer Nursing Education Association
09:00 – 09:15	Funding Spinal Cord Injuries; Realities, Challenges and Ethics	George Louw Medscheme
09:15 – 09:30	Best Practice in Continence Management for Spinal Cord Injured Patients: Improving Outcomes through Successful Partnerships	Nina Strydom Life Healthcare
09:30 – 09:45	Bowel Management - A Long-term Patient Perspective	Ernst Scriba Western Cape Rehabilitation Centre
09:45 – 10:00	Couples Needs and Experience after a Spinal Cord Injury (SCI) of a Spouse	Yolinda Steyn North-West University
10:00 – 10:30	Tea & Coffee Break SCIPT all interested physiotherapists - Melanie Skeen	
SESSION 6: Bladder Chair: Hans Myburgh		
10:30 – 11:15	Keynote Address Bladder Management Diagnosis and Treatment	Harvinder Chharbra Indian Spinal Injuries Centre
11:15 – 11:35	Accepted Bladder Management Protocol – CAP	Raymond Campbell Muelmed Rehabilitation Centre
11:35 – 11:50	Prevention of Urinary Tract Infections in Patients in a Rehabilitation Setting	Nina Strydom Life Healthcare
11:50 – 12:30	Standing for Standards in Bladder Management	Mark Brand Brandtech
12:30 – 13:30	Lunch Break & CAP Break away Lunch	

- This programme is subject to change by SASCA and the organisers
- Dr Effi is sponsored by Summit Rehab

Session 7: Surgical Chair: Vee Wilson		
13:30 – 14:15	Keynote address Paediatric SCI Management	Susan Biffl Children's Hospital Colorado
14:15 – 14:30	Paediatric Incomplete Tetraplegia after a Bicycle Accident - A Case Study	Melanie Skeen Summit Rehab
14:30 – 14:45	Infection Control Controversies in 2014	Ben Prinsloo Lancet Laboratories
14:45 – 15:00	Tendon Survey	Hans Myburgh University of Pretoria
15:00 – 15:30	Tea & Coffee Break Poster Session: Poster authors to be at posters to answer questions	
SESSION 8 Chair: Francois Theron		
15:30 – 16:15	Keynote address Advocating for Our Patients – Is this an option or an Ethical Obligation?	Jeff Blackmer Canadian Medical Association
16:15 – 16:30	Functional and Neurological Rehabilitation of a Chronic Complete C4 Tetraplegic following Resection of Glial Scar and Autologous Human Stem Cell Transplantation	Linda Hiemstra University of Stellenbosch
16:30 – 16:45	Effective Neuronal Repair and Complete Functional Recovery mediated by Injectable Nanostructured Polymer-Engineered Neural Device (INPEND) Implantation after Traumatic Spinal Cord Injury	Pradeep Kumar University of the Witwatersrand
16:45 – 17:30	SASCA AGM	
19:00	Congress Dinner	
POSTERS (15:00 on Friday)		
	Can better/different positioning in prone of pressure sore patients improve their sitting posture after prolonged bed rest in prone?	Liesl Barnard Summit Rehab
	The influence of personal and environmental factors on secondary health conditions in people with traumatic spinal cord injury in Botswana	Sharon Masaka University of Pretoria
	A group resilience promoting programme for individuals whose partners had acquired a spinal cord injury	Yolinda Steyn North-West University
	The Association between Physical Activity and Community Participation in People with Spinal Cord Injuries	Linda van der Westhuizen University of Pretoria
	Stress amongst Caregivers of People with Spinal Cord Injury	Karine Mostert-Wentzel University of Pretoria
	Spinal Cord Injury Rehabilitation Research at UP. Introduction to the UP-COBASCI-Re	DJ Mothabeng University of Pretoria

- This programme is subject to change by SASCA and the organisers
- Dr Biffl is sponsored by Summit Rehab

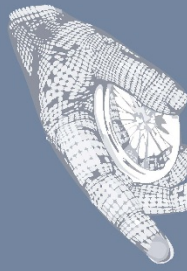
**11th Biennial SASCA Congress
PROGRAMME
Saturday, 4 October 2014**



07:30 – 08:00	Registration, tea & coffee	
SESSION 9 Chair: Joyce Mothabeng		
08:00 – 08:45	Keynote Address TB spine	Harvinder Chhabra Indian Spinal Injuries Centre
08:45 – 09:00	History of SASCA – 21 st Anniversary	Rita Henn / Elsa Wakefield Summit
09:00 – 09:15	Serious Consequences of Arterial Injections of Penicillin Suspensions	JS Loubser University of Pretoria
09:15 – 10:15	Ailey Key Memorial Lecture	Ari Seirlis QASA
10:15 – 10:45	Tea & Coffee Break SegFree-demo	
SESSION 10 Chair: Melanie Skeen / Rita Henn?		
10:45 – 11:30	RAF – The Road Forward	Lindelwa Jabavu Road Accident Fund
11:30 – 11:45	A Retrospective Study on the Management of Pressure Sores at the Muelmed Rehabilitation Unit and the Ethical Implications of Regenerative Therapies	Johannes Lodewikus van Wyk Muelmed Hospital
11:45 – 12:30	Interactive Session - on Ethics and SCI Rehabilitation	Jeff Blackmer Canadian Medical Association and Ames Dhai SAMA
12:30 - 12:45	Closure SASCA Chairman - Francois Theron	

- This programme is subject to change by SASCA and the organisers
- Dr Effi is sponsored by Summit Rehab

Addendum 22: SASCA Poster Presentation 3 October 2014



SCIPPs

Design and development of a group resilience promoting programme (GRPP) for individuals whose partners have acquired a spinal cord injury (SCIPPs)

Intervention Research (Phase 1 - 3)

Phase 1: Problem analysis and project planning - Background

A Spinal cord injury (SCI) exposes both the injured person and his or her partner to prolonged risk with possible negative outcomes for the romantic relationship.

The able-bodied partner of a person with an SCI must often play a dual role as lover and caregiver and subsequently the original relationship may drastically change. These adaptive changes "may create deleterious situations and conflicts" (Krauter, 2000:2), placing the romantic relationship at risk for potential negative outcomes. The author has first-hand experience of adversarial couples are challenged with as she is married to a person who acquired an SCI.

Couples and specifically the able-bodied partner needs assistance to adjust positively to the dual role as care-giver and life partner. When a person adapts effectively to the prolonged risk, they have resilience. Partners of the person with an SCI need to learn and develop skills that were resilience promoting. Personal experience, anecdotal reports from practice and a research synthesis confirmed that there is a lack of evidence-based programs offered during

rehabilitation which are aiming to enhance resilience of partners of a person who acquired a SCI. The author therefore, decided to develop a resilience-promoting programme (GRPP) for SCIPPs (spinal cord injured persons) partners to assist them with resilience-promoting knowledge and skills.

Aim of main study:

The primary aim of the main study is to develop and explore the usefulness of a GRPP for SCIPPs to promote their resilience.

This presentation focuses on objective two: to develop programme activities that focus on developing skills, critical to the construct of resilience and resilient protective processes, and that could be applied in a small group context from pre-existing interventions, consultations with experts, people living with SCI and personal experience.

Primary and secondary questions

Primary question:

The primary question of the main study: How will a resilience-promoting intervention programme encourage SCIPPs to apply the resilience-promoting knowledge and skills being taught to them in order to help them and their partners to adapt positively to adversity? This poster pertains to secondary research question.

Secondary question:

How can knowledge of resilience processes (drawn from pre-existing interventions, consultations with experts, people living with SCI and personal experience) be applied as a GRPP for SCIPPs?

Phase 2: Information gathering and synthesis

(Research synthesis) (Aug 2013 – Sept 2014)
A research synthesis was applied with inclusion and exclusion criteria: systematic review of literature (Ebscohost; Google Scholar; Scopus and SafePublications; hand searches; quality appraisal; data extraction; thematic content analysis) (Durl, 2011:63).

Phase 3: Design, development and pilot testing

3.1 Draft outline of GRPP (February – March 2014)

Draft outline of programme for first consultation with experts/labouratory convenient time and place.



DVDs that will be used during the GRPP

3.2 APM 1 (Pre-pilot study) (March – April 2014)

Why:

Consultation with experts by means of a research panel to get their input into the programme and research procedures.

How:

Due to logistical constraints the AP took form of individual interviews, convenient time and place.

With whom:

- 2 SCIPPs living with SCI-partners (8 and 10 years respectively)
- 2 Social workers with experience working with SCI, 5 and 22 years respectively)
- 1 Physiotherapist working with SCI for 30 years
- 1 Professor specializing in intervention research and resilience.

The interviews were tape recorded; transcribed; analysed and incorporated into the GRPP.

3.3 Early development

Why:

Newly developed intervention is implemented on a trial basis refined and redesigned (De Vos and Skrymmer, 2011:473-489)

How:

1 Group facilitator (researcher); 1 observer (social worker); 2 participants; facilitators and observer's protocols; field notes; audio recorded sessions' transcriptions

With whom:

- 2 SCIPPs
- Who: African & White
- Sex: Female
- Age: 29 & 38
- Period that partner has SCI: 12 years & 8 years

The pilot was tape recorded; transcribed; analysed; evaluated and the necessary changes were made and incorporated into the GRPP.

3.4 APM 2 (Post-pilot study) (July – August 2014)

Why:

Feedback to the APM after the pilot study

How:

Due to logistical constraints individual interviews at a convenient location and time

With whom:

The same people as in the pre-pilot study (except the physiotherapist)

Outline of programme

Sessions	Objectives of session	Programme media and activities
Session 1 Information about spinal cord injury and resilience	<ul style="list-style-type: none"> • Contracting • Pre-and post-test • Introduce impact of SCI • Resilience promotion theory and skills 	<ul style="list-style-type: none"> • Qualitative and quantitative pre-and post-test • DVD's • Resilience promoting activity (RPA) • Hand outs • Survival journal • Survival kit
Session 2 Help SCIPPs to understand/realize that their reactions/emotions to these big changes are normal	<ul style="list-style-type: none"> • Information and RPA (Resilience promoting activity) • Loss and the trauma process 	<ul style="list-style-type: none"> • DVD's • RFA • Hand outs • Survival journal • Survival kit
Session 3 Care taking and support	<ul style="list-style-type: none"> • Information and RPA • Physical care taking of partner • Accessing/utilizing external resources 	<ul style="list-style-type: none"> • DVD's • RFA • Hand outs • Survival journal • Survival kit
Session 4 My dual role as SCIPP	<ul style="list-style-type: none"> • Information and RPA • The influence of physical care taking of the relationship and attachment between the partners 	<ul style="list-style-type: none"> • DVD's • RFA • Hand outs • Survival journal • Survival kit
Session 5 Own care-taking by SCIPP	<ul style="list-style-type: none"> • Information and RPA • The importance of own care-taking 	<ul style="list-style-type: none"> • DVD's • RFA • Hand outs • Survival journal • Survival kit
Session 6 Termination and giving hope	<ul style="list-style-type: none"> • Information and RPA 	<ul style="list-style-type: none"> • DVD's • RFA • Hand outs • Survival journal • Survival kit
Session 7 Post-test and way forward	<ul style="list-style-type: none"> • Pre-and Post-test • Evaluation and termination • Way forward 	<ul style="list-style-type: none"> • Qualitative & quantitative pre- and post-test

Phase 4: The way forward

Evaluation of the GRPP

4.1 Experimental design:

- Quasi-experimental one-group pre-test post-test time delay;
- Pre-test (Q1)
- Qualitative and quantitative methods
- Intervention: GRPP (X)
- Post-test (Q2) qualitative and quantitative methods
- 3 months' time delay Post-test (Q3)
- Researcher dual role: Researcher and facilitator
- Observer
- Independent coding and consensus discussions

4.2 Data collection and participants:

- Intervention: Netcare Rehabilitation Hospital, Aucklandpark
- Gatekeeper & facilitator screen possible candidates (selection criteria: female SCIPPs; understand Afrikaans and English; partner still in rehab or obtained SCI within the last 2 years; obtain informed consent)
- Make contact with candidates
- Implementation and evaluation of GRPP
- Both quantitative and qualitative data collection methods:
- * Quantitative method: quanti — visual participatory approach and transcriptions of sessions;
- * Quantitative method — a resilience questionnaire

4.3 Analysis:

- * Qualitative data analysis:
 - Thematic content analysis
 - Independent coding
 - Member checking
 - Expert panel — Qualitative methodologists to evaluate data analysis process & research will be compiled to agree on themes
- * Quantitative data analysis:
 - SPSS

Group 1 with 4 – 8 SCIPPs at Rehabilitation Centre

Group 2 with 4 – 8 SCIPPs at Rehabilitation Centre

Phase 5: Dissemination

* PHD
* Three articles in accredited journals



Researcher:
Ms. Yolanda Steyn
Lecturer: Social Work
School of Behavioural Sciences
Vaal Triangle Campus, NWU



Addendum 23: NWU Ethical Clearance Certificate



NORTH-WEST UNIVERSITY
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South Africa 2520

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Faks: (018) 299-4910
Web: <http://www.nwu.ac.za>

Ethics Committee

Tel +27 18 299 4852
Email Ethics@nwu.ac.za

ETHICS APPROVAL OF PROJECT

The North-West University Ethics Committee (NWU-EC) hereby approves your project as indicated below. This implies that the NWU-EC grants its permission that provided the special conditions specified below are met and pending any other authorisation that may be necessary, the project may be initiated, using the ethics number below.

Project title: A group resilience-promoting programme (GRPP) for individuals whose partners have acquired a spinal cord injury

Project Leader: Mrs Y Steyn

Ethics number:

N	W	U	-	0	0	1	7	1	-	1	3	-	A	8
Institution			Project Number					Year		Status				

Status: S = Submission, R = Re-Submission, P = Provisional Authorisation, A = Authorisation

Approval date: 2013-11-07

Expiry date: 2018-11-06

Special conditions of the approval (if any): None

General conditions:

While this ethics approval is subject to all declarations, undertakings and agreements incorporated and signed in the application form, please note the following:

- The project leader (principle investigator) must report in the prescribed format to the NWU-EC:
 - annually (or as otherwise requested) on the progress of the project,
 - without any delay in case of any adverse event (or any matter that interrupts sound ethical principles) during the course of the project.
- The approval applies strictly to the protocol as stipulated in the application form. Would any changes to the protocol be deemed necessary during the course of the project, the project leader must apply for approval of these changes at the NWU-EC. Would there be deviated from the project protocol without the necessary approval of such changes, the ethics approval is immediately and automatically forfeited.
- The date of approval indicates the first date that the project may be started. Would the project have to continue after the expiry date, a new application must be made to the NWU-EC and new approval received before or on the expiry date.
- In the interest of ethical responsibility the NWU-EC retains the right to:
 - request access to any information or data at any time during the course or after completion of the project;
 - withdraw or postpone approval if:
 - any unethical principles or practices of the project are revealed or suspected,
 - it becomes apparent that any relevant information was withheld from the NWU-EC or that information has been false or misrepresented,
 - the required annual report and reporting of adverse events was not done timely and accurately,
 - new institutional rules, national legislation or international conventions deem it necessary.

The Ethics Committee would like to remain at your service as scientist and researcher, and wishes you well with your project. Please do not hesitate to contact the Ethics Committee for any further enquiries or requests for assistance.

Yours sincerely



Prof Amanda Lourens

Chair: NWU Research Ethics Regulatory Committee (RERC)

Addendum 24: SACSSP – CPD Approval Certificate



S A Council for Social Service Professions

Dear Yolinda Steyn

The Registrar wish to inform you that your CPD appeal application was approved by the CPD panel

10 points on completion was awarded to your **Workshop on: A group resilience-promoting programme (GRPP) for individuals who partners have acquired a spinal cord injury**. Your CPD approval number is: **248/15**. This number is valid from the **09th of April 2015** until the **09th of April 2016** and should appear on your attendance certificates.

Comments:

- > Kindly send us the attendance register after each and every activity.

Comments from the CPD panel:

- > NOTE: although re3 days indicated on the application form. The programme is for 2 days only.

Please inform all delegates to keep their certificates in their Portfolio of Evidence

Kindly acknowledge receipt of this e- mail



Addendum 25: Example of CPD Certificates – Workshops April 2015

CERTIFICATE OF CPD ATTENDANCE

ACCREDITATION NUMBER

248/15

A GROUP RESILIENCE PROMOTING PROGRAMME FOR INDIVIDUALS WHOSE PARTNERS HAVE ACQUIRED A SPINAL CORD INJURY

LEVEL 2 ACTIVITY

PRACTITIONER: YOLINDA STEYN

REGISTRATION NUMBER OF PRACTITIONER: 10 – 17532

DATES OF ACTIVITY: 16 & 17 APRIL 2015

NUMBER OF CEU'S IN LEVEL (S)

LEVEL 1	LEVEL 2	LEVEL 3

PROVIDER SIGNATURE

DATE SIGNED

Addendum 27: Informed Consent Forms – Professionals (Workshops April 2015)NORTH-WEST UNIVERSITY
YUNIBESITI YA BOKONE-BOPHIRIMA
NOORDWES-UNIVERSITEIT
VAAL TRIANGLE CAMPUSPO Box 1174, Vanderbijlpark
South Africa, 1900

Tel.: 016 910 3475

Fax: 016 910 3424

Email: Yolinda.Steyn@nwu.ac.za

04/04/2015

INFORMED CONSENT FORM**TRAINING OF PROFESSIONAL PEOPLE (Social Workers; Psychologists and Councillors)****1. Name of researcher**

Yolinda Steyn

2. Title of research project

A group resilience-promoting programme (GRPP) for individuals whose partners have acquired a spinal cord injury (SCIPPs)

3. Purpose of research

The purpose of this research inquiry was to design and develop, based on the findings of a literature study, and an empirical investigation, a group resilience-promoting programme (GRPP) for SCIPPs (spinal cord injured persons' partners) in South Africa. Thus, the aim of *training professional people in the GRPP is to request them to assist the researcher in exploring and evaluating the usefulness of a GRPP for SCIPPs* to promote their resilience, so that, by being more resilient, they and their partners can positively adapt to the prolonged risk and potential negative outcomes.

The professional people who will attend the training will consist of social workers, psychologists and counsellors employed by rehabilitation centres (or elsewhere) who are confronted with individuals who have acquired a SCI and their partners. I would acquire from you (as a social worker/psychologist/counsellor) to assist me in participating in this training to evaluate my GRPP for SCIPPs (with your expert knowledge on the topic).

4. Dates and duration of meetings

A 2 days' workshop from 9 - 10 April 2015 at Eugene Marais Hospital Pretoria, GAUTENG. The training will start at 8:00 – 16:30 on the first day, and from 8:00 – 14:30 on the second day.

5. Research procedures

- As part of my PhD, I've developed and pilot tested the GRPP for SCIPPs during 2014. Prior to pilot testing I sought expert advice and knowledge from social workers and physiotherapists, employed by rehabilitation centres, who are confronted with individuals who have acquired a SCI, and their partners. I've also included two couples who participated in my master's studies to participate in this panel because they have experience of living with SCI as a couple. Professional academics, which specialize in resilience, were also approached. All the mentioned people participated in an advisory panel that met during April 2014 as well as during August 2014.
- I've pilot-tested the GRPP with two SCIPPs on 17 – 18 July 2014. During this pilot-test the whole programme were presented to these people. An independent observer (Social Worker) observed the pilot-test and filled out a protocol regarding the presentation and the effectiveness of the GRPP.
- During the training of **9 - 10 April 2015**, I will request you, as a professional person employed at a rehabilitation centre (or elsewhere), to participate in a two-day training to review the content of the GRPP. This will entail that we will meet for two days, during which I will present training on the GRPP intervention manual and protocol

which were developed during 2014. During the training you will be asked to comment on the content of the GRPP (via evaluation questionnaires), and I will request you to advise me on possible changes.

- Six evaluation questionnaires will be given to you that need to be filled out during the training. The purpose of these questionnaires is to obtain your suggestions about the GRPP.
- During May 2015 – November 2015, I will evaluate the comments you've made (social worker/psychologist/councillor); I will make the necessary changes and will include suggestions to the GRPP.
- Once the final GRPP has been refined, I will write it up in my PhD-thesis and will come back to the professional people for a follow-up training in 2016 to bring you up to date with the GRPP. During the training in 2016 you will receive a training-DVD; a Survival kit-DVD and an updated training manual with the applicable addendums and resilience-promoting anchors attached.

6. Possible risks

No potential risks to the professional people are predicted.

7. Benefits

There will be no form of compensation for the professional person who attends the training, other than that you will have the opportunity to participate in a process of discussing and evaluating on the most effective GRPP from which the SCIPPs might benefit and, therefore, will contribute to a programme that does not yet exist in South Africa. You will, however receive the first draft of the training manual with applicable addendums and resilience-promoting anchors attached on 9 April 2015. During the follow-up training in 2016 you will receive all the material (as mentioned in number 6) with no cost involved for you.

8. Voluntary participation

Participation in these training is voluntary. Under no circumstances is anyone forced or expected to participate in this process. As a professional person, you may withdraw or excuse yourself from the proceedings at any time.

9. Confidentiality

Although as a professional person, you will be asked to complete six evaluation questionnaires, your identity will be kept confidential at all times. I will ask you to use the same code or pseudonym on all six evaluation questionnaires to assist me in evaluating your input to the GRPP.

10. Dissemination of information

Information gathered during this GRPP-training with you as a professional person, will be documented in the PhD dissertation. The manuscript(s) may be published in a journal, and information may be provided to rehabilitation centres that rehabilitate people who have acquired a SCI.

11. Permission for identification for a follow-up training

After the completion of my PhD-thesis, I will send out an agenda for the follow-up training that will be held in 2016. Only professional people that participated in the training in April 2015 will be invited to attend the follow-up training in 2016.

12. Permission for using Professional people's ideas/advice in the GRPP

As a professional person (social worker/psychologist/counsellor) you grant me permission to use your ideas and advice in the GRPP to be able to render a well-researched GRPP to patients and their families

13. Feedback after completion of the study

You, as a professional person (Social worker; psychologist; counsellor) will again attend a voluntarily follow-up training (cost-free) during 2016, that could then be used according to your own discession with patients' and their families.

14. Use of the GRPP for SCIPPs after the training from 9 – 10 April 2015

Due to the fact that I have to add your suggestions to the GRPP after the course of the training, I request that you do not present the GRPP to SCIPPs as a *group-programme* before the follow-up training in 2016. You are, however allowed to use the icebreakers; resilience-promoting activities & associated anchors, and the reading material in the draft manual during *individual interventions with SCIPPs*, in the meanwhile.



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04/04/2015

INFORMED CONSENT

I,, have read and understand the nature of my participation in this research project and agree to the following:

	I acknowledge and agree to participate in filling out the six evaluation questionnaires of the GRPP-training and that this information can be documented in a PhD dissertation.
	I agree to <i>participate</i> in the training of the GRPP from 9 - 10 April 2015 as a part of this research study.
	I agree to be identified and invited to participate in a follow-up training in 2016.
	I declare that I am willing to participate in the training of the GRPP without any compensation (either than the draft training manual) and attend the training on my own account.
	I would like to obtain HPCSA/SACSSP-CPD points for my participation in this GRPP training.
	I agree to only use the icebreakers; resilience-promoting activities & associated anchors, and the reading material in the draft manual during individual interventions with SCIPPs, and will not present the GRPP as a group-programme until the follow-up training in 2016.

Signature: _____ Date: _____

Researcher: _____ Date: _____

CONTACT DETAILS OF RESEARCHER AND SUPERVISOR:

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Addendum 28: Programme of Workshops for Professionals (April 2015)

DAY 1

TIME	ACTIVITY	PROGRAMME MEDIA
8:00 – 8:15	<ul style="list-style-type: none"> * Registration * Tea and Coffee 	<ul style="list-style-type: none"> * Attendance register & Training Manual (TM) * Signed informed consent forms (to be submitted)
8:15 – 8:45	<ul style="list-style-type: none"> * Welcoming (Yolinda Steyn) * Information on group work theory (information will be provided to attendees before commencement of the training) * Background on GRPP for SCIPPs * Expectations * Ground rules 	<ul style="list-style-type: none"> * Training Manual: Group work theory (TM, Section D) * DVD: Introduction by Yolinda Steyn * Training Manual: POSTER (Design of GRPP for SCIPPs) (TM, Section E)
8:45 – 8:50	BODY BREAK	
8:50 – 9:30	<p><u>Training on GROUP SESSION 1 - Information about spinal cord injury (SCI) and Resilience (TM, p. 4 – 13)</u></p> <ul style="list-style-type: none"> * Objectives of session (TM, p. 4) * Icebreaker (TM, p. 7) * Information about SCI and resilience (DVDs) (TM, p. 8) * Resilience promoting activity (RPA): Self-regulation (Strong foot) (TM, p. 8 – 11) 	<ul style="list-style-type: none"> * Example of contract with SCIPPs (TM, p 5) * Example of attendance registers for group meetings with SCIPPs (TM, p. 6) * Example of “Contact-detail-list” to be used with SCIPPs (TM, p. 6) * DVD – Part 1: Spinal Cord Injured Persons Partners (SCIPPs) (10 min) * DVD – Part 2: Professional people (13 min) * Training Manual: Strong foot activity sheet & checklist (p. 8 – 11) * Rubber Strong Foot * “Cut Back – Cut Thru” anchor magnet * Questionnaire 1 (To be completed by SCIPPs between session 1 & session 2) (TM, p. 12 – 13)
9:30 – 10:00	<ul style="list-style-type: none"> * Watching of Survival Kit1 (SK-1) DVD 1 * Information about Survival Journal 	<ul style="list-style-type: none"> * Survival Kit 1 (SK-1) DVD 1
10:00 – 10:20	TEA & COFFEE	
10:20 - 10:30	<ul style="list-style-type: none"> * Evaluation of GROUP SESSION 1 * Evaluation of Survival kit 1 (SK-1) of GROUP SESSION 1 	<ul style="list-style-type: none"> * Evaluation questionnaire (Session 1 & SK-1)
10:30 – 11:30	<p><u>Training on GROUP SESSION 2 – Help SCIPPs understand/realize that their reactions/emotions to these big changes are normal (TM, p. 13 – 23)</u></p>	<ul style="list-style-type: none"> * DVD – Part 1: SCIPPs (6 min) * DVD – Part 2: Yvonne Retief (TRAUMA COUNSILOR) (24



TIME	ACTIVITY	PROGRAMME MEDIA
	<ul style="list-style-type: none"> * Objectives of session (TM, p. 13) * Facilitation of homework/feedback from SCIPPs: How to go about doing this (TM, p. 14) * Icebreaker (TM, p. 14 – 16) * Watching DVD of Yvonne Retief on TRAUMA 	<ul style="list-style-type: none"> min) * Information about “The brain and trauma” (TM, p. 17) * Information about “The trauma process” (TM, p. 17)
11:30 – 11:35	BODY BREAK	
11:35 – 12:35	<ul style="list-style-type: none"> * RPA: Self-regulation/Making sense/Having hope (PNI goal exercise & Powerful arm) (TM, p. 18 – 21) * Information of content of Survival Kit 2 (SK-2) (TM, p. 21) * Evaluation of GROUP SESSION 2 * Evaluation of Survival Kit 2 (SK-2) of GROUP SESSION 2 	<ul style="list-style-type: none"> * Training Manual: PNI-GOAL exercise sheet & checklist (TM, p. 18 – 20) * Training Manual: Powerful arm checklist (TM, p. 20 – 21) * Survival Kit 2 (SK-2) DVD 2 * Questionnaire 2 (To be completed by SCIPPs between session 2 & session 3) (TM, p. 21 - 23) * Rope & Weight * “Cut Back – Cut Thru” anchor magnet * Evaluation questionnaire (Session 2 & SK-2)
12:35 – 13:00	LUNCH	

DAY 1 (Continue after lunch)

TIME	ACTIVITY	PROGRAMME MEDIA
13:00 – 14:00	<p><u>Training on GROUP SESSION 3 – Care taking and support (TM, p. 23 – 34)</u></p> <ul style="list-style-type: none"> * Objectives of session (TM, p. 23) * Icebreaker (TM, p. 24 - 25) * Watching DVD * RPA: Agency and mastery motivation system/problem solving/accessing social support (FINDING YOUR HEART & FREEZE-FRAME) (TM, p. 25 – 27) 	<ul style="list-style-type: none"> * DVD – Part 1: SCIPPs (24 minutes) * DVD – Part 2: Professional people (17 minutes) * Training manual: Finding your heart & Freeze-Frame (p. 25 – 27)
14:00 – 14:05	BODY BREAK	
14:05 – 14:15	<ul style="list-style-type: none"> * Information about content of Survival Kit 3 (SK-3) (TM, p. 27) * Evaluation of GROUP SESSION 3 * Evaluation of Survival Kit (SK-3) of GROUP SESSION 3 	<ul style="list-style-type: none"> * Survival Kit 3 (SK-3) DVD * Questionnaire 3 (To be completed by SCIPPs between session 3 & session 4) (TM, p. 32 - 34) * “Heart in a bag” & Straw * “Cut Back – Cut Thru” anchor magnet * Evaluation questionnaire (Session 3 & SK-3)
14:15 – 14:30	<p><u>Training on GROUP SESSION 4 – My dual role (TM, p. 34 – 40)</u></p> <ul style="list-style-type: none"> * Objectives of session (TM, p. 34) 	<ul style="list-style-type: none"> * DVD – Part 1: SCIPPs (30 minutes) * DVD – Part 2: Professional people (21 minutes)



TIME	ACTIVITY	PROGRAMME MEDIA
	* Icebreaker (TM, p. 35) * Watching DVD	
14:30 – 14:45	TEA & COFFEE	
14:45 – 16:30	* RPA: Attachment/Cultural tradition and religion (The 5 Love Languages of Gary Chapman) (TM, p. 36 – 38) * Watching of survival kit 4 (SK-4) * Evaluation of GROUP SESSION 4 * Evaluation of Survival Kit (SK-4) of GROUP SESSION 4	* Training manual: 5 Love Languages exercise sheet & checklist (TM, p. 36 – 38) * Survival Kit 4 (SK-4) DVD * Questionnaire 4 (To be completed by SCIPPs between session 4 & session 5) (TM, p. 39 - 40) * “The 5 Love Languages” magnet * “Cut Back – Cut Thru” anchor magnet * Evaluation questionnaire (Session 4 & SK-4)
16:30	CLOSURE	

Day 2

TIME	ACTIVITY	PROGRAMME MEDIA
8:00 – 8:15	* Sign attendance register * Tea & Coffee	* Attendance register
8:15 – 9:45	<u>Training on GROUP SESSION 5 – Own caretaking by SCIPPs (TM, p. 40 – 52)</u> * Objectives of session (TM, p. 40) * Icebreaker (TM, p. 53) * Watching DVD * RPA: Making sense of life and having hope (Energy Investment & PNI-Awareness exercise) (TM, p. 44 – 46)	* DVD – Part 1: Professional people (14 minutes) * DVD – Part 2: SCIPPs (4 minutes) * Training manual: Energy investment sheet & checklist (p. 44) * Training manual: PNI Awareness exercise-sheet & checklist (p. 45 – 46)
9:45 – 10:00	TEA & COFFEE	
10:00 – 10:30	* Information on content of survival kit 5 (SK-5) (TM, p. 48) * Evaluation of GROUP SESSION 5 * Evaluation of Survival Kit (SK-5) of GROUP SESSION 5	* Survival Kit 5 (SK-5) DVD * Questionnaire 5 (To be completed by SCIPPs between session 5 & session 6) (TM, p. 51 - 52) * “Our senses & “Thinking Cap – BRAIN” magnet * “Cut Back – Cut Thru” anchor key-holder * Evaluation questionnaire (Session 5 & SK-5)
10:30 – 12:00	<u>Training on GROUP SESSION 6 – Termination and way forward (TM, p. 52 – 58)</u> * Objectives of session (TM, p. 52)	* DVD of Survivors who have acquired a spinal cord injury (55 minutes)



TIME	ACTIVITY	PROGRAMME MEDIA
	<ul style="list-style-type: none"> * Icebreaker (TM, p. 53 – 55) * RPA: Making sense of life and having hope (Watching DVD of survivors who have acquired a spinal cord injury) 	
12:00 – 12:05	BODY BREAK	
12:05 – 12:30	<ul style="list-style-type: none"> * Group discussion regarding the DVD (TM, p. 55) * “Letter-to-myself-exercise” (TM, p. 56) 	<ul style="list-style-type: none"> * Survival Kit 6 (SK-6) DVD * Questionnaire 6 (To be completed by SCIPPs before they depart after this last session) (TM, p. 56-57)
12:30 – 13:00	LUNCH	
13:00 – 14:00	<ul style="list-style-type: none"> * Evaluation of GROUP SESSION 6 * Evaluation of Survival Kit (SK-6) of GROUP SESSION 6 	<ul style="list-style-type: none"> * Evaluation questionnaire (Session 6 & SK-6) * Survival Kit 6 (SK-6) DVD
14:00 – 14:30	CLOSURE & CERTIFICATES	