

MANUSCRIPT 3

Professional Perspectives on the readiness of a Group Resilience-Promoting programme to be implemented with Spinal Cord Injured Persons' Partners (SCIPPs)

Prepared for submission to journal

TYDSKRIF VIR GEESTESWETENSKAPPE/JOURNAL OF HUMANITIES

NOTE TO EXAMINER:

This manuscript has not been submitted to the mentioned journal yet, but will be done so after examination. Therefore, for the purpose of the examination process the length of the manuscript might exceed the word-limit of the journal, but will be adjusted before submission.

ABSTRACT

The aim of this study was to evaluate the newly developed group resilience-promoting programme (GRPP) for spinal cord injured persons' partners (SCIPPs), by means of an empirical study with professional role-players (social workers and psychologists) in the field of spinal cord injury, prior to exhibiting it to the target population. The study mainly follows a qualitative approach with a small quantitative component. In the context of applied research, an intervention research model comprising six phases was employed. The study informing this manuscript reports on phase 5 of the intervention research model, namely the evaluation and advanced development whereby the evaluation purpose was to explore the views of professionals on the readiness of the GRPP for SCIPPs to be implemented with the target population.

A total of twelve (n=12) professionals were recruited by means of purposive and snowball sampling and invited to participate in two 2-day workshops held in April 2015, at two different rehabilitation centres in Gauteng. The six group sessions were presented to the participants. After conclusion of each session participants were requested to evaluate the content and procedural elements of the GRPP for SCIPPs by means of self-administered questionnaires with Likert-type items, written narratives and video interviews. Thematic content analysis and basic descriptive statistics were conducted and findings suggested adjustments that needed to be made to the GRPP for SCIPPs prior to formal evaluation with the target group.

Keywords: Spinal cord, spinal cord injury (SCI), intervention research, social group-work, process-focused approach, a resilience-based framework, six resilience protective processes, spinal cord rehabilitation, spinal cord injured persons' partner (SCIPP), spinal cord injured person (SCIP), cohabiting partner, group resilience-promoting programme (GRPP), evaluability assessment.

OPSOMMING

Die doel van hierdie studie was om die nuwe GPBVK vir SKBPE'e deur middel van 'n empiriese studie met professionele rolspelers (maatskaplike werkers en sielkundiges) op die gebied van spinalekoord-besering te toets, voor die aanbieding daarvan met die teikenpopulasie. 'n Kwalitatiewe benadering is hoofsaaklik tydens hierdie studie gevolg, met die insluiting van 'n klein kwantitatiewe komponent. In die konteks van toegepaste navorsing is 'n intervensie-navorsingsmodel, bestaande uit ses fases ingespan. Die studie rakende hierdie manuskrip, rapporteer fase 5 van die intervensie- navorsingsmodel, naamlik die evaluering en gevorderde ontwikkeling. Tydens hierdie evaluering is gepoog om die menings te verkry van professionele persone rakende die gereedheid van die GPBVK vir SKBPE'e vir die aanbieding daarvan met die teikenpopulasie.

'n Totaal van twaalf ($n=12$) professionele persone is gewerf deur middel van doelbewuste- en sneeubal steekproefneming en is genooi om aan twee 2-dagwerkswinkels wat in April 2015 by twee verskillende rehabilitasie sentrums in Gauteng gehou is, deel te neem. Die ses groepsessies is vir die deelnemers aangebied. Na die afsluiting van elke sessie is die deelnemers versoek om die inhoud en prosedurele elemente van die GPBVK vir SKBPE'e deur middel van self-geadministreerde vraelyste met Likert-tipe items, geskrewe narratiewe en video-onderhoude, te evalueer. Met behulp van tema-inhoudontleding en basiese beskrywende statistiek is bevindinge verkry en sal voorgestelde wysigings in ag geneem word voordat die GPBVK vir SKBPE'e met die teikenpopulasie geëvalueer word.

Sleutelwoorde: Spinale koord, spinal koord besering (SKB), intervensie navorsing, maatskaplike groepwerk, 'n proses-gefokusde benadering, a veerkrag-gebaseerde raamwerk, ses veerkrag-beskermende prosesse, spinale koord rehabilitasie, paartjie, spinale koord beseerde persoon se maat, saamwoon-maat, groep veerkragbevorderingsprogram (GVBP), evalueringsassessering.

1 INTRODUCTION

Acquiring a spinal cord injury (SCI) has devastating long-term negative outcomes for both the injured person and his/her cohabiting partner. Exposure to such prolonged adversity calls for resilience, namely the ability to positively adapt despite the adversity being exposed to (LeCroy & Williams, 2013:706-709; Masten, 2001:228). Not all individuals have the natural ability to “bounce back”, and consequently resilience promotion is imperative. The focus of service delivery in rehabilitation centres is mainly centred on the injured person and consequently the well-being of the spinal cord injured person’s partner (SCIPP) is neglected (Steyn, 2008:100-114). Little information is available on resilience-promoting programmes for SCIPPs; thus the main aim of this manuscript was to evaluate the newly developed GRPP for SCIPPs by means of an empirical study with professional role-players in the field of spinal cord injury. As such, in manuscripts 1 and 2 the researcher designed, developed and pilot tested a group resilience-promoting programme (GRPP) for SCIPPs. The GRPP for SCIPPs was formulated from a qualitative research synthesis from various programmes, amongst others adults returning to work after serious illness (Kelllet *et al.*, 2013:134-141); and guidance to decrease partners’ post-injury dependence (Basson *et al.*, 2003:3-11). This formulated outline was refined by an advisory panel, consisting of experts in the field and people with lived experiences of SCI, and a pilot study. The amended GRPP for SCIPPs comprises six sessions, is embedded within a process-orientated resilience-promoting approach, and is contextualised with six resilience protecting processes (Masten & Wright, 2010:222-231). Each session comprises procedural elements, such as an icebreaker, DVDs of professionals; SCIPPs and people with SCI; resilience-promoting activities (RPAs); anchors and a survival kit.

In this manuscript the evaluation purpose was to explore the views of professionals who are confronted with service delivery to SCIPPs and their injured partners, on the readiness of the GRPP for SCIPPs to be implemented with the targeted population.

The findings [consisting qualitative data (Strydom, 2013:152) and a small numerical component] will be discussed during this manuscript.

2 PROBLEM STATEMENT

SCI is an acquired physical disability which makes it different from some other disabilities, because the spinal cord lacks the ability of neurons to regenerate effectively for functional improvement (International Spinal Cord Society [ISCoS], 2012). The spinal cord is the main pathway for information connecting the brain and the peripheral (outer) nervous system (ISCoS, 2012); thus, when damaged, the information channel is altered, as the functions below the level of injury are affected and its recovery unlikely (ISCoS, 2012). This results in a person either being a paraplegic – paralysis of the lower part of the body, including the legs – or a quadriplegic, which is paralysis of all four limbs (Biering-Sørensen *et al.*, 2009:510; Dawodu, 2011; ISCoS, 2012; The National SCI Association, 2012).

SCI has traumatic, as well as non-traumatic causes (ISCoS, 2012). A traumatic SCI can arise from a number of different causes, such as vehicle accidents (44%); acts of violence (24%), and falls (22%) as documented in the United States of America (USA) (Biering-Sørensen *et al.*, 1990:330; Burt, 2004:28; Dawodu, 2011; National SCI Association, 2012). In South Africa gunshot injuries are the primary cause of SCI, followed by car accidents (Harrison, 2004:1-104; Hart & Williams, 1994:709-714). Furthermore, non-traumatic SCI can originate from genetic disorders or acquired abnormalities, for example a tumour or

infection of the spinal cord, amongst others (ISCoS, 2012). The prevalence of SCI is increasing globally (Dawodu, 2011). A comparative analysis by Vasiliadis (2012:336-340) indicates the prevalence of SCI to be high, both internationally and nationally, with a higher incidence of SCI among men than among woman, also in South Africa (male to female ratio is 4 to 1 per million people respectively). This correlates with statistics available from an eleven-year descriptive study (from April 2003 – April 2014) at a Rehabilitation Hospital in the Western Cape (South Africa), with an indicated total of 2 042 patients treated for SCI, 84% males, and 16% females (Sothmann *et al.*, 2014). Due to the fact that an acquired disability such as SCI mostly results in a permanent disability and consequently exposure to prolonged adversity due to living with such a disability, numerous negative outcomes for the injured partner, his family and more specifically the partner might follow. A body of literature that reports on the potential negative outcomes that could be experienced by both the injured person and his/her partner can be categorised on four different levels. First, on a physical level the injured person has impaired bodily functioning and consequently the SCIPP has to adapt to potential gender-role changes as he/she is now a caregiver, lover and might need to take over duties that formally were the injured partner's responsibilities prior to the acquired SCI (ISCoS, 2013:129-139; O'Connor *et al.*, 2004:207; Steyn, 2008:62-76; Young & Keck, 2003:3). Researchers report that negative outcomes on a psychological level are possible depression and anxiety in the injured partner (ISCoS, 2012; Young & Keck, 2003:1-3), which may have negative effects on the well-being of the SCIPP as well as the couple's future relationship (ISCoS 2012; Priebe *et al.*, 2007:84). Thirdly, on a psychosocial level, withdrawal of the person with the SCI from loved ones and specifically from the cohabiting SCIPP with possible detrimental consequences for the future relationship of the (ISCoS, 2012), and lastly on a socio-economical level, distressing financial struggles due to increased medical expenses

and/or possible lower income are prevalent (Elliot *et al.*, 2008:1224-1225; ISCoS, 2012; Maddick & Stud, 2011:136; Priebe *et al.*, 2007:84).

A study by Crewe and Krause (1988:435-438) and also a literature study by Smyth (2013:1-11) found that those married after SCI (post-injury) reported greater satisfaction with different aspects (levels) of their lives (sex lives, living arrangements, social lives, health, emotional adjustment) than pre-injury marriages; furthermore, that couples with pre-injury marriages seem to be more depressed and less satisfied than those with post-injury marriages. A significant difference between pre- and post-injury marriages occur, which sensitized the researcher to the fact that those pre-injury relationships might be more at risk and might need some intervention to take place.

As mentioned earlier, prolonged exposure to negative outcomes resulting from an acquired disability such as SCI, might place the well-being of both partners at risk as they need to adjust to the newly-faced disability and permanent lifestyle changes. Consequently the cohabiting romantic relationship is placed at risk (Chappell & Wirz, 2003:162-178; Keleher *et al.*, 2008:58; van Zyl, 2008:95-96; Young & Keck, 2003:1-3). As such, a body of research points to a high prevalence of divorce after the SCI of one of the partners, and commonly, it occurs within three years of injury (Arango-Lasprilla *et al.*, 2009:1371-1378; Karana-Zebari, *et al.* 2011:120; Keleher *et al.*, 2008:62, 66, 68; Phelps *et al.*, 2001:591; Scelza *et al.*, 2007:73; Steyn 2008:106). According to Masten (2001:28), resilience processes are often observed when people are faced with adversity [such as an acquired disability of one of the partners]. Resilience is the ability to bounce back from threats that could disrupt normal development and consequently adjusting well to experiencing significant risk (Masten, 2001:228). Bonanno *et al.* (2011:513) believes that some people have the natural ability to resile in adverse circumstances, but Masten (2001:228) and

Schoon and Bynner (2003:22) on the other hand argue that some people might need resilience-promoting assistance. In addition, Masten and Wright (2010:222-229) elaborate on this and state that resilience is embedded in six protective processes/systems over the lifespan, which will be discussed later on.

Given the increased prevalence of SCI and the devastating negative outcomes for both the injured person and his/her cohabiting partner, service delivery and specifically promotion of resilience seems imperative. Anecdotal reports from practicing social workers employed by rehabilitation centres in Gauteng province (personal communication, van Niekerk, 2011 & 2012; van Vuuren, 2013) suggest that limited services are rendered to SCIPPs and furthermore that there is no resilience-promoting programmes for SCIPPs that could either be implemented on an individual level or in a group setting.

In manuscript 1, a qualitative research synthesis confirmed that no known resilience-promoting programmes exist for SCIPPs, neither in South Africa nor globally. From the qualitative research synthesis themes were extracted from the content of existing resilience-promoting programmes for breast cancer survivors, children and caregivers (Chen, 2011: 230-233; Elliot *et al.*, 2008:1226-1228; Loprinzi *et al.*, 2011: 364-368; Olivier, 2009:1-344), amongst others, to formulate an outline of a resilience-promoting programme for SCIPPs. Due to the fact that SCI is more prevalent among men, women are more at risk for negative outcomes as caregivers as well as couples from a pre-injury relationships (Crewe & Krause, 1988: 435-438; Smyth, 2013:1-11), the researcher decided to focus the programme on female SCIPPs, who are married or in a cohabiting relationship with a person who acquired an SCI after commencement of the marriage/cohabiting relationship (thus a pre-injury relationship). Strong recommendation was also made by social work practitioners for a group programme. This correlates with Ungar's (2008:218-235) finding that resilience is a person's capacity, individually and also in groups, to

negotiate for resources to be provided, as cohesion and relationships are both resilience resources.

The GRPP for SCIPPs were contextualised within a process-focused resilience approach (Masten *et al.*, 2009: 117-131), utilizing a resilience-based framework (Masten & Wright, 2010:230-231; Yates & Masten, 2004:8), embedded with Masten and Wrights' (2010:222-229) six protective processes, to formulate an outline of a resilience-promoting programme (Chan *et al.*, 2000:501-507; Elliot *et al.*, 2008:1226-1228; Middleton *et al.*, 2014:1313; O'Connor *et al.*, 2004:307; Priebe *et al.*, 2007:584; Steyn, 2008:62-76). With the assistance of an advisory panel; a pilot study, and peer-review, the Final-formulated GRPP for SCIPPs was further developed into a detailed training manual.

Masten and Wright (2010:222-231) strongly argues that intervention methods are vital for testing theory and recommends that researchers partner in intervention trials that reflect current knowledge and focus on testing theories. Further to this, LeCroy and Williams (2013:706-709) emphasize that the benefit of intervention work in the social work domain is indisputable. Bonanno and colleagues (2011:511-535), however, caution that interventions can be harmful if not tested. The newly developed GRPP for SCIPPs thus firstly had to be evaluated by professional role-players in the field of SCI, before piloting it with the target population (Bertram & Christiansen, 2014:59) to determine whether the intervention was ready for implementation. The study informing this manuscript reports on phase five of the intervention research model (Fouché, 2011:456) and is documented in this study (see figure 7).

First, the researcher will discuss the aim of this manuscript, the research methodology; and findings from this study, and make recommendations and draw a conclusion.

In this manuscript, the researcher will answer the following research question:

How will South African professional role-players, working within the field of spinal cord injury, evaluate the newly developed GRPP for SCIPPs?

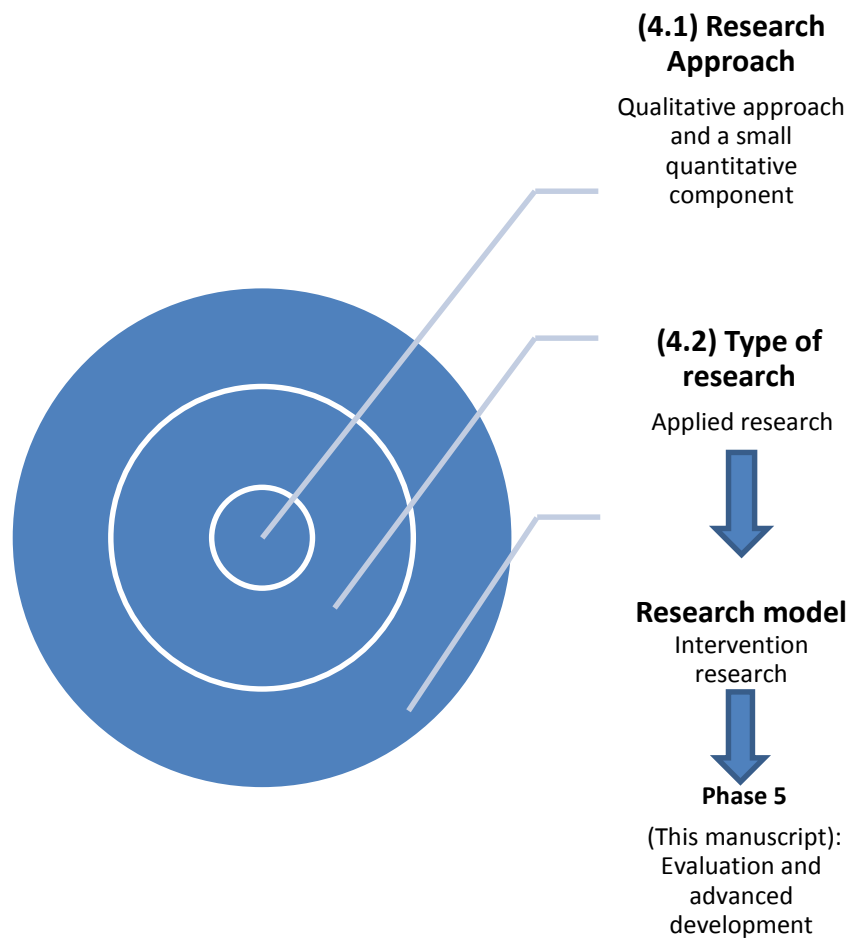
3 AIM OF STUDY

The aim of this manuscript was to evaluate the newly developed GRPP for SCIPPs by means of an empirical study with professional role-players in the field of spinal cord injury.

4 RESEARCH METHODOLOGY

The research methodology, discussed in this section and depicted in figure 13, includes the specific research approach, type of research and research model, research design, participants and sampling, data collection and data analysis.

Figure 13: Research methodology



4.1 Research Approach

The researcher decided on mainly using a qualitative approach and a small quantitative component for the purposes of this study, to explore the views of South African professional role-players, working within the field of SCI on the readiness of the GRPP for SCIPPs (Johnson *et al.*, 2007:112-113) to be implemented with the target population (Neuman, 2012:88), which will be SCIPPs whose partners will still be receiving rehabilitation in a rehabilitation centre/facility after their newly acquired SCI. A qualitative research approach was followed as it is more suitable for smaller studies (Fouché & Schurink, 2011:307), is more inductive in nature and is used to gather data for exploratory studies (Strydom, 2013:152), specifically if not a lot is known of a specific

topic. The researcher's motivation for utilizing a mainly qualitative approach as the primary method was based on the following discussion:

- The questionnaires that were used during the workshops with professionals had small quantitative/numerical components which serve a specific purpose. The researcher developed a questionnaire, with individual Likert-type items. Each individual item focuses on a specific content or procedural element of the GRPP for SCPPs. Participants had to evaluate the content of the programme on a seven-point scale ranging from completely disagree (1) to completely agree (7). It was, however, not the purpose of using the individual Likert-type items to generate descriptive statistics, but merely to focus the attention of the participants on a specific core aspect of the programme content or activity (procedural elements), after which they were requested to construct reasons for their rating by means of written explanations/narratives (Clason & Dormody, 1994:31). Written comments/narratives were used to inform the refining of the GRPP for SCIPPs.
- The above-mentioned strategy involved a small number of people (n=12), elicited mostly qualitative feedback with the aim not to generalise, but to contextualise, as the researcher is more interested in understanding how participants construct meaning and interpret this specific phenomenon (Patton, 2015:244-326).

Following this clarification concerning the research approach, the following explanation is given for the chosen type of research.

4.2 Type of research and research model

The study falls within the description of applied research (de Vos & Strydom, 2011:474). Applied research aims at practice and entails the use of existing knowledge from research or personal experience to develop and enhance services, processes, and methods (Kendra,

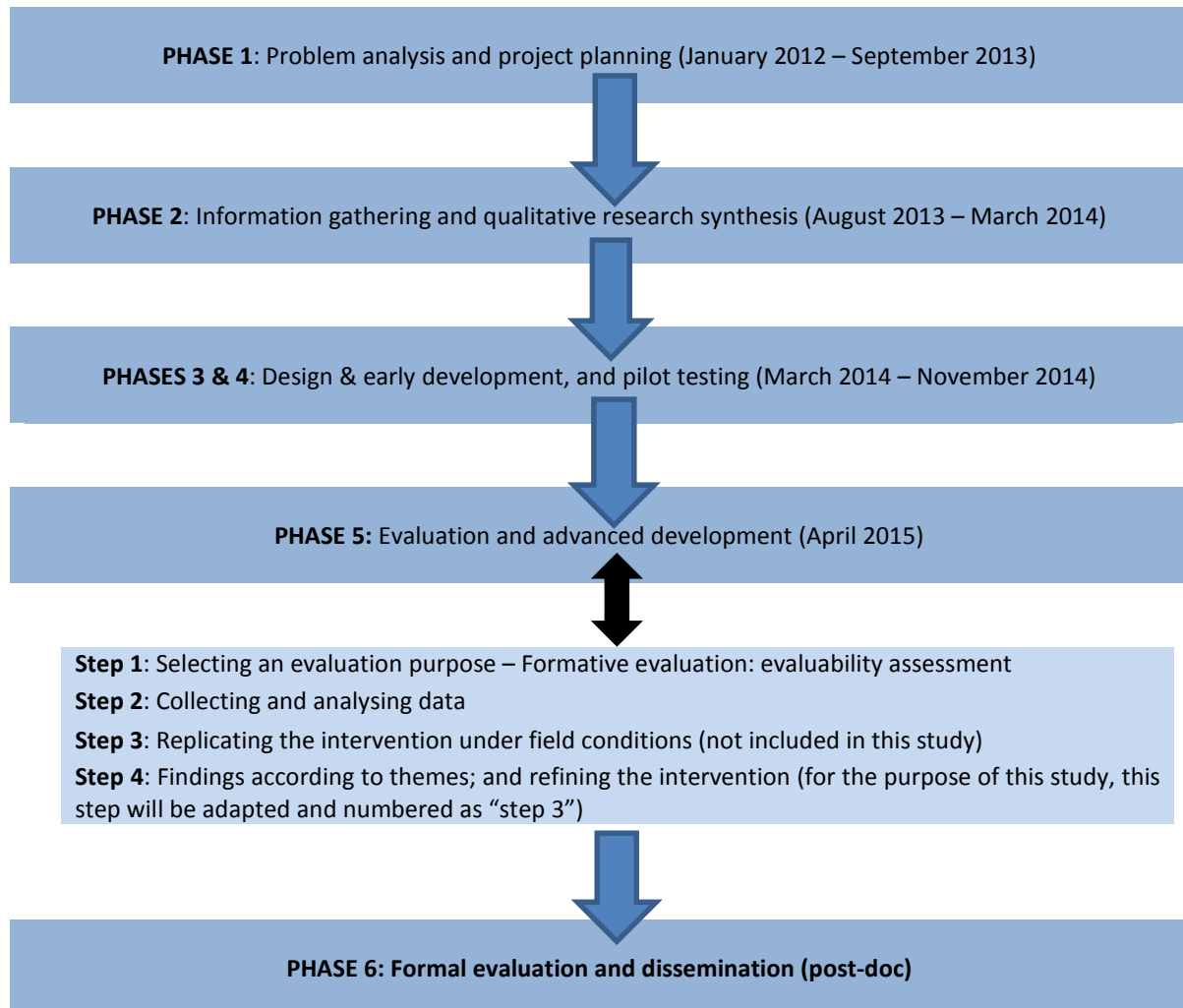
2013). The study documented in this manuscript forms part of a bigger study aiming to address a practice problem, namely that there are no known resilience-promoting programmes for SCIPPS who are faced with longer term negative outcomes resulting from their partner's acquired disability. As such, the researcher designed and developed a GRPP for SCIPPs aiming to equip SCIPPS to develop and use a greater range of resilience-promoting knowledge and skills to help them to adapt positively to adversity and increase the likelihood of successful reintegration of the SCIPP and his or her partner after the injury (documented in MS 2).

In the context of applied research, a research model, intervention research, was applied. Intervention research consists of the development of a programme, the application of the programme (intervention), and the evaluation of the effectiveness of the intervention (de Vos & Strydom, 2011:473-489). De Vos and Strydom (2011:473-489) further views intervention research to be an action undertaken by social workers or other helping agents, considering the client or affected party, to enhance or maintain the functioning and well-being of individuals, families, groups, or communities, and to advance research-supported interventions (Thyer & Myers, 2011:8-25).

Rothman and Thomas's (1994:5) six-phase design and development model was chosen for this study. Due to ethical concerns raised by peers and limited SCIPPs available to participate in the programme, the evaluation purpose changed to "evaluation and advanced development" [Formative evaluation: evaluability assessment] (Fouché, 2011:456), and consequently the GRPP for SCIPPs was not evaluated with the target population but with professionals working within the field of SCI, and will later be discussed under point 4.2.4 of this manuscript. This manuscript thus focuses on phase 5, namely the evaluation and advanced development of the newly developed GRPP for SCIPPs (Fouché, 2011:456), as seen in figure 14. The last phase (phase 6), the dissemination does not form part of this

study; a brief explanation of each phase will follow, with a more detailed description of phase 5.

Figure 14: Intervention research model of the GRPP for SCIPPs



(Adapted from Rothman & Thomas, 1994:5; de Vos & Strydom, 2011:473-489; Fouché, 2011:456)

4.2.1 PHASE 1: Problem analysis and project planning

This phase is one of the most important phases in the research journey, as it provides the researcher with a good platform from which to conduct the investigation, also if performed clearly, will ensure a smooth implementation (Fouché & de Vos, 2011:80). A literature review, the researchers MA study (Steyn, 2008:62-70, 114) and anecdotal reports from

social workers employed at rehabilitations centres in Gauteng, found that no known resilience-promoting programmes for SCIPPs exist; therefore this resulted in a further investigation to determine the feasibility of the development and evaluation of such an intervention.

Various role-players in the field of SCI were consulted in order to identify the target groups of such an intervention; identify concerns of the population and gain entry and cooperation from rehabilitation centres in Johannesburg and Pretoria (personal communication, van Niekerk, 2011; van Vuuren, 2011). Social workers from three rehabilitation centres confirmed that they would provide the researcher with the details of SCIPPs (whose partners are still in the rehabilitation centre after their newly acquired SCI) to approach them to participate in the resilience-promoting intervention, which would have taken place after the GRPP for SCIPPs had been designed and developed (phases 3 & 4, manuscript 2). Unfortunately this did not realize due to peer feedback at a conference and a work session with professionals at a hospital (with a rehabilitation unit), which highlighted that it might be more ethical to involve professional role-players in the field of SCI to first evaluate the content of the GRPP for SCIPPs before implementing it with the target population. Consequently the researcher was cautioned by ethical considerations of “do no harm” (Neuman, 2012:55-59); hence a formative evaluability assessment (Fouché, 2011:456) was planned (this manuscript) and will be discussed further on.

The needed permission and ethical clearance was obtained prior to commencement of the study. Ethical clearance number: NWU.00171.13.A8 was provided (see addendum 23).

4.2.2 PHASE 2: Information gathering and qualitative research synthesis

When planning a research project it is important to learn what other researchers have done to understand and address the problem, so as to enable the researcher to decide which

important procedural elements to include in the design of the intervention (de Vos & Strydom, 2011:480). In aiming to investigate what is known from what has been done, and not only to search for what has been done, the researcher conducted a qualitative research synthesis (Coast, 2015; Flemming, 2009:205-210; Suri, 2011: 64).

The synthesis of the gathered information resulted in the formulation of an outline of a GRPP for SCIPPs for utilization by South African social workers, psychologists and counsellors working in the field of SCI (manuscript 1). It was therefore important to consult with experts to obtain their feedback on the proposed programme and also on the design and further development of the programme. Consequently the task of designing and developing phases 3 and 4 was performed (manuscript 2).

4.2.3 PHASES 3 & 4: Design and Early development and Pilot Testing

Although phase models, such as intervention research, are performed in a stepwise sequence, they cannot be viewed as patterns of one phase rigidly following another (de Vos & Strydom, 2011:476). Therefore the task of designing and early development of the GRPP for SCIPPs was performed in collaboration with an advisory panel (AP) as well as two members and an observer during a pilot study. As such, phase 3 (design) and phase 4 (early development and pilot testing) were combined (see manuscript 2).

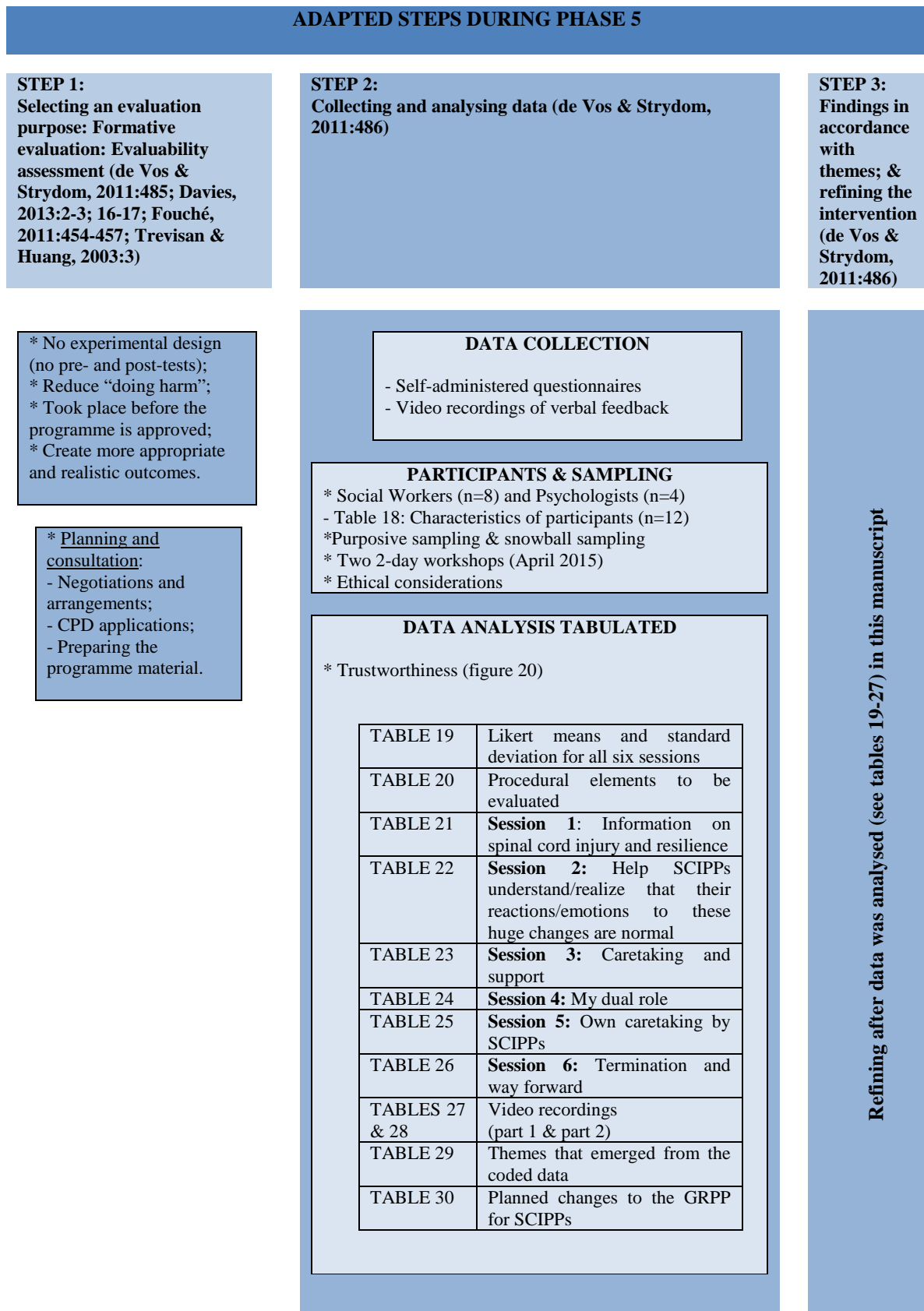
Furthermore, as mentioned earlier, the researcher reacted positively to the suggestions of professionals and people with SCI, and thus rather sought assistance from other professionals working in the field of SCI; therefore a formative evaluability assessment was employed during phase 5 to avoid any possibility of causing harm (Patton, 2015:76; Strydom, 2011:6-9), which is also documented in this manuscript.

4.2.4 PHASE 5: Evaluation and advanced development

Phase five comprised evaluation and advanced development of the intervention. Initially the researcher planned to evaluate the newly developed GRPP for SCIPPs with SCIPPs, but peer-feedback from professionals working with SCIPs and from SCIPPs at the SASCA Congress (October 2014) and a hospital (with a rehabilitation unit), highlighted that it might be more ethical to involve professional role-players in the field of SCI to evaluate the readiness of the newly developed GRPP for SCIPPs before implementing it with the target population; therefore to “do no harm” was taken into account (Neuman, 2012:55-59), as was done in another South African study (Smith, 2014:258-264). Furthermore, the researcher was also cautioned by Bonanno and colleagues (2011:224) who advocate that newly developed interventions may be harmful, if not evaluated. As such, the question was raised as to whether the GRPP for SCIPPs is ready to be evaluated with the target population and as a result the researcher changed step 1 of the intervention research phase of “evaluation and advanced development” (de Vos & Strydom, 2011:485-489), namely “Selecting an experimental design” to “Selecting an evaluation purpose”, as was also done in a South African study by Smith (2014:258) during the development of a forensic assessment model for the sexually abused child in the South African context. The researcher thus decided that the newly developed GRPP for SCIPPs first had to be evaluated by professionals working in the field of SCI before implementation thereof (Fouché, 2011:456-457). As mentioned in figure 14, the researcher utilized three of the four steps in this phase, namely step 1 (selecting an evaluation purpose: formative evaluation); as well as step 2 (collecting and analysing data) and step 4 (refining the intervention). Step 3 (replicating the intervention under field conditions) was not included in this study. Step 4, however, was indeed included in this study; therefore for the purposes of this study; step 4 will be referred to as step 3. Please see figure 15 with an

illustration of the three adapted steps utilized during the formative-evaluability assessment of this study (de Vos & Strydom, 2011:485-489).

Figure 15: Adapted steps during phase 5



4.2.4.1 Step 1: Selecting an evaluation purpose

During this study the researcher did not make use of an experimental design; thus no pre-tests or post-tests were conducted to evaluate the effectiveness of the GRPP for SCIPPs. The rationale hereof is to prevent the potential of “doing harm” (Neuman, 2012:55-59; Patton, 2015:76 & Strydom, 2011:6-9) to vulnerable and traumatised persons by exposing them to a newly developed programme that has not been subjected to an evaluability assessment (Fouché, 2011:456-457). Furthermore, Fouché (2011:457) reasons that evaluation research has three purposes, namely gathering information to improve a design; to developing, forming and implementing the programme; and describing the process of a programme as it is being developed, whereby the last-mentioned purpose correlates with the definition of Davies (2013:1) and Trevisan and Haung, (2003:1) as given above. An evaluability assessment, as a form of evaluation, can be seen as a strategy or a set of procedures that can be followed to determine whether an activity or project can be evaluated in a reliable and credible fashion (Davies, 2013:1; Trevisan & Haung: 2003:2-9). It is furthermore the ideal that an evaluability assessment should take place before a programme or project is approved, as part of a wider quality assurance process (Davies, 2013:21). The benefits of an evaluability assessment can be that this could lead to more appropriate and realistic outcomes of a programme (Trevisan & Haung, 2003:7), but an evaluability assessment can be time consuming (Trevisan & Haung, 2003:5) and challenging if the project design is weak, however problems in project designs are likely to emerge during implementation (Davies, 2013:9).

Evaluability assessment can hence be done as either formative evaluation; process evaluation or summative evaluation (Fouché, 2011:455-460). The researcher therefore had to investigate whether an evaluability assessment will be feasible; thus she enhanced her

knowledge by studying literature in which formative evaluability assessments are defined and utilized (Davies, 2013:1-48; Fouché, 2011:453-457; Smith, 2014:258; Trevisan & Huang, 2003:2-7). The researcher also discovered that an evaluability assessment does not have to be exported as a lock-step linear process assessment (Davies, 2013: 2; Trevisan & Haung, 2003:3), thus some commonly used steps, as suggested by Davies (2013:2-3; 16-17) and Trevisan and Haung (2003:3) were taken into consideration which correlate with the steps of Fouché (2011:456) and used in this study (see figure 14) where after a discussion and conclusion will follow.

4.2.4.1.2 PLANNING AND CONSULTATION

Informal conversations were held with Therapy Services Co-Ordinators at different rehabilitation facilities in South Africa (Bizos, 2015; van Niekerk, 2015; van Vuuren, 2015) and a Therapy Support Specialist, which confirmed that this study would be feasible with professional role-players working within the field of SCI, employed/rendering private professional services at rehabilitation facilities in South Africa. Although the GRPP for SCIPPs is designed to be group sessions that run over a period of six weeks, it could not be presented in this manner to the professionals, as this would have been too time-consuming, non-productive and costly (the rehabilitation facilities have to employ a locum when the employed member of staff is on training). Therefore it was decided to plan the GRPP for SCIPPs to be presented over two 2-day workshops to the panel of professionals.

- ***Negotiations and Arrangements***

Contact was made with a Gatekeeper (a person who controls research access to a specific setting) (Saunders, 2006:126), a Therapy Support Specialist from the Life Health Care Group (one global hospital group with seven different rehabilitation facilities in South

Africa) in order to negotiate and arrange for the formative evaluability assessments (hereafter referred to as [workshops]) to take place (arranging venues and workshop dates); and obtaining contact details of participants.

- ***Continuing Professional Development (CPD) Applications***

All participants included in these workshops are registered with professional councils/statutory bodies, namely South African Council for Social Service Professions (SACSSP) for social workers; and Health Professionals Council of South Africa (HPCSA) for psychologists. The researcher therefore applied at these councils for accreditation for CPD-points. The SACSSP granted 10 CPD-points per registered social worker per 2 day-workshop (see addendum 24). After several communications between the researcher and the accreditation committee of HPCSA, this application was not approved, as the HPCSA argue that research could not be approved for CPD-points.

- ***Preparing the programme-material***

In order to be well-prepared for both workshops (9-10 April 2015 & 16-17 April 2015), the researcher had to draft training manuals; workshop-programmes and attendance registers; programme resources and DVDs; anchors (will be explained later on) and CPD-certificates for all the participants (please see addendum 25). Furthermore, to prepare the participants adequately for the workshop, the researcher also compiled a power point presentation with “refreshing” information regarding social group work (Toseland & Rivas, 2014:11, 13, 23-24) and e-mailed this, together with some resilience literature (Masten & Wright, 2010:222-229) to each participant, before commencement of the workshops (see draft training manual for information on examination CD-copy).

The researcher additionally had to convert the Formulated GRPP for SCIPPs into a complete training manual, which was given to each participant before commencement of the workshops, as well as the other programme material in carry folders (see examination copy CD and addendum 26 for photo of information in carry folders).

4.2.4.2 Step 2: Collecting and analysing data

4.2.4.2.1 Participants and sampling

Purposive sampling was initially used to select the participants (Bertram & Christiansen, 2014:60-61; Strydom, 2011:232) followed by snowball sampling (Neuman, 2012:55-59; Strydom, 2011:233). Purposive sampling refers to the process being used to make decisions about people, settings, events or behaviours to include in the study. Furthermore, the participants are selected according to pre-selected criteria (Bertram & Christiansen, 2014:59; Strydom, 2011:232).

Sampling took place between January 2015 and March 2015. Firstly the researcher identified participants employed at the Life Health Care Group, via the gatekeepers (Saunders, 2006:126), who are professional role-players within the field of SCI (Niewenhuis, 2012:99-117). The last-mentioned participants gave the researcher the contact details of more professionals, employed at other rehabilitation centres who were then also contacted; thus snowball sampling correspondingly took place, where one person can refer the researcher to another person who is also involved in the phenomenon under investigation (Niewenhuis, 2012:99-117; Neuman 2012:55-59; Strydom, 2011:233). Inclusion criteria for participants were that they had to be either social workers; psychologists or registered councillors; with a minimum of two years' experience; employed (or had been employed) at a rehabilitation centre (or hospital) that renders

services to SCI and families; willing to participate by attending a two-day workshop; and also able to communicate in English.

Although “hand-picking” participants might be valuable as experts in the field could be sampled, a limitation of the purposive sampling method is that this strategy may be flawed as it may result in data not being saturated, but this threat could be countered by determining the sample sizes on theoretical saturation (Niewenhuis, 2012:99-117). A strength of snowball sampling is that the researcher could find “hidden populations”, which is participants that could be found, not easily accessible to researchers through other sampling strategies (Niewenhuis, 2012:99-117), as it begins with one or a few people and spreads out familiar on links to the initial people. Neuman (2012:55) also refers to snowball sampling as a multistage technique.

The participants were selected to assist the researcher in answering the particular research question (Niewenhuis, 2012:99-117; Strydom 2011:233), namely: *How will South African professional role-players, working within the field of spinal cord injury, evaluate the newly developed GRPP for SCIPPs?*

Twelve professionals in total (n=12), who are working within the field of SCI, attended two workshops (Workshop 1: n=5; Workshop 2: n=7). Please see characteristics of the participants (n=12), as depicted in table 18.

Tabel 18: Characteristics of the participants

Item	Category	Frequency	Percentage
Gender	Male	1	8.3
	Female	11	91.7
Age	30-39 years	2	16.7
	40-49 years	4	33.3
	50-59 years	4	33.3
	60+ years	2	16.7
Language	English	3	25.0
	Afrikaans	6	50.0
	Setswana	1	8.3
	isiXhosa	1	8.3
	isiNdebele	1	8.3
Occupation	Social worker	8	66.7
	Psychologist	4	33.3
Years' experience	Less than 2 years	1	8.3
	5-10 years	1	8.3
	More than 10 years	10	83.3
Qualifications	Honours / Four-year degree	5	41.7
	Master's degree	5	41.7
	Doctoral degree	2	16.7
Professional registration	SACSSP	8	66.7
	HPCSA	4	33.3

(n=12)

Most of the participants (n=11) were female and one male. Eleven of the twelve participants are professional role-players within the field of SCI. One participant is a social worker with experience in different fields of social work, such as being previously employed in a hospital setting, amongst others. This panel of experts attended one of the two 2-day workshops in April 2015. The participants were social workers (n=8) and psychologists (n=4). The majority of the participants (n=10) had more than 10 years of experience, and were between 40 and 59 years of age. Two of the 12 participants held a PhD degree in their respective fields, five held a Master's degree and five an Honours or a four-year professional degree. All the participants were professionally registered. Although the selection criteria stated that participants had to have a minimum of two years of

experience, one participant (social worker) requested to participate, even though she only had one year's experience as social worker within the field of SCI. She was included due to two reasons: she worked as physiotherapist in rehabilitation centres with SCI patients for more than eleven years before she studied social work (she is currently employed as social worker at a rehabilitation centre); and she is also a pre-injury SCIPP for the past ten years. Therefore her expertise could add valuable to the research.

4.2.4.2.2 Presenting the two 2-day workshops

The two 2-day workshops entail the presentation of the six group sessions of the GRPP for SCIPPs over a period of two days and were facilitated by the researcher. See figure 16 for the demographical details of the workshops, with further discussion thereafter.

Figure 16: Demographical details of the two 2-day workshops

DATE	TOWN & PROVINCE	TIME ALLOCATION	BREAKS
9-10 April 2015	PRETORIA Gauteng	Day 1: 8:00 – 16:30 Day 2: 8:00 – 14:30	* Two tea breaks (35 minutes per day) * Lunch break (25 minutes) * 5-minute body-breaks (as needed)
16-17 April 2015	JOHANNESBURG Gauteng	Day 1: 8:00 – 16:30 Day 2: 8:00 – 14:30	* Two tea breaks (35 minutes per day) * Lunch break (25 minutes) * 5-minute body breaks (as needed)







On day one the informed consent forms were signed (see addendum 27) and each participant received a programme (see addendum 28); a Training-manual (see examination copy - CD); and a Survival Kit “tool-case” (see addendum 26, as previously mentioned). The participants had necessary breaks (see figure 16) and refreshments were served. Before commencement of session 1 of the GRPP for SCIPPs, the researcher facilitated the participants' expectations of the workshops and wrote it down on a white board. After the presentation of each of the sessions of the GRPP for SCIPPs, the participants had to fill out the self-administered questionnaires (see addenda 29 - 34 and 4.2.4.2.3). Questions were

clarified during the workshops, as needed. Moments prior to termination of day 2 the researcher re-addressed the expectations written on the white board, by using a semi-structured questionnaire (figure 18) so as to guide the facilitation. A research assistant video recorded the participants' feedback during the facilitation.

4.2.4.2.3 Data collection

The researcher utilized two data-collection methods during the workshops, namely self-administered questionnaires (developed by the researcher), with both qualitative and quantitative items (Bowen, 2005:219; Clason & Dormody, 1994:31; Delport & Roestenburg, 2011:188; Neuman, 2012:135); and a video interview of workshop participants (Patton, 2015:428;446). Certain questions need to be posed when a formative evaluation is done. Therefore, during the development of these data collection methods, the researcher took into account that a formative evaluability assessment attempts to determine whether a programme meets certain pre-conditions (Fouché, 2011:456-457) and therefore the pre-conditions of Rossi *et al.* (2004:157-159) were considered. Please see figure 17 with an illustration of these mentioned pre-conditions and a discussion of the two selected data-collection methods utilized.

Figure 17: Pre-conditions when compiling self-administered questionnaires

	Are the programme goals and objectives well defined?
	Are the programme goals and objectives feasible?
	Is the change process presumed in the design of the programme plausible?
	Are the procedures for identifying members of the target population, delivering service to them, and sustaining that service through completion, well defined and sufficient?
	Are the constituent components, activities and functions of the programme well defined and sufficient?
	Are the resources allocated to the programme and its various activities adequate? Rossi <i>et al.</i> (2004:157-159)

- ***Self-administered questionnaires***

Six self-administered questionnaires were developed, one for each session. It contained both quantitative and qualitative items (Clason & Dormody, 1994:31; Delpont & Roestenburg, 2011:188; Neuman, 2012:135). With regard to quantitative items, individual Likert-type items for each of the six sessions were developed. As such, participants were asked to evaluate the outcome and content (procedural elements) of the programme on a seven-point scale ranging from completely disagree (1) to completely agree (7) (Neuman, 2012:135). As explained earlier, the purpose of the individual Likert-type items on the questionnaire was not to generate descriptive statistics, but merely to focus the participants' attention on a specific core aspect of the programme content or activity, after which they were requested to construct reasons for their rating by means of written explanations (narratives) clarifying the reasons for the score given. The written feedback was used to refine the GRPP for SCIPPs. The use of Individual Likert-type items and written narratives to evaluate the content (procedural elements) and outcome of programmes in this way has been successfully implemented in a number of studies which also focussed on small samples (Beattie *et al.*, 2013:308; Power *et al.*, 2013:6-7).

The development of the self-administered questionnaires, and Likert-type items were done in collaboration with a statistical consultant employed by Optentia Research Programme at the North-West University, Vaal Triangle Campus. This statistician also assisted in conducting the quantitative data analysis. During the development of the self-administered questionnaire the researcher first identified the core content as well as the various procedural elements for each session that needed to be evaluated. In addition, the researcher also bore in mind the pre-conditions of an evaluability assessment (see figure 17). Hereafter the researcher formulated statements and questions. Next the statistician assisted in refining the statements and questions, and recommended a seven-point scale. Each question was followed up with a request to motivate the reason for the score given. Before pilot testing, the researcher double-checked every question (Rossi *et al.*, 2004:157-159) to ensure that the necessary information was taken into account. The self-administered questionnaire was hereafter pilot tested with two experienced social workers who had background knowledge of the GRPP for SCIPPs (Strydom, 2011:236-247). After the pilot test, amendments were made, mainly pertaining to the technical layout of the questionnaires. Each question or statement on the self-administered questionnaire focussed on an individual aspect and it did not evaluate a core idea or phenomenon. The strengths of utilizing Individual Likert-type items in a self-developed questionnaire is the uncomplicatedness of using it (Neuman, 2012:138) and that it could be used to determine the relative intensity of different items (Babbie & Mouton, 2012:154).

- ***Video recordings***

After each workshop, further qualitative feedback was obtained and facilitated by the researcher; video-recorded by a research-assistant, and entails a short reflection by each participant regarding their overall feedback concerning the GRPP for SCIPPs. This

feedback has two purposes, namely: (a) to obtain the participants’ overall feedback after attending the 2-day workshop, regarding the GRPP for SCIPPs (b) secondly, enhancing trustworthiness, to eliminate any misunderstandings, as the researcher is “the instrument” of qualitative data collection, in this study (Niewenhuis, 2012:99-117; Marshall & Rossman, 2016:44,46).

When formulating questions for the general feedback, the researcher took the following into account: (a) the pre-conditions of Rossi *et al.* (2004:157-1590), and (b) to ask open-ended questions to permit the participants to take whatever direction and use whatever words they want to express their opinion (Patton, 2015:446-447). The facilitation took part in group-format, facilitated by the researcher, allowing each participant an opportunity to reflect on their experience of the content of the presented/facilitated GRPP for SCIPPs during the workshop. Please find the guideline with semi-structured questions (Bertram & Christiansen, 2014:76) posed by the researcher during these video-recordings (figure 18).

Figure 18: Semi-structured questionnaire for video-recordings after each of the two 2-day workshops

SEMI-STRUCTURED QUESTIONS	
Question 1	At the start of the workshop you indicated your expectation of the GRPP for SCIPPs to be _____ (researcher read the specific participants’ written expectation from the white board). With regard to your initial expectations, please tell us about your reaction to the GRPP for SCIPPs.
Question 2	Please indicate whether you have any more comments, suggestions or recommendations, other than posed in the six self-administered questionnaires.

4.2.4.2.4 ETHICAL CONSIDERATIONS

Clear, generally written informed consent forms were sent via e-mail to each participant before commencement of the workshops (see addendum 27). This allowed for a “cooling

off period” during which the participants could study the informed consent form and make an knowledgeable decision on whether or not they would have liked to participate. These consent forms informed them about the purpose and nature of the research and what their participation would entail (Jackson, 2011:54); the dates and duration of the workshops; possible risks; benefits; voluntary participation; confidentiality; dissemination of information; permission for identification for a follow-up workshop in 2016; and their permission that the researcher may use their ideas/advice/recommendations to further develop the GRPP for SCIPPs (Jackson, 2011:46-56; Patton, 2015:497; Yegidis *et al.*, 2012:37-38).

Strydom (2011:124) argues that a researcher must ensure the participants that he/she is competent and adequately skilled to undertake the investigation at hand, thus the researcher informed the participants that she is a SCIPP herself; a registered social worker at the South African Council for Social Service Professions (SACSSP); has obtained a Master’s degree titled: [Egpare se belewenis na ‘n spinalekoordbesering van ‘n egmaat] (Steyn, 2008:1-114); and has 18 years’ experience in the field of social work.

All the participants voluntarily signed the informed consent forms on the morning before commencement of the first day of the workshops (Jackson, 2011:54; Neuman, 2012:59-60). The facilitation and participation was conducted in English, as this was the common language spoken by all, and they indicated to be comfortable using English, although most participants’ mother tongue was not English.

4.2.4.2.5 DATA ANALYSIS

In this section both quantitative and qualitative data analysis methods were employed as illustrated in figure 19 and followed by a discussion. Next, a summary is provided of the

mean and standard deviation of the procedural elements. Hereafter the findings from both quantitative and qualitative data analysis per session are depicted in tables 21 - 29 with a reflection on the findings after each table. Most emphasis was placed on the qualitative findings which were primarily utilized to refine and further develop the GRPP for SCIPPs. Please see figure 19 for a summative illustration of the data collection and analyses employed during this study.

Figure 19: A summative illustration of the collection and analysis of the data



As mentioned earlier, the researcher was assisted by a statistical consultant at Optentia (NWU, Vaal Campus) with the analysis of quantitative data. Due to the small sample (n=12) and the fact that the refinement and further development of the GRPP for SCIPPs is mainly based on qualitative feedback, only basic descriptive statistics (mean and standard

deviation) were conducted using the statistical package for the social sciences (SPSS) (Garth, 2008). The term mean is used to describe the central tendency of a large data set, and variety provides context for the mean (Rouse, 2009). It is determined by adding all the data points in a population and then dividing the total by the number of points and the resulting number is known as the mean or the average (Techopedia, 2015).

The goal of “standard deviation” is to get the standard, typical distance from the “mean” (Sathy, 2013), thus standard deviation describes how close to the mean the individual participants’ scores are (Sparkling Psychology Star, 2013); therefore a standard deviation of zero indicates all values in the set are the same. Thus, a smaller standard deviation illustrates that if the scores are much closer to the average, than the participants’ score closer to the mean, therefore there is consensus regarding the mean (Sathy, 2013). In this study the standard deviation strengthens the interpretation of the qualitative findings.

Please see table 19 with Likert means and the standard deviation for all six sessions, as well as pertaining to the complete GRPP for SCIPPs with a brief description.

Table 19: Likert means (M) and standard deviation (SD) of the GRPP for SCIPPs

Variable	M	SD
Session 1	6.75	0.45
Session 2	6.44	0.53
Session 3	6.73	0.47
Session 4	6.82	0.60
Session 5	6.83	0.58
Session 6	7.00	0.00
TOTAL	6.76	0.43

Description of the mean (M) and standard deviation (SD) pertaining to the GRPP for SCIPPs

With a mean of 6.76, and an associated SD of 0.43, the panel of experts indicated high levels of consensus pertaining to the effectiveness of the GRPP for SCIPPs.

Next please find information regarding the seven procedural elements of the GRPP for SCIPPs (table 20) evaluated during the workshops, contained in the self-administered questionnaires, and linked to the relevant sessions during which they emerge.

Table 20: Procedural elements included in the GRPP for SCIPPs

Procedural elements	SESSION 1	SESSION 2	SESSION 3	SESSION 4	SESSION 5	SESSION 6
Outcomes & <i>Contract (only in session 1)</i>	X X	X	X	X	X	X
Icebreaker	X	X	X	X	X	X
DVDs: SCIPPs and/or people with SCI	X	X	X	X	X	X
DVDs: Professionals	X	X	X	X	X	X
Resilience-promoting activities (RPAs); as well as <i>Invitation (only in session 5)</i> & <i>“Letter to myself” (only in session 6)</i>	X	X	X	X	X X	X X
Anchor (no anchor in session 6)	X	X	X	X	X	
Survival kit (SK)	X	X	X	X	X	X

These selected procedural elements relate to the pre-conditions considered when compiling the self-administered questionnaires, as suggested by Rossi *et al.* (2004:157-159) (see figure 17) in combination with the goals, activities and programme media of the GRPP for SCIPPs (see draft training manual of April 2015 on provided examination copy - CD). As depicted in table 10, three additional programme activities were included during sessions 1, 5 and 6 of the GRPP for SCIPPs, namely Contracting with SCIPPs; Invitation to SCI partners; and a “Letter-to-myself-exercise” but were grouped with some of the other mentioned procedural elements in table 20, as they best fit these procedural elements’ outcomes, and will be discussed as such.

For the purpose of this manuscript, the researcher reports on step 2 and step 3 of phase 5 (Fouché, 2011:456) together in tables 21-29, and a reflection on the findings follows after each mentioned table with a view to streamline how the intervention was refined by the researcher after analysing the data. The themes that emerged from the video-recordings (tables 27 & 28) will be depicted in table 29 and a summary of the planned changes to the GRPP for SCIPPs will be demonstrated in table 30, where after a discussion will follow and conclusions be drawn.

4.2.4.2.6 Trustworthiness

The traditional criteria for ensuring the credibility of research data, namely objectivity, reliability and validity are used in quantitative and experimental studies because they are often based on standardized measuring instruments (Anney, 2014:272; Shenton, 2004:64). In contrast, qualitative studies are usually not based upon standardized instruments and they often utilize smaller, non-random samples. Therefore these evaluation criteria cannot be strictly applied to a qualitative study, mainly because the researcher is more interested in understanding how participants construct meaning and interprets a specific phenomenon (Patton, 2015:244-326). In qualitative studies, trustworthiness is the corresponding term used as a measure of the quality of the research. It is the extent to which the data and data analysis are believable and trustworthy. Both workshops were audio-recorded with the participants' permission, to enhance reliability of the procedures and data collection of the workshops (Braun & Clarke, 2006:77-101; 2013:5-23; Schurink, *et al.*, 2011:419-421). The researcher used these mentioned recordings as a back-up, to be transcribed should it become necessary (e.g. if any uncertainties might arise which need clarification), as researchers (Denzin & Lincoln, 1994:575-586; Schurink *et al.*, 2011:419-421) advocate that trustworthiness can be ensured/established by using four strategies: credibility,

transferability, dependability and conformability in qualitative research; and Delpont and Roestenburg (2011:172) emphasize the importance of validity and reliability (trustworthiness) as the two most important concepts of measurement in quantitative data. Please see figure 20 for clarification on how the researcher ensured/established trustworthiness during the course of this whole study.

Figure 20: Trustworthiness applicable to this study

STRATEGIES OF TRUSTWORTHINESS	APPLICATION TO THIS STUDY
<p>CREDIBILITY: The extent to which the data and data analysis are believable and trustworthy.</p> <p><i>Credibility strategies:</i> prolonged and varied field experience, flexibility(research journal); peer review; triangulation; member checking)</p>	<p>Being a qualitative researcher during intervention, research creates a multi-faceted role and several authors stipulate the inclusion of a reflexive approach when there is a dual role for the researcher (Trondsen & Sandaunet, 2009:13-20). At all stages in the research, the impact of the researcher in terms of data generation and analysis, relationships in the process, and how one is addressed as a researcher and facilitator should be documented and become part of the analysis. Hence reflexivity establishes the researchers' integrity. In this study the researcher included a research journal and audit trail (Arber, 2006: 885-895). Inclusion of member checking into the findings, namely gaining feedback on the content and procedural elements of the GRPP for SCIPPs by professional role-players in the field of SCI, contributes to the credibility of the study.</p>
<p>TRANSFERABILITY: The extent to which other researchers can apply the findings of the study to their own study.</p> <p><i>Transferability strategy:</i> Provide thick descriptions</p>	<p>Transferability was enhanced in this study by providing a detailed, thick description of the setting studied; research methodology; and procedures to provide other researchers with sufficient information to be able to judge the transferability of the findings to other settings.</p>
<p>CONFIRMABILITY OF THE FINDINGS: The extent to which the research findings can be confirmed or corroborated by others. AND DEPENDABILITY: The extent to which research findings can be replicated with similar participants in a similar context. Thus, the study should be reported in detail, enabling other researchers to repeat the work and gain the same results.</p> <p><i>Dependability strategies:</i> audit trail; stepwise replication; independent coding; peer review of findings.</p>	<p>In this manuscript, two independent coders were analysing the data. This was followed by consensus discussions prior to finalising the themes/sub-themes. An audit trail of coding decisions made was documented, which allows other researchers to trace the course of the research step-by-step via the decisions made and procedures described. The audit trail is represented in various diagrams throughout the manuscript. The research procedures were discussed stepwise.</p>

Anney (2014:272-281); Flick (2011:194); Lietz *et al.* (2006:450); Shenton (2004:64-72)

4.2.4.3 Findings according to themes; & refining the intervention (step 3)

In tables 21 - 29 the findings and refining of the intervention resulting from the analysis of data collected by means of the self-administered questionnaires are depicted per session. The findings and resulting amendments to the GRPP for SCIPPs are exposed with an illustration of the procedural elements which were evaluated during each session. The Likert means and standard deviation is given for each procedural element, with an emphasis on recommendations and suggestions extracted from qualitative data. Illustrative quotes are provided in this regard. Furthermore, these findings (as well as the findings from the video recordings, tables 27 & 28) resulted in compiling main themes (see table 29) that emerged from the analysed data; as well as decisions on the refinement of the GRPP for SCIPPs (step 3), which are all depicted in each table. All tables include a summarised reflection on the findings.

Table 21: SESSION 1- Information on SCI and Resilience

STEP 2: Collecting and analysing data			STEP 3: Findings according to themes (see table 29); and Refining the intervention
Procedural elements	Mean	Std Dev.	
<p>Contract:</p> <p>* See page 5 of the “Draft training manual” used during April 2015</p>	6.75	.452	No written narratives with further motivations or suggestions were given.
<p>Outcomes:</p> <p>* Contracting</p> <p>* Introduce potential negative outcomes of SCI, resilience processes and a RPA that could assist SCIPPs to survive the negative outcomes</p> <p>* Participants completed the evaluation questionnaire</p>	6.75	.452	No written narratives with further motivations or suggestions were given.

STEP 2: Collecting and analysing data				STEP 3: Findings according to themes (see table 29); and Refining the intervention
Procedural elements	Mean	Std Dev.	Motivations and illustrated quotes	
Icebreaker: “Get-to-know-each-other”	6.83	.389	“A fun way to get to know each other” (P-SW).	
DVDs – SCIPPs: * 5 SCIPPs	6.83	.389	“...try to find cross-cultural anecdotes to make it more identifiable” (P-5).	- Inclusion of more SCIPPs of other cultures on the DVDs to be used during the GRPP for SCIPPs.
DVDs – Professionals: * Researcher (background on programme) * Levels of the spinal cord * Resilience (two social work academics)	6.67 6.50 6.42	.651 .674 .793	No written narratives with further motivation or suggestions were given.	
Resilience-promoting activity: * Strong foot	6.92	.289	“Very creative and practical” (P-EA01); “...would be helpful to SCIPPs” (P-EJvR); “...to discover their own strengths” (P-SW); The facilitator should be cautious of the fact that: “...some participants might need assistance with this exercise or more time to go through a process of introspection” (P-SW).	- Facilitator should be sensitive towards SCIPPs’ possible need for assistance with the “Strong-foot” exercise.
Anchor: **“Cut back-Cut thru” -fridge magnet	6.83	.389	“Excellent for SCIPPs to refer back to” (P-Red); “Well done. This is practical and caters for all cultures. Very helpful for the therapist” (P-EA01).	
Survival kit: * Survival kit DVD * Questionnaire	5.83 6.67	1.115 .492	The survival kit has the potential of assisting the SCIPPs further between session 1 and session 2: “...these will be enough material/inputs to focus on” (P-4810). One participant suggests that information regarding a certain ritual among some cultures in South Africa,	- Include information (video-recording) on the “Thoba” ritual on Survival kit-DVD of session 1.

STEP 2: Collecting and analysing data				STEP 3: Findings according to themes (see table 29); and Refining the intervention
Procedural elements	Mean	Std Dev.	Motivations and illustrated quotes	
			called the “Thoba” ritual should be included in the programme-media through combination with the DVD-insert of the professionals, as rehabilitation facilities find this ritual to be a common occurrence among some cultures, probably due to ignorance of patients and their families, with devastating negative effects for people with SCI, as this causes burn wounds (and can result in pressure sores) which can take months or even years to heal: “... explain the “Thoba”-ritual, as a means of causing pressure sores....hot water is mixed with salt and the feet [sometimes the whole body] are dipped into the water ...” (P-M2D).	
TOTAL:	6.75	0.43		

REFLECTION ON FINDINGS
<p>The first session of the GRPP for SCIPPs was positively rated as reflected upon in the quantitative (M=6.75; SD=0.45), as well as qualitative findings. Hence, although less consensus among the participants were obtained pertaining to the “DVDs of SCIPPs” (M=5.83; SD=1.115), still valuable suggestions have been made by one participant regarding the latter, namely that the SCIPPs (DVDs) should be more representative of other cultures, which will be adhered to when refining the programme (table 30). The recommendation of including information regarding the “Thoba” ritual on the Survival-kit DVD (M= 5.83; SD= 1.115) will be helpful to cultures that do believe in this ritual and might therefore prevent the possibility of burn wounds and pressure sores, as the SCIPPs will be adequately informed. Furthermore the researcher is sensitized by suggestions that the facilitator of the GRPP for SCIPPs should be prepared for the possible necessity for some SCIPPs to be additionally assisted during the performance of the RPA (M= 6.92; SD= .289) of this session, as this procedural element entails a process of introspection.</p>
<p>Please see table 29 with themes that emerged from the analysed data.</p>

Table 22: SESSION 2- Help SCIPPs understand/realize that their reactions/emotions to these huge changes are normal

STEP 2: Collecting and analysing data				STEP 3: Findings according to themes (see table 29); and Refining the intervention
Procedural elements	Mean	Std Dev.	Motivations and illustrated quotes	
<p>Objectives:</p> <ul style="list-style-type: none"> * Continue creating awareness of potential negative outcomes of SCI, resilience processes and a RPA that could assist SCIPPs in surviving the negative outcomes * Educate about loss and the trauma process * RPA that could assist SCIPPs in surviving the negative outcomes * Participants complete the evaluation questionnaire 	6.83	.389	“...good link to the theme of the session” (P-EJvR).	
<p>Icebreaker</p> <ul style="list-style-type: none"> * “Picture” 	6.75	.622	No written narratives with further motivation or suggestions were given.	
<p>DVDs – SCIPPs:</p> <ul style="list-style-type: none"> * 3 SCIPPs 	6.33	.985	<p>“...helped to normalize different reactions” (P-SW), and is seen as a valuable supplement to this session with commendable time-allocation.</p> <p>The different cultures might not be represented equally: “...try to find cross-cultural anecdotes to make it more identifiable” (P-5).</p>	- Inclusion of more SCIPPs of other cultures on the DVDs to be used during the GRPP for SCIPPs.
<p>DVDs – Professionals:</p> <ul style="list-style-type: none"> * Trauma therapist 	5.33	1.969	“Good information and well detailed “(P-Yaya); “Interesting from a professional point of view but ... too detailed. It depends on the educational level of your group members whether they will understand and appreciate the info” (P-SW).	- Facilitator should assess whether the SCIPPs would be able to understand the information on the DVD or not. If not, the facilitator should/could simplify the information and/or omit showing this DVD during the group session.
<p>Resilience-promoting activities:</p>			“... visualization will be a very good technique to develop resilience” (P-EJvR); “Baie nodig om groep se	

STEP 2: Collecting and analysing data				STEP 3: Findings according to themes (see table 29); and Refining the intervention
Procedural elements	Mean	Std Dev.	Motivations and illustrated quotes	
* "PNI-Goal" exercise * Powerful arm	6.58 6.58	.669 .669	vordering, groei, betrokkenheid te meet" (P-MvdM); "Allowing SCIPPs choices and promoting resilience" (P-Red).	
Anchor: **"Cut back-Cut thru" fridge magnet	6.83	.389	"Concrete reminders of the message given" (P-SW); "very powerful" (P-Blue); and "Allowing SCIPPs choices and promoting resilience" (P-Red).	
Survival kit: * Survival kit DVD * Questionnaire	6.00 6.75	.866 .452	"... easy to understand ..." (P-Yaya); "I would simplify the language in the questionnaire" (P-SW).	- Researcher should simplify language in the questionnaire.
TOTAL:	6.44	0.53		

REFLECTION ON FINDINGS
<p>Session 2 of the GRPP for SCIPPs has an appreciated habitation in this intervention (M=6.44; SD=0.53), supported with qualitative results; hence not all reviewers were in agreement with regard to the "DVDs of professionals" (M= 5.33; SD= 1.969). Taking the latter into consideration, as well as the applicable illustrated quote, future facilitators of this intervention should be sensitized regarding the possibility that some participating SCIPPs might not be able to understand the information on the DVD and that the facilitator might need to simplify the information and/or omit showing this DVD during this group session, and/or maybe just convey the information on in simple terms.</p> <p>With regard to the "DVDs-SCIPPs" (M= 6.33; SD= .985) one participant suggested that the researcher include more SCIPPs of other cultures to share their lived-experiences on the DVDs. Another suggestion from one of the participants was to simplify the language used in the questionnaire (M= 6.75; SD= .452), to probably suit the target population better, which will be adhered to.</p>

	Please see table 29 with themes that emerged from the analysed data.	
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Table 23: SESSION 3- Caretaking and support

STEP 2: Collecting and analysing data				STEP 3: Findings according to themes (see table 29); and Refining the intervention
Procedural elements	Mean	Std Dev.	Motivations and illustrated quotes	
<p>Objectives:</p> <ul style="list-style-type: none"> * Continue creating awareness of potential negative outcomes of SCI, resilience processes and resilience-promoting skills that could assist SCIPPs in surviving the negative outcomes * Educate about physical caretaking of the partner who has acquired an SCI * RPA that could assist SCIPPs in surviving the negative outcomes * Complete the evaluation questionnaire 	6.75	.452	Ten of the twelve participants “completely agreed” and the other two “mostly agreed” that the objectives of this session are feasible and support the theme of the session.	
<p>Ice-breakers:</p> <ul style="list-style-type: none"> * “Money vs. Seconds” 	6.91	.302	“Very fun activity with an educational content” (P-Red); “Powerful activity” (P-SW), and “Great one – positive” (P-Blue).	
<p>DVD's – SCIPPs:</p> <ul style="list-style-type: none"> * 5 SCIPPs 	6.75	.622	“Very emotional and observational” (P-M); “Very meaningful to hear different experiences and different ways of doing things” (P-EJvR); “Baie waardevol – realiteit. Wys (bevestig) dat daar nie net een reël is nie. Dit wat vir jou in jou situasie werk, is goed!” (MvdM); “Variety of perspectives on care after an SCI. Everyone decides what works best for them” (P-SW); “Maybe all the “participants” (SCIPPs on DVD) should express themselves in their own language” (P- Hearts).	- The researcher will bear in mind to see whether more SCIPPs will/might be video-recorded (DVDs) to be included in the GRPP for SCIPPs, to allow them to express themselves in their own language.
<p>DVDs Professionals:</p>			“All the things SCIPPs and family need to know [is included on this DVD] and are seldom known or	- It might not be necessary to show all the video-inserts of the professionals during the group

STEP 2: Collecting and analysing data				STEP 3: Findings according to themes (see table 29); and Refining the intervention
Procedural elements	Mean	Std Dev.	Motivations and illustrated quotes	
* Social work academic	6.09	1.221	understood” (P-Blue); “To be utilized by those who need more info” (P-4810).	session. The facilitator should assess whether or not the group has a need for this information, and if not, the DVD of the professionals could be omitted in session 2.
* Social worker	5.58	1.676		
* Physiotherapist	6.33	1.073		
* Occupational therapists (x2)	6.08	1.379		
Resilience-promoting activities:			“Excellent ideas that are defining resilience-promoting tools” (P-Red); “Excellent activity” (P-4810); “A bit difficult exercise but with some practice could be very helpful” (P-EJvR).	- The facilitator should assess whether the SCIPPs might need more assistance with these resilience-promoting activities, as this might be a challenging exercise to do.
* “Finding your heart”	6.75	.452		
* “Freeze frame”	6.67	.492		
Anchor:	6.92	.289	“Excellent” (P-4810); “Questionnaires good. Very relevant” (P-EA01); “Original” (P-M2D); “Lovely!” (P-Blue).	
* “Cut back-Cut thru”-fridge magnet				
Survival kit:			No written narratives with further motivations or suggestions were given.	
* Survival kit DVD	6.45	1.036		
* Questionnaire	6.83	.389		
TOTAL:	6.73	0.47		

REFLECTION ON FINDINGS
Both the quantitative (M=6.73; SD=0.47) and qualitative results convey overwhelming optimistic responses and feedback from the participants. The researcher became aware of the fact that once more, it might not be necessary to show all the DVD-inserts of the professionals (M=6.02; SD=1.337) during this group session, but that future facilitators should be advised to assess what information is needed within a particular group and should then adapt to that need.

With regard to the RPAs (M=6.71; SD=.472), three participants warned that the participating SCIPPs might need more assistance when addressing this procedural element during session 3, as this might be a challenging exercise to do, which will also be a worthy hint on which to focus future facilitators' attention.

Please see table 29 with themes that emerged from the analysed data.

Table 24: SESSION 4 - My dual role

STEP 2: Collecting and analysing data				STEP 3: Findings according to themes (see table 29); and Refining the intervention
Procedural elements	Mean	Std Dev.	Motivations and illustrated quotes	
<p>Objectives:</p> <ul style="list-style-type: none"> * Continue creating awareness of potential negative outcomes of SCI, resilience processes and resilience-promoting skills that could assist SCIPPs in surviving the negative outcomes * RPA that could assist SCIPPs to survive the negative outcomes * Participants complete the evaluation questionnaire 	6.83	.389	This session's objectives seem to be "Clear, concise, informative" (P-SW) with ratings of "completely agree" and "mostly agree".	
<p>Icebreaker:</p> <ul style="list-style-type: none"> * "Tie-me-up-and-let-me-eat" 	6.82	.603	No written narratives with further motivations or suggestions were given.	
<p>DVDs – SCIPPs:</p> <ul style="list-style-type: none"> * 5 SCIPPs 	6.82	.405	"Very meaningful to hear everyone's story and how they progressed" (P-SW); "So positief om te hoor van mense wat in die ware situasie is" (MvdM); "Excellent inputs from SCIPPs. Valuable to learn from persons in the situation" (P-4810); "The SCIPPs' inputs are very valuable and inspiring" (P-Hearts).	
<p>DVDs – Professionals:</p> <ul style="list-style-type: none"> * Social Worker * Sexologist 1 * Sexologist 2 			<u>Inputs and suggestions regarding Dr Holmes' DVD-insert (first sexologist on DVD):</u> "He discussed important concepts in a very elegant way. I liked the remarks about personality and a shift of focus away from disability to the needs of the partner. Possibly these needs to be discussed in the group	

STEP 2: Collecting and analysing data				STEP 3: Findings according to themes (see table 29); and Refining the intervention
Procedural elements	Mean	Std Dev.	Motivations and illustrated quotes	
* Author of "5 Love Languages"	6.62 6.91 6.75 6.75	.924 .302 .866 .622	<p>content to help SCIPPs integrate the info" (P-SW); "Kombinasie van professionele plus eie ervaring – baie positief en waardevol"; (P-MvdM): "Excellent to learn from a person in the situation" (P-4810); "Very good. Such an important area. Good practical information" (P-EJvR); "This was a very meaningful video. Lots of practical info, simplifying the whole topic of sex after SCI" (P-SW).</p> <p><u>Some narratives regarding Mr Stighlingh's inserts (second sexologist on the DVD):</u> "Well, we certainly needed this" (P-Hearts); "Very useful for patients, creating hope!" (P-EJvR); "Well done and explained" (P: Yaya); "Excellent choice for on-going relationship health and growth, provides hope and stimulates creative energy" (P-Blue). Although this GRPP for SCIPPs is tailor-made for the needs of female SCIPPs, three participants suggested the importance of including information regarding sexuality of females with acquired SCI, on the DVDs as well.</p>	
Resilience-promoting activity: * The 5 Love Languages	6.75	.622	"Was very good to show importance of communication and also the difficulties in reaction to asking for help and being in loss of control" (P: Red); "Brilliant. Huge learning in identification of empathy/compassion/insight" (P: Blue).	
anchors: * The "5 Love Languages"-fridge magnet * "Cut back-Cut thru"-fridge magnet	6.83	.577	"Applicable" (P-SW); "Very creative. Fantastic" (P-EJvR); "Kan dalk in groep deur SCIPPs self geteken word, aktiwiteit terwyl bespreek word" (P-MvdM).	- Facilitator could give group members (participating SCIPPs) a choice as to whether they would like to make their own anchor regarding the "5 Love Languages", instead of supplying them with the fridge magnet anchor.
Survival kit:			With regard to the survival kit, all the activities included in the survival kit	

STEP 2: Collecting and analysing data				STEP 3: Findings according to themes (see table 29); and Refining the intervention
Procedural elements	Mean	Std Dev.	Motivations and illustrated quotes	
* Survival kit DVD	6.75	.866	are widely appraised by a majority of the participants.	
* Questionnaire	6.83	.389		
* Reading material	6.75	.622		
TOTAL:	6.82	0.60		

REFLECTION ON FINDINGS
<p>Session 4 was tremendously positively scored via the quantitative (M=6.83; SD=0.60) and qualitative feedback of the panel of experts. Most narratives (qualitative data) were focused on the video-recordings (DVDs) of the two sexologists. When reflecting on both multi-method feedback of the sexologists (M= 6.76; SD= .613), it is interesting to learn that the information the two sexologists conveyed was not only experienced to be appreciated information for the SCIPPs, but will also be valued to enhance future facilitators' knowledge pertaining to this topic.</p> <p>With regard to the anchor (M=6.83; SD=.577), one participant suggested that the facilitator could give the participating SCIPPs a choice as to whether they would like to make their own anchor, instead of supplying them with the anchor (fridge magnet), which might be a creative idea to bring to the attention of future facilitators.</p> <p style="text-align: center;">Please see table 29 with themes that emerged from the analysed data.</p>

Table 25: SESSION 5 - Own caretaking by SCIPP

STEP 2: Collecting and analysing data				STEP 3: Findings according to themes (see table 29); and Refining the intervention
Procedural elements	Mean	Std Dev.	Motivations and illustrated quotes	
Objectives: * Continue creating awareness of potential negative outcomes	6.92	.289	No written narratives with further motivations or suggestions were given.	

STEP 2: Collecting and analysing data				STEP 3: Findings according to themes (see table 29); and Refining the intervention
Procedural elements	Mean	Std Dev.	Motivations and illustrated quotes	
<p>of SCI, resilience processes and resilience-promoting skills that could assist in surviving the negative outcomes</p> <p>* Creating awareness about the importance of own caretaking in order to better maintain stress and cope competently with the adversity</p> <p>* RPA that could assist SCIPPs in surviving the negative outcomes</p> <p>* Participants complete the evaluation questionnaire</p>				
<p>Icebreaker:</p> <p>* “Hour glass or Faces?”</p>	6.58	.669	<p>“Good link to what you are trying to achieve. Good link to aim of session and resilience’ (P-EJvR); “Help to establish internal locus of control” (P-SW); “Kan dien as ‘n goeie besprekingspunt – eie opinies vs. almal se raad” (P-MvdM); “The icebreaker is appropriate but I am wondering if there isn’t something else more appropriate to the ‘empty tank’ – ‘fill the tank’ – and monitoring that ... not sure if this is useful, just sense that there might be a different icebreaker that hits the audience better” (P-Blue).</p>	<p>- Researcher could consider changing this icebreaker to something else, but no suggestions were made with regard to another icebreaker. Also only one participant made this suggestion and there is no substantial evidence that another icebreaker might be more suitable during this session. Therefore the icebreaker won’t be changed.</p>
<p>DVDs – SCIPPs:</p> <p>* 4 SCIPPs</p>	6.75	.866	<p>“It is extremely important and helpful” (P-M); “Valuable info by SCIPPs” (P-4810); “Provides a lot of hope” (P-SW); “Eie belewenis wat gedeel word dra absoluut gewig” (P-MvdM); “Good info for the importance of resilience” (P-EJvR); “English sub-titles can be translated more fully” (P-EJvR).</p>	<p>- Only one participant suggested that the researcher could/should consider translating the English-subtitles more fully. This could be adhered to when recording more SCIPPs in future, as this suggestion was only made by one participant and also only during this session.</p>
<p>DVDs – Professionals:</p> <p>* Social work-academic</p>	6.58	.900	<p>“I find it very important as people tend to neglect themselves because of feeling guilt. SCIPPs need to have leisure time to themselves” (P-Yaya); “Self-care is important –</p>	<p>- Researcher/facilitator could consider including “laughter therapy” in each session, as suggested by one participant. Since this might not be</p>

STEP 2: Collecting and analysing data				STEP 3: Findings according to themes (see table 29); and Refining the intervention
Procedural elements	Mean	Std Dev.	Motivations and illustrated quotes	
			good suggestions” (P-EA01); “Simple suggestions made by Prof which can be used by SCIPPs – things they can identify with” (P-Red) and that the given advice could be helpful: “Practical, meaningful advice” (P-SW); “Laughter therapy – can be something nice to include at each session with the SCIPPs” (P-EJvR).	appropriate to the situation the SCIPPs might find themselves in during the time the group sessions will take place, the researcher would rather test this recommendation in the future; when further programme-refining will be done.
Resilience-promoting activities: * Energy investment * “PNI-Awareness exercise”	6.92 6.83	.289 .389	“Good exercise. Clear how it links with resilience. Enjoyed it. Can imagine that it would be very helpful and meaningful for SCIPPs” (P-EJvR); “Good to facilitate relaxation, inner strength and introspection” (P-SW); “Powerful technique to get in touch with your own feelings” (P-4810); “Practical and insightful” (P-M2D); “Wonderful – the flow of receiving and giving helps counter guilt too” (P-Blue); “Good exercise, maybe just adjust so that all cultures understand this to be able to apply” (P-EA01).	- The facilitator could possibly adjust this RPA to suit the needs of the specific cultures in the group. As only one participant recommended this, with no specific suggestions of explanation thereof, the researcher would rather test this recommendation in future, when further programme refining will be done.
Anchors: * “Our 5 senses & Thinking Cap”-fridge magnet * “Cut back-cut thru”-key holder	6.67	1.155	“Excellent, visual cues are so effective. Idea of magnets flow so well which is a reminder of hope, promoting resilience for SCIPPs” (P-Red); and “Excellent to keep with you – functional and comprehensible” (P-4810); “Too many anchors may lose relevance” (P-P5).	- Although one member illustrated that too many anchors may lose relevance, the researcher recognized that the overall M of session 5 is 6.83 (see table 19) and significantly close to 7 (SD of 0.58); as well as the observation that only one participant made a suggestion/comment regarding anchors. Therefore, refining or omitting the anchors of session 5 seems to be irrelevant in this case. This will hence also be investigated when further programme-refining will be done.
Survival kit:			“Easy to understand” (P-Red); “Good information – good to include questionnaire so that SCIPPs can measure their own stress levels and	- Researcher should include more information regarding stress management in the

STEP 2: Collecting and analysing data				STEP 3: Findings according to themes (see table 29); and Refining the intervention
Procedural elements	Mean	Std Dev.	Motivations and illustrated quotes	
* Survival kit DVD * Reading material regarding stress; burnout & balance * Questionnaire	6.42 6.67 6.92	1.165 .651 .289	having suggestions” (P-EJvR “BUT a bit more information about stress management would have been helpful – maybe some recommended actions about self-help books about stress management” (P-EjvR).	GRPP for SCIPPs.
Extra programme media: * Invitation to partner	6.75	.866	No written narratives with further motivations or suggestions were given.	
TOTAL:	6.83	0.58		

REFLECTION ON FINDINGS

This second last session seems to add value to this intervention, taking into account that the findings of the quantitative (M= 6.83; SD= 0.58), as well as the qualitative data convey a message of merit. Although the quantitative data depicted that there seems to be less consensus among the participants on the “Anchors” (M= 6.67; SD= 1.155), and the “Icebreaker” (M= 6.58; SD= .669); no substantial reasoning for omitting these procedural elements were displayed in the qualitative data; therefore the researcher decided not to make any changes to these procedural elements currently, but to investigate these matters during further programme development in 2016. With regard to the DVDs of the Professionals (M= 6.58; SD= .900), a qualitative response was also given that suggested “laughter therapy” should be included in each session. As this suggestion was not motivated clearly, the researcher will not include it in the programme, as this does not seem to be appropriate at this stage of the SCIPPs’ grieving process. With regard to the “DVD – SCIPPs” (M= 6.75; SD= .886) the researcher will be attentive to translating English subtitles more completely when new video recordings will be made in future, although this suggestion will be taken cautiously, as exposing SCIPPs to too much reading might be cognitively overloading to them, given their current situation. Furthermore, including more information regarding stress management could add value to the SCIPPs’

promotion of resilience, and will be adhered to.

Please see table 29 with themes that emerged from the analysed data.

Table 26: SESSION 6: Termination and the way forward

STEP 2: Collecting and analysing data				STEP 3: Findings according to themes (see table 29); and Refining the intervention
Procedural elements	Mean	Std Dev.	Suggestions and illustrated quotes	
<p>Objectives:</p> <ul style="list-style-type: none"> * Continue creating awareness of potential negative outcomes of SCI, resilience processes and resilience-promoting skills that could assist in surviving the negative outcomes * Participants complete the evaluation questionnaire * Addressing emotional reactions of SCIPPs due to termination * Evaluation and termination of group sessions with SCIPPs: How to facilitate * Way forward and assisting SCIPPs with termination 	6.82	.405	Mutual agreement on the feasibility of the goals and objectives.	
<p>Icebreaker:</p> <ul style="list-style-type: none"> * "Fairy tale" 	5.00	1.414	"Facilitator should judge the group well. It might be a bit 'infantile' for some people" (P-SW); "The story displayed easily the message. However, I feel it might be too long winded for SCIPPs... this should be shortened. With the same content it would be beneficial" (P-Red); "It just feels too long, complicated and possibly won't be grasped by some clients... need something less complicated and that has more of a motivational component to be lasting" (P-Blue).	- The researcher should consider changing the icebreaker of session 6 to something more appropriate for SCIPPs.
<p>DVDs – Spinal cord injured people:</p>			"Overall the participants gave very helpful information! Motivation for couples!" (P-EA01); "Very good simple info that people can relate to" (P-Red); "Focussed on respect in marriage and giving each other space to develop..." (P-	- Only one SCIP (out of seven males) on the DVD gave detailed information about his struggles due to his SCI and was evaluated by participants as

STEP 2: Collecting and analysing data			Suggestions and illustrated quotes	STEP 3: Findings according to themes (see table 29); and Refining the intervention
Procedural elements	Mean	Std Dev.		
<p>IMPORTANT NOTE: During the facilitation of these video-recordings the partners of the participating SCIPPs (in the GRPP for SCIPPs) will be present to also view these DVDs (please see the draft training manual (April 2015 (51 – 57) on the “examiners CD-copy” for more clarity regarding the latter).</p>			<p>SW); “Good emphasis on how you can still support your partner emotionally ...” (P-EJvR); “Kultuur verskil en belewenis – goed om te hoor” (P-MvdM).</p> <p>“Detailed account of the process of mourning – withdrawal – depression – blaming ... good life coaching” (P-M2D); “Most ‘honest’ account of a process in terms of being real about the depression and struggle. Thank you so much” (P-Blue); “...good that he talked about his depression” (P-EJvR); “Johan gave a good overview on his personal experience of his injury and how he survived, especially his depression. How to create a balanced life” (P-SW); “Goeie realistiese weergawe! Fases van verlies kom duidelik na vore = Hoopvol” (P-MvdM); “Good input – honest about what he went through which is ‘normal’ in this abnormal situation” (P-4810); “Would have liked one of the survivors to also just give other people with SCI permission to mourn the loss and how this is different from self-pity” (P-EJvR).</p>	<p>extremely valuable and much needed. Therefore, the researcher should consider including more video-recordings of SCIPPs who share their individualized mourning process as this could assist both the SCIP with the newly acquired SCI, and the SCIPP to understand that bereavement forms part of the process of adaptation/resilience-promoting, and that this could assist both partners to “normalize” certain emotions and reactions.</p>
	6.91	.302		
	6.73	.467		
	7.00	.000		
	6.91	.302		
	7.00	.000		
	7.00	.000		
	7.00	.000		
<p>DVDs – Professionals:</p> <p>* Researcher (closure)</p>	6.70	.675	No written narratives with further motivations or suggestions were given.	
<p>Resilience-promoting activity:</p> <p>* “Letter-to-myself” exercise</p>	7.00	.000	“Effective method of terminating group” (P-Red); “Good termination tool” (P-M2D); “Great exercise! Great way to follow up and let the SCIPPs encourage themselves” (P-EJvR); “A good way to keep contact up with all group members” (P-4810).	
<p>Anchor</p>			No extra anchor was given during session 6 as the last anchor (session 5)	

STEP 2: Collecting and analysing data				STEP 3: Findings according to themes (see table 29); and Refining the intervention
Procedural elements	Mean	Std Dev.	Suggestions and illustrated quotes	
No anchor for this session			summarized all the addressed resilience-promoting activities (from session 1 to session 5) and was printed on a key holder (one for each participant).	
Survival kit: * Survival Kit DVD	6.90	.316	No written narratives with further motivations or suggestions were given.	
TOTAL:	7.00	0.00		

REFLECTION ON FINDINGS
<p>Given the positive quantitative (M= 7.00; SD= 0.00) as well as generally optimistic qualitative feedback on session 6, this session undoubtedly seems to be a perfect fit to this intervention programme. Valuable quotes convey how effective this session might be for SCIPs and their partners. With regard to the icebreaker some participants suggested that the researcher should consider changing the icebreaker to something more appropriate for SCIPPs (M= 5.00; SD= 1.414), as it might be too infantile for some SCIPPs and on the other hand, too protracted for others, which is a valuable suggestion and will be implemented when refining the programme (see table 29). Furthermore, although the feedback regarding the video recordings of the SCIPs was overwhelming optimistic (M= 6.93; SD= 0.153), a valuable suggestion was made, namely that the researcher should consider including more video recordings of SCIPs who share their individualized grieving-process as this could assist both the SCIP (with the newly acquired SCI), and the SCIPP to understand that bereavement is part of the process of adaptation after a traumatic incident; this could also assist both partners to “normalize” certain emotions and reactions as a result of the trauma.</p>
<p>Please see table 29 with themes that emerged from the analysed data.</p>


As previously mentioned, qualitative feedback (narratives) was obtained regarding the GRPP for SCIPPs as a whole (via video recording) and facilitated by the researcher after

each of the two 2-day workshops. Please see figure 18 for the guideline of how the video-recordings were facilitated.

The transcriptions of the video recordings were coded, and thematically analysed by two independent coders (Braun & Clarke, 2006:77-101; 2013:5-23). The themes were finalised after a consensus discussion. If the participants made added suggestions or recommendations regarding improvement of the GRPP for SCIPPs, the researcher plotted the information (themes) with the pre-conditions of Rossi *et al.* (2004:157-159), and refined the intervention with regard to the latter, as necessary (see table 27: Part 1). Further feedback pertaining to the content and readiness of the GRPP for SCIPPs was documented in table 28: Part 2.

Table 27: VIDEO RECORDINGS: Part 1: More suggestions/recommendations pertaining to the GRPP for SCIPPs

		STEP 2: Collecting and analysing data	STEP 3: Findings according to themes (see table 29); and Refining the intervention
Pre-conditions of Rossi <i>et al.</i> (2004:157-159) (see table 20)	Linking with procedural elements	Suggestions and illustrated quotes	
Pre-conditions 1 & 2: * Are the programme goals and objectives well defined? * Are the programme goals and objectives feasible?	<u>Link with:</u> Objectives	“...ongelooflike program saamgestel ... gedetailleerd...weldeurdag”;	
Pre-condition 3: Is the change process	<u>Link with:</u> Survival Kit	“Navorser self deur hierdie trauma gegaan”; “Personal testimonies very useful”; “I think	

		STEP 2: Collecting and analysing data	STEP 3: Findings according to themes (see table 29); and Refining the intervention
Pre-conditions of Rossi <i>et al.</i> (2004:157-159) (see table 20)	Linking with procedural elements 	Suggestions and illustrated quotes	
presumed in the design of the programme plausible?		the SCIPPs input [DVDs] and the partners input [was appropriate];	
Pre-condition 4: Are the procedures for identifying members of the target population, delivering service to them, and sustaining that service through completion well-defined and sufficient?	<u>Link with:</u> Inclusion criteria in front of draft-training manual; <u>Link with:</u> “Letter-to-myself-exercise” RPA	“...one can use it from the beginning to the end and sustain the group; there is no doubt about it”; “Because for a paraplegic they will be there for 8 – 10 weeks and for a quadriplegic between 10 – 12 weeks. So during this time we can have the SCIPPs, and it will make a huge difference in the outcomes”.	
Pre-condition 5: Are the constituent components, activities and functions of the programme well-defined and sufficient?	<u>Link with:</u> RPAs; Icebreakers; Reading material (survival kit); anchors & “Invitation for SCIPPs” for session 6.	“Dit is alles toepaslik”; “Belangrikheid van kommunikasie – meer leesstof”; “Akademiese taal/konsepte vereenvoudig”resilience” in ander tale vertaal”; “Magnets and visual cues, so useful” “Well documented, well set out”; “Goeie inligting”; “Uitgebreide program – WOW”; “En, ja die program kan werk in hierdie situasie en dit gaan waarde toevoeg vir eggenote”; “Especially the practical things; very useful – the wheelchair; bed sores (nurse)”; “Inligtingsblaadjie/boekie by dokters [neersit] waar hulle kan hoor van sulke groepe”.	* Inclusion of more information (reading material) regarding communication between the partners. This could be included in session 3 of the GRPP for SCIPPs.
Pre-condition 6: Are the resources allocated to the programme and its various activities adequate?	<u>Link with:</u> pre-conditions 3 and 5.		

		STEP 2: Collecting and analysing data	STEP 3: Findings according to themes (see table 29); and Refining the intervention
Pre-conditions of Rossi <i>et al.</i> (2004:157-159) (see table 20)	Linking with procedural elements	Suggestions and illustrated quotes	
		<p>(Information obtained from eleven of the twelve participants: P-Hearts; P-M; P-Yaya; P-EA01; P-Red; P-M2D; P-Blue; P-EJvR; P-SW; P-MvdM and P-4810 participants (P-5 could not make herself available to participate in this data-collection activity)).</p>	

REFLECTION ON FINDINGS
(REGARDING: feedback that suits the seven procedural elements of the GRPP for SCIPPs);
<p>As the video recordings were guided by semi-structured questions (Bertram & Christiansen, 2014:76) (figure 18), the participants gave informal summaries through narratives regarding the GRPP for SCIPPs; therefore some information during the video-recordings had the potential to overlap already reported information as depicted in tables 21 - 26. To counter-part the possibility of reporting these data muddled, the researcher utilized the pre-conditions of Rossi <i>et al.</i> (2004:157-159) (these were also utilized when compiling the Individual Likert-type items) to report the data which (when reflecting on the findings), seemed to organize the data well.</p> <p>When reflecting on each session of the GRPP for SCIPPs, one added suggestion was made, namely the inclusion of more information (reading material) regarding communication between the partners, which can be included in session 3 as it might add value to the session and assist furthermore with resilience-promotion for SCIPPs.</p>
Please see table 29 with themes that emerged from the analysed data.

Table 28: VIDEO RECORDINGS: Part 2: Feedback pertaining to appraisal of the GRPP for SCIPPs

	<p>STEP 2 (continued): Collecting and analysing data</p> <p>Narratives: Illustrated quotes</p>	<p>STEP 3:</p> <p>Findings according to themes (see table 29); and refining the intervention</p>
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Other “general” narrative feedback obtained during video recordings</p>	<p>“’n Groot hulpmiddel vir professionele mense”; “Professionele persoon kyk nou na ’n SCIPP op ’n nuwe manier, sal nooit weer op die ou manier kyk nie”; “Hierdie program moet deur ’n professionele persoon aangebied word want daar is so baie emosies wat hiermee gepaard gaan”; “Dit is toepaslik, ek moet sê, ek is opgewonde”; “Maraton vir SCIPPs [suggestion that such a marathon could be held]; “And I am especially grateful to you for putting something like this together, one can just get on to the work. We don’t have to do hours of preparation’; “I’ve learned a lot, especially the need to include the partners of people with an SCI. Because I think they need a lot of support to support their partners”; “So I am happy to be part of this, it was a learning opportunity for me. Thank you.”; “It really forced me to stand still and reflect on the services that we provide at the moment, the way that we do things, and that we have some work to do. I really need to do some work, and I am inspired and I am looking forward to what will be coming out next year. Ammm, to really work with it. I just want to say, my need is definitely towards the partners, and this is really needed, and there is really very little support out there. To me it was mind-blowing and really very needed”; “I think the SCIPPs input [DVDs] and the partners input [DVDs]; “So I think this will be so beneficial with the partners. I think helping the partners, giving them information and helping them developing their coping styles because they’re so positive in helping the patient. So thank you, thank you for allowing me to be here”; “Your programme is an eye opener’; “I’m very grateful that I came”; “The patients, you know, the people with the SCI, they have all the professionals around them, helping them and I think the spouses and partners, and the people next to them, often do not get this help. And I think, I’ve shared this with you, I am admiring you for taking something that was so hard and difficult in your own life, taking it and putting years of work into it, so that other people can benefit from it”.</p> <p><i>(Information obtained from eleven of the twelve participants: P-Hearts; P-M; P-Yaya; P-EA01; P-Red; P-M2D; P-Blue; P-EJvR; P-SW; P-MvdM and P-4810 participants (P-5 could not make herself available to participate in this data-collection activity).</i></p>	<p>No refining needed</p>

REFLECTION ON FINDINGS

(REGARDING: Other “general” narrative feedback obtained during these two video recordings)

The general narrative feedback regarding the GRPP for SCIPPs as a whole creating awareness that this newly developed intervention has the potential of assisting SCIPPs with resilience-promoting “tools” which might support them to resile in the face of this hardship (adversity). Furthermore, it seems that this intervention programme has the potential of also assisting professionals working within the field of SCI; to be able to give SCIPPs the needed support and information, after the devastating acquirement of their partners’ SCI.

Please see table 29 with themes that emerged from the analysed data.

Please find a summary of the main themes that emerged from the analysed and coded data (tables 21 - 28), as depicted in table 29, as discussed in tables 21 - 28 of this manuscript.

Table 29: Themes that emerged from the analysed data (see tables 21 - 28)

Themes: Motivation	Themes: Suggestions (recommendations)
<ol style="list-style-type: none"> 1. Generally positive feedback on GRPP for SCIPPs 2. Useful information obtained 3. Creative, practical and fun 4. Well-explained 5. Professional 	<ol style="list-style-type: none"> 1. The incorporation of more diverse cultural aspects 2. The language might be too academic and needs to be simplified at some places 3. Some recommendations on more resources that could be useful 4. Some information was <i>repetitive</i> or <i>missing</i>

Furthermore, find table 30 with the planned changes that will be made to the GRPP for SCIPPs. These refinements will again be subjected to further expert review in 2016, and will also be expanded to professionals in other areas of South Africa, as the current participants were all from Gauteng.

Table 30: Planned changes to the GRPP for SCIPPs

SESSION	PROCEDURAL ELEMENTS							NEEDED ACTION/CHANGE
	Objectives	Icebreaker	DVDs SCIPPs	DVDs Professionals	RPAs	Anchor	Survival kit	
1	Objectives	Icebreaker	-	-				<p>DVDs SCIPPs - * Video-recordings of additional SCIPPs, representing added cultures in South Africa and including these in the DVD of session 1. * The services of a translator will be used to assist the researcher with translation if the language used in the DVD is foreign to the researcher.</p> <p>RPAs Including a guideline in the training manual to sensitize and support facilitators to be able to give the needed assistance to SCIPPs during the facilitation of this RPA.</p> <p>Survival kit * Video-recording of a professional person (or other expert on this topic) explaining the “Thoba” ritual and including this in the DVD of the survival kit of session 1. * Including reading material regarding the “Thoba” ritual, or a pamphlet on it, in the survival kit.</p>
	Objectives	Icebreaker	-	-				
2	Objectives	Icebreaker	-	-				<p>DVDs SCIPPs - * Video-recordings of additional SCIPPs, representing added cultures in South Africa and including these in the DVD of session 2. * The services of a translator will be used to assist the researcher with translation if the language used in the DVD is foreign to the researcher.</p> <p>DVDs Professionals - No changes will be made to the DVD inserts of the professionals, although the researcher will include a guideline in the training manual to sensitize the professionals (future facilitators) to be able to give the needed/additional assistance to SCIPPs during the facilitation of this procedural element.</p> <p>Survival kit The language in the questionnaire of the survival kit will be streamlined to be perhaps more appropriate for SCIPPs; accommodating other languages as well.</p>
	Objectives	Icebreaker	-	-				
3	Objectives	Icebreaker	-	-				<p>DVDs SCIPPs - * The newly video-recorded SCIPPs will be given a choice as to whether they would like to share their life-stories in their mother tongue (or language of choice), and if so, English sub-titles will be included to make these inserts understandable for other cultures as well. * The services of a translator will be used to assist the researcher with translation if the language used in the DVD is foreign to the researcher.</p> <p>DVDs Professionals - No changes will be made on the DVD inserts of the professionals, although the researcher will include a brief questionnaire (in the training manual) to be completed by the facilitator (before the termination of session 2). This questionnaire will assist the facilitator in assessing the SCIPPs’ desires for the information on these DVDs. This will assist the facilitator with his/her planning for session 3.</p> <p>RPAs * Including a guideline in the training manual to sensitize and support facilitators to be able to give the needed assistance to SCIPPs during the facilitation of this RPA.</p> <p>Survival Kit * Including more reading material regarding</p>
	Objectives	Icebreaker	-	-				

SESSION	PROCEDURAL ELEMENTS							NEEDED ACTION/CHANGE	
	Objectives	Icebreaker	DVDs SCIPPs	DVDs Professionals	RPAs	Anchor	Survival kit		
									communication between cohabiting partners in the survival kit of session 5.
4	Objectives	Icebreaker	DVDs SCIPPs	DVDs Professionals	RPAs	Anchor	Survival kit	Anchor	Including a note in the training manual to alert the facilitator to give the participating SCIPPs a choice as to whether they would like to make their own anchor regarding the “5 Love Languages”, instead of supplying them with the completed fridge magnet anchor.
5	Objectives	Icebreaker	DVDs SCIPPs	DVDs Professionals	RPAs	Anchor	Survival kit	DVDs SCIPPs	- The researcher will be attentive to translating English-subtitles more completely when new video-recordings regarding SCIPPs will be added to the GRPP for SCIPPs, hence cautiously.
								Survival kit	The researcher will do research pertaining to information on stress management, and include this as reading material in the survival kit of session 5.
6	Objectives	Icebreaker	DVDs SCIPPs	DVDs Professionals	RPAs	Anchor	Survival kit	Icebreaker	The researcher will do research pertaining to a more suitable icebreaker to include in session 6, and will substitute the current icebreaker with the newly chosen one.
								DVDs SCIPPs	- The researcher will ask the same SCIPPs, and maybe others, whether they will consider sharing more detail regarding their “individualized grieving process” during additional video-recordings, as this could assist other SCIPPs and SCIPPs in “normalizing” or understanding their own emotions and reactions with regard to the trauma.

5 DISCUSSION

In order to address ethical concerns from peers working within the field of SCI and authors like Bonanno and colleagues (2011:513) the newly developed GRPP for SCIPPs had to be subjected to an evaluability assessment prior to implementing it with the target population. This was successfully conducted during phase 5 of the intervention research process. As such, the aim of this manuscript was to: *“To evaluate the newly developed GRPP for SCIPPs by means of an empirical study with professional role-players in the field of spinal cord injury”* (de Vos & Strydom, 2011:473-489; Fouché, 2011:456; Rothman & Thomas, 1994:5).

Data analysis from both the self-administered questionnaires and video recordings indicated that the programme goals and objectives of the GRPP for SCIPPs were well defined and feasible. In addition, participants concurred that the change process presumed in the design of the GRPP for SCIPPs is plausible. Furthermore the participants indicated that the intended procedures for identifying members of the target population, and delivering service to them were mostly well defined and sufficient. With regards to the procedural elements (activities) of the GRPP for SCIPPs several recommendations were made and are discussed below. Recommendations with regards to resources and its various activities were made.

The newly developed GRPP for SCIPPs thus has the potential of assisting SCIPPs with resilience-promoting skills (Masten & Wright, 2010:222-231) and might support them in resiling in the face of adversity (Masten, 2001:228), as useful information is conveyed which is creative; well-explained and professional (Toseland & Rivas, 2014:52). The latter furthermore correlates with the outlook of Schoon and Bynner (2003:22) that some people might need resilience-promoting assistance, also in groups (amongst others), to negotiate for resources to be provided (Ungar, 2008:225). Furthermore, it seems that the GRPP for SCIPPs holds the potential of assisting not only SCIPPs, but also professionals working within the field of SCI; by providing them with an intervention programme to use to the advantage of SCIPPs. This demonstrates a relationship with the work of LeCroy and Williams (2013:706-709), emphasizing that the benefit of intervention work in the social work domain is indisputable.

One suggestion was the inclusion of SCIPPs (on the DVDs) that are more representative of other cultures in South Africa, since South Africa has 11 official languages (Becker, 2010:23; South African Information, 2015). This might assist SCIPPs who are not fluent in

English to better understand the information conveyed on the DVDs. This also links to proposals that SCIPPs on the DVDs must correspondingly be allowed to dialogue about their life-stories (Patton, 2015:244-326) in their mother tongue, so as to be able to give a true reflection of their lived situation, as a person's mother tongue is "the language of heart and mind" (Guvercin, 2010:2-10). Furthermore, recommendations were made to simplify some information in the GRPP for SCIPPs (procedural elements: see table 20), to really be able to promote SCIPPs' resilience on their level of understanding and literacy, which correlates with South Africa being a "rainbow nation" with one of the most complex and diverse populations in the world (South African Information, 2015). Consequently, the GRPP for SCIPPs should also include culture-sensitive educational material, because some, such as the "Thoba"-ritual for people with SCI, won't have "healing-effects" (as believed by many African-cultures), but instead can cause damage, such as burn wounds and pressure sores (ISCoS, 2012; Keleher *et al.*, 2008:64; South African Spine Society, 2012), with a further ripple-effect for the SCIPP as the caretaker and supporter (Arango-Lasprilla *et al.*, 2009:1371-1378; Karana-Zebari *et al.*, 2011:120; Keleher *et al.*, 2008:62, 66, 68; Phelps *et al.*, 2001:591; Scelza *et al.*, 2007:73; Steyn, 2008:106).

In addition, more information concerning communication and stress management has to be included in the GRPP for SCIPPs, as this might assist SCIPPs with added skills/information to resile better in a cohabiting relationship (Brown & Brown, 2002:160 – 171; Masten, 2010:228; Schoon & Bynner, 2003:22). Another recommendation was that more video-recordings of SCIPs should be included (session 6), as this could assist the couple to understand that bereavement is part of the process of adaptation after a traumatic incident and could also support them to "normalize" certain emotions and reactions as a result of the trauma (Kubler-Ross, 2005:58-68). It was however highlighted that it is imperative that English subtitles are used in all video-recordings. The researcher

furthermore decided not to follow up the one suggestion which will not be adhered to, namely, to include “laughter-therapy” in the programme. The reason for this is that this type of therapy might be too soon in the grieving process for the SCIPPs to be exposed to (Kubler-Ross, 2005:58-68), and consequently might be harmful and seen as disrespectful by certain individuals and cultures (Becker, 2010:52-65).

6 LIMITATION/CONTRIBUTIONS OF STUDY

This study had a small sample of twelve participants (n=12), which might be seen as a limitation since the results cannot be generalized as the opinion of all professional role-players within the field of spinal cord injury. Although the professional role players who participated in evaluating the readiness of the GRPP for SCIPPs were representatives off all four culture groups in South Africa, more inputs are needed as resilience is also culture-bound and only a small group (n=12), only from the Gauteng-province participated, which can also contribute to isolated findings.

The newly developed GRPP for SCIPPs has a few contributions to make, namely:

The GRPP for SCIPPs is the first known intervention for SCIPPs in South Africa, and therefore this intervention might contribute to advanced service delivery in the field of social work; and moreover in the field of SCI.

This newly developed intervention might sensitize professionals working within the field of SCI for the need to include SCIPPs in service delivery, as the negative outcomes for the SCIPP [who has to deal with his/her own frustrations and uncertainties in adapting to this adversity, amidst the sudden care-giver burden, having to take over more responsibilities and dealing with his/her partner’s psychological and emotional adjustment], were highlighted in literature (Steyn, 2008: 62-68; Young & Keck, 2003:1–3). This furthermore correlate with findings from Catalano *et al.* (2011:209) and Dodd (2010:61) that

professionals need to provide opportunities for promoting resilience in individuals whose partners have an SCI, as it could consequently reduce or prevent depression of the SCIPP and contribute to a positive outcome in the marital and cohabiting relationship.

The GRPP for SCIPPs hold benefit not only for the SCIPP, but also for his/her partner, their children, other family members, and the community at large. When couples of whom one has acquired an SCI cope positively with the adversities inherent in such a trauma, they function resiliently (Dickson *et al.* 2011: 252; Dunn *et al.*, 2009:653; Fronek *et al.*, 2011:99; Gilad *et al.*, 2009:462; Steyn, 2008:113).

7 CONCLUSION

To conclude, the researcher therefore achieved the aim of this manuscript, namely to explore the views of professionals on the readiness of the GRPP for SCIPPs to be implemented with the target population.

The findings will be subjected to refinements and will again be exposed for further expert review in 2016, and will also be expanded to professionals in other areas of South Africa, since all the current participants were from Gauteng.

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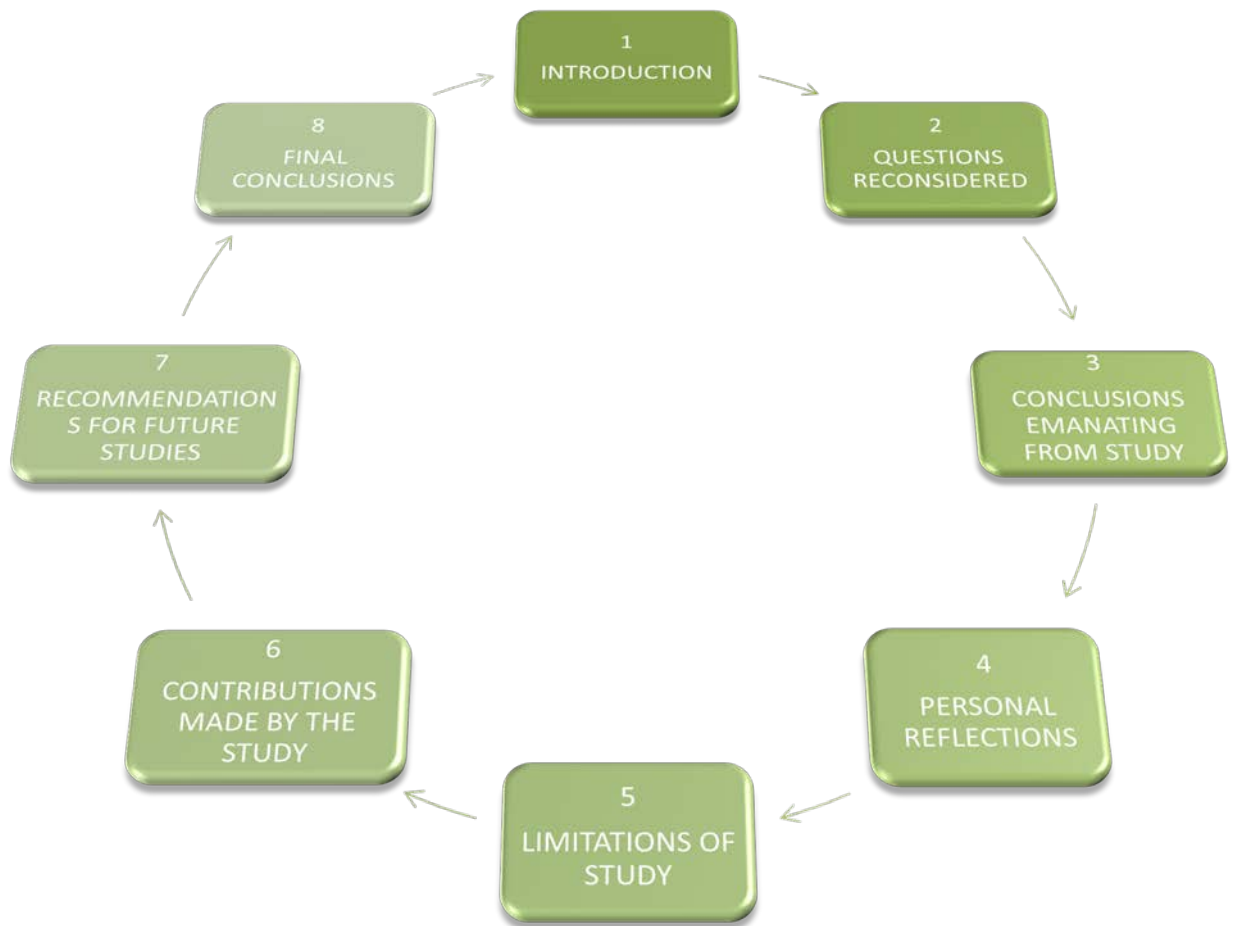
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SECTION C

CONCLUSIONS AND RECOMMENDATIONS

Figure 21: Overview of Section C



1 INTRODUCTION

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. Literature is scarce on support programmes for SCIPPs in South Africa, and more specifically resilience- promotion programmes. To address this practice need, the researcher planned and executed an intervention research project. This study mainly followed a qualitative research approach and a small quantitative component. Phase one of the intervention research comprised the problem analysis and project planning; a resilience-based framework was chosen; also a group-work method was selected; female SCIPPs exclusively were focused on and also pre-injury-cohabiting relationships only, all of which was documented in section A. During phase 2, information gathering took place and synthesis was implemented by employing a qualitative research synthesis (QRS), which is documented in manuscript 1. The aim of the QRS was to organize and synthesize previous research covering resilience-promoting processes in order to inform the development of a GRPP for SCIPPs. The outcome of manuscript 1 was the formulation of an outline of a GRPP for SCIPPs. During phases 3 and 4, these findings were utilized for designing, early developing and pilot testing the content and format of the GRPP for SCIPPs as well as for seeking peer-review, all of which was covered in manuscript 2. Furthermore, in phase 5, the evaluation purpose was altered, on the recommendation of peers, to an evaluability assessment (evaluation of the newly developed intervention), which was reported on in manuscript 3 and contained the views of South African role-players (n=12) within the field of SCI regarding the readiness of the GRPP for SCIPPs, before using it on the target population. In sum, with a view to address the practice need for a resilience-promoting programme for SCIPPs which, to the researcher's knowledge, is non-existent, the

researcher executed an intervention research study and developed a GRPP for SCIPPs; thus achieving the purpose of this research.

This section is organized in accordance with the subsequent headings: Research questions reconsidered; conclusions emanating from the study; personal reflections; limitations of the study; contributions made by the study; recommendations for future studies and final conclusions.

2 RESEARCH QUESTIONS RECONSIDERED

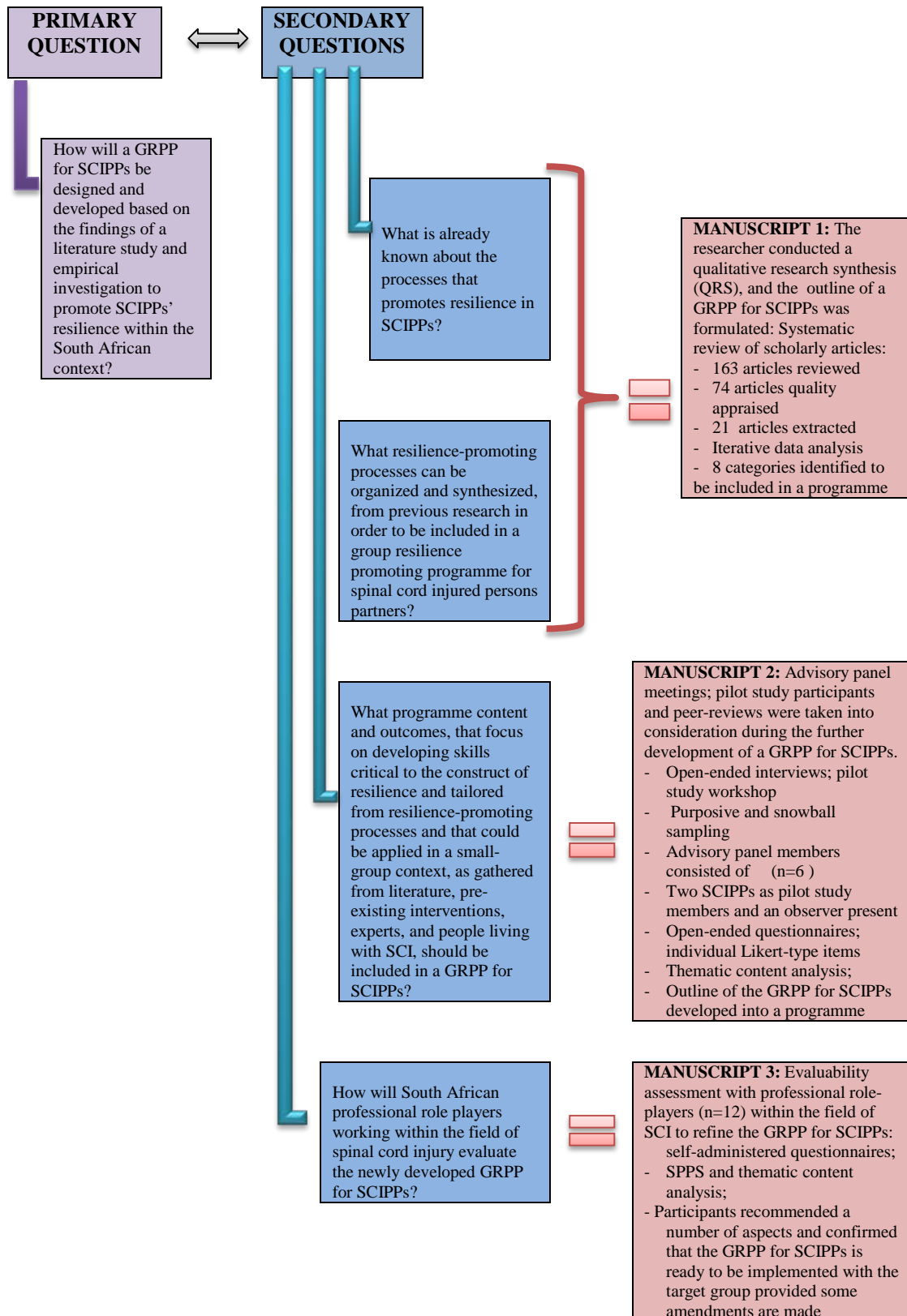
The current study was guided by a primary research question and four secondary research questions. The primary research question asked how a GRPP for SCIPPs would be designed and developed based on the findings of a literature study and empirical investigation, so as to promote SCIPPs' resilience in the South African context. The primary research question was answered by attending to the following four secondary research questions:

- a) What is already known about the processes that promote resilience in SCIPPs?
- b) What resilience-promoting processes can be organized and synthesized, from previous research, in order for it to be included in a group resilience-promoting programme for spinal cord injured persons' partners?
- c) What programme content and outcomes, that focus on developing skills critical to the construct of resilience and tailored from resilience-promoting processes and that could be applied in a small-group context, as gathered from literature, pre-existing interventions, experts, and people living with SCI, should be included in a GRPP for SCIPPs?
- d) How will South African professional role-players, working within the field of spinal cord injury, evaluate the newly developed GRPP for SCIPPs?



Please find a schematic representation of how the research questions were explored, as depicted in figure 22.

Figure 22: A schematic representation of how the research questions were explored



3 CONCLUSIONS EMANATING FROM THE STUDY

Manuscript 1: This study reports on phase two of a six-phase intervention research study that aimed at designing, developing and evaluating a group resilience promotion programme for spinal injured persons' partners. The aim of this study was to organize and synthesize previous research on resilience-promoting processes (Flemming, 2009: 205-210; Masten & Wright, 2010:222-229; Suri, 2011: 63) in order to inform the design and development of a group resilience-promoting programme (GRPP) for (SCIPPs). Two research questions directed this study, namely: (1) What is already known about the processes that promotes resilience in SCIPPs? and (2) What resilience-promoting processes can be organized and synthesized from previous research in order to be included in a group resilience-promoting programme for SCIPPs? A Qualitative research synthesis was employed and consisted of a systematic review of literature (Flemming, 2009:205-210; Suri, 2011:64). Inclusion and exclusion criteria were applied to select applicable papers. A total of 163 papers were reviewed and 21 studies were included in this research synthesis after a quality appraisal had been done (Shanenyfelt, 2015). Eight categories were extracted that could be included in a process-focused intervention approach (Yates & Masten, 2004:9) for SCIPPS, namely information; thinking/problem solving; spirituality; support; on-going relationships; stress management; coping and acceptance. These eight categories were aligned with resilience theory, embedded in six protective processes (Masten & Wright, 2010:222-229), which emerged in formulating an outline for such a programme which consists of the outcomes and content that could be included in an intervention programme. However, the formulated GRPP for SCIPPs had to be further developed into an intervention that could be implemented with SCIPPs. Hence further development of the programme was needed, which was reported on in manuscript 2.

See figure 23 depicting the findings of the QRS, how these findings align with the six universal protective processes of Masten and Wright (2010:222-229), and the formulated outline of the GRPP for SCIPPs (table 31).

Figure 23: Findings of Manuscript 1

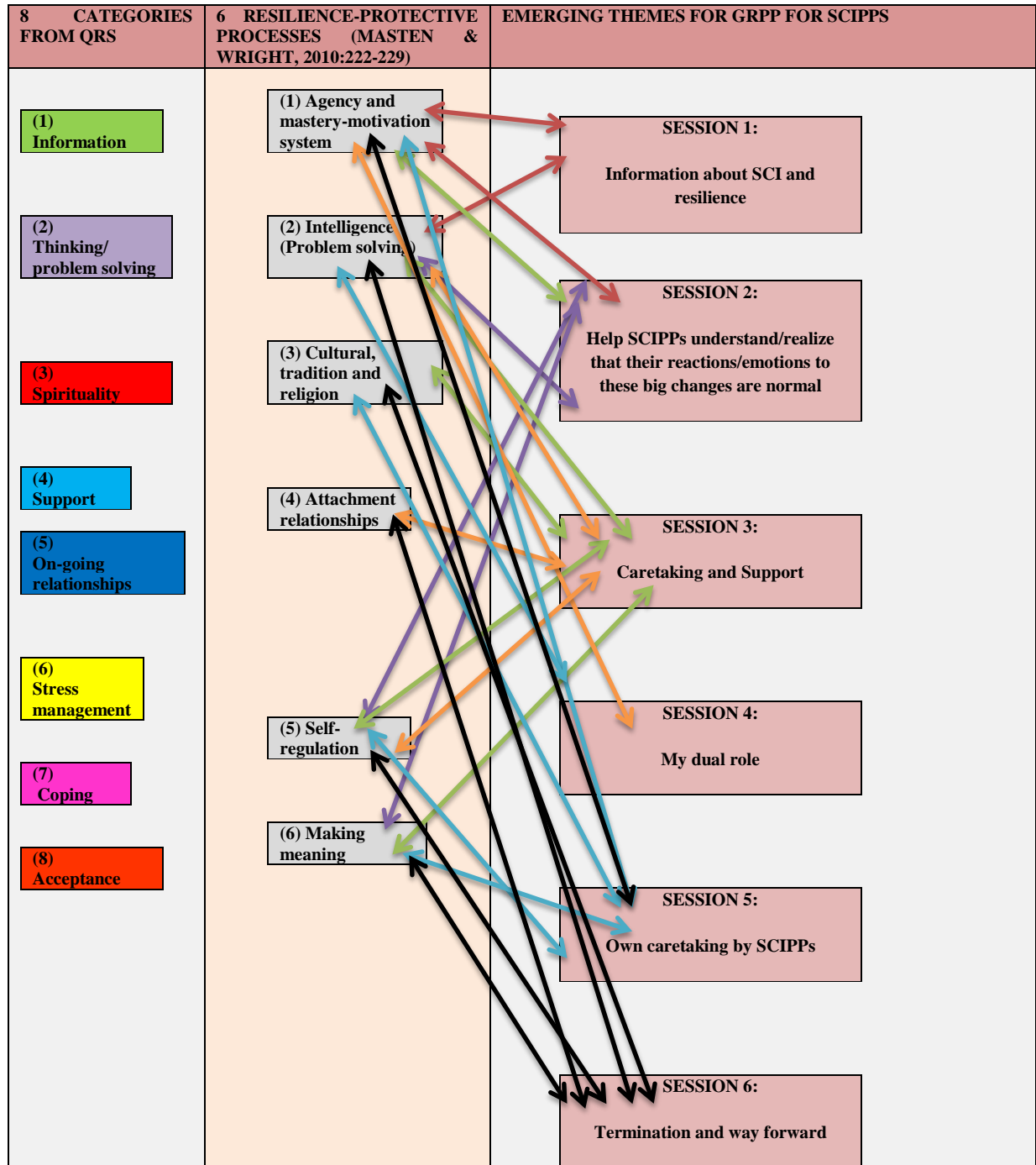


Table 31: Formulated outline of the GRPP for SCIPPs

Session	Themes	Outcomes	Resilience-protective Processes (Masten and Wright, 2010)
1	Information on SCI and resilience	<ul style="list-style-type: none"> * Contracting (Becker, 2010:82-100) * Introduce potential negative outcomes of SCI, resilience protective processes and a resilience promoting activity (RPA) to survive the negative outcomes (Fouché & Williams, 2005:18) 	<ul style="list-style-type: none"> * Agency and mastery motivation system * Intelligence (problem solving) (Masten & Wright, 2010:222-229)
2	Help SCIPPs understand that their reactions to/emotions regarding these huge changes are normal	<ul style="list-style-type: none"> * Continue creating awareness of potential negative outcomes of SCI, resilience protective processes and an RPA that could assist SCIPPs to survive the negative outcomes * Educate about loss and the trauma process * RPA that could assist SCIPPs in surviving the negative outcomes (de Kooker, 2005:82; Fouché & Williams, 2005:33) 	<ul style="list-style-type: none"> * Agency and mastery motivation system * Intelligence (problem solving) * Self-regulation * Making meaning (Masten & Wright, 2010:222-229)
3	Caretaking and support	<ul style="list-style-type: none"> * Continue creating awareness of potential negative outcomes of SCI, resilience-protective processes and an RPA that could assist SCIPPs to survive the negative outcomes * Educate about physical caretaking of the partner who has acquired an SCI * RPA that could assist SCIPPs in surviving the negative outcomes (Childre, 1997:21; Chapman, 2010:198-201; & de Kooker, 2005:72) 	<ul style="list-style-type: none"> * Agency and mastery motivation system * (problem solving) * Culture, tradition and religion * Self-regulation * Making meaning (Masten & Wright, 2010:222-229)
4	My dual role as SCIPP	<ul style="list-style-type: none"> * Continue creating awareness of potential negative outcomes of SCI, resilience protective processes and an RPA that could assist SCIPPs to survive the negative outcomes * Educate about how physical care-taking of the partner can influence the relationship and attachment between the partners * RPA that could assist SCIPPs in surviving the negative outcomes (Chapman, 2010:198-201) 	<ul style="list-style-type: none"> * Agency and mastery motivation system * Intelligence (problem solving) * Attachment relationships * Self-regulation (Masten & Wright, 2010:222-229)
5	Own caretaking by SCIPP	<ul style="list-style-type: none"> * Continue creating awareness of potential negative outcomes of SCI, resilience protective processes and an RPA that could assist SCIPPs to survive the negative outcomes * Creating awareness about the importance of own caretaking in order to maintain stress better and cope competently with the adversity * RPA that could assist SCIPPs in surviving the negative outcomes (Fouché & Williams, 2005:11; de Kooker, 2007:74; Jude, 2006) 	<ul style="list-style-type: none"> * Agency and mastery motivation system * Intelligence (problem solving) * Culture, tradition and religion * Self-regulation * Making meaning (Masten & Wright, 2010:222-229)
6	Termination and way forward	<ul style="list-style-type: none"> * Continue creating awareness of potential negative outcomes of SCI, resilience protective processes and an RPA that could assist SCIPPs to survive the negative outcomes * Addressing emotional reactions of SCIPPs due to termination * Evaluation and termination of group sessions with SCIPPs after termination (Toseland & Rivas, 2014:162) 	<ul style="list-style-type: none"> * Agency and mastery motivation system * Intelligence (problem solving) * Culture, tradition and religion * Attachment relationships * Self-regulation * Making meaning (Masten & Wright, 2010:222-229)

Manuscript 2: The aim of this study was to develop small-group programme content and activities (using knowledge gathered from pre-existing interventions; resilience literature; consultations with experts; people living with spinal cord injury (SCI) and personal experience) to promote resilience in spinal cord injured persons' partners (SCIPPs), which

could be included in a group resilience-promoting programme (GRPP) for SCIPPs. By means of a qualitative study, the researcher attempted to design and develop a GRPP for SCIPPs that aims at promoting the resilience of SCIPPs after their partners had acquired a spinal cord injury. The study informing this manuscript reports on phases 3 and 4 of the intervention research study, namely early development and pilot testing of the GRPP for SCIPPs (de Vos & Strydom, 2011:473-489; Fouché, 2011:456). The researcher received critical feedback from a diverse group of participants regarding the content of the formulated outline of the GRPP for SCIPPs, as well as suggestions to improve it, namely experts' review during a series of advisory panel interviews (open-ended interviews) (Fraser *et al.*, 2009:1-224); peers (poster presentation at a conference and oral presentation at a hospital; and professionals working in the field of resilience and SCI, as well as people living with SCI (video-recorded by researcher (DVDs) and included in the programme content) (Patton, 2015:434). The content of the GRPP for SCIPPs was also pilot tested with two SCIPPs (including an observer being present) in order to ensure that the programme content and format is appropriate for the population and setting (de Vos & Strydom, 2011:473-489). The final GRPP for SCIPPs comprised six sessions, shaped by six resilience-promoting processes. The six sessions each had a common format, and session content for each session, including the following: (1) Information on SCI and resilience; (2) Help SCIPPs understand that their reactions to/emotions regarding these huge changes are normal; (3) Caretaking and support; (4) My dual role; (5) Own caretaking by SCIPPs; and (6) Termination and way forward. Please see table 32 which illustrates how the formulated outline of the GRPP for SCIPPs was developed into a formulated programme. This newly developed programme, however, had to be evaluated (Fouché, 2011:456). This is dealt with in manuscript 3.

Table 32: Development of GRPP for SCIPPs from a formulated outline to a final formulated programme

Formulated outline of the GRPP for SCIPPs	Recommendations for further improvement/development	Final formulated programme to be tested during evaluability assessment with professionals (manuscript 3)																
<p>See figure 4</p> <p>Each session had a chosen <i>theme</i>; <i>specific outcomes</i>; and <i>selected resilience-protective processes</i> to guide the further development of the GRPP for SCIPPs</p>	<table border="1"> <tr> <td data-bbox="406 495 507 555">STEP 1</td> <td data-bbox="512 495 884 555">QRS: Formulation of outline (manuscript 1)</td> </tr> <tr> <td data-bbox="406 562 507 685">STEP 2</td> <td data-bbox="512 562 884 685">AP-1: Agreement and suggestions regarding inclusion of information during procedural elements, especially pertaining to video-recordings (step 3)</td> </tr> <tr> <td data-bbox="406 692 507 837">STEP 3</td> <td data-bbox="512 692 884 837">Video recordings: Video-recording participants; editing and translation where needed; two sets of DVDs to be used as procedural elements during programme.</td> </tr> <tr> <td data-bbox="406 844 507 904">STEP 4</td> <td data-bbox="512 844 884 904">Formulation of a GRPP for SCIPPs.</td> </tr> <tr> <td data-bbox="406 911 507 1034">STEP 5</td> <td data-bbox="512 911 884 1034">Pilot study: Suggestions pertaining to more inclusions in procedural elements; especially inclusion of Sexologists in DVDs</td> </tr> <tr> <td data-bbox="406 1041 507 1209">STEP 6</td> <td data-bbox="512 1041 884 1209">AP-2: In agreement with pilot participants that Sexologists be included in DVDs, recordings of two more participants (sexologists) took place and were edited and included in session 4.</td> </tr> <tr> <td data-bbox="406 1216 507 1339">STEP 7</td> <td data-bbox="512 1216 884 1339">Final-Formulated GRPP for SCIPPs: six sessions; common format; subject GRPP for SCIPPs to peer review & recruitment</td> </tr> <tr> <td data-bbox="406 1346 507 1525">STEP 8</td> <td data-bbox="512 1346 884 1525">Peer review and recruitment: GRPP for SCIPPs should no longer be implemented with target population, as initially planned, but first to evaluability assessment with professional role players working within field of SCL.</td> </tr> </table>	STEP 1	QRS: Formulation of outline (manuscript 1)	STEP 2	AP-1: Agreement and suggestions regarding inclusion of information during procedural elements, especially pertaining to video-recordings (step 3)	STEP 3	Video recordings: Video-recording participants; editing and translation where needed; two sets of DVDs to be used as procedural elements during programme.	STEP 4	Formulation of a GRPP for SCIPPs.	STEP 5	Pilot study: Suggestions pertaining to more inclusions in procedural elements; especially inclusion of Sexologists in DVDs	STEP 6	AP-2: In agreement with pilot participants that Sexologists be included in DVDs, recordings of two more participants (sexologists) took place and were edited and included in session 4.	STEP 7	Final-Formulated GRPP for SCIPPs: six sessions; common format; subject GRPP for SCIPPs to peer review & recruitment	STEP 8	Peer review and recruitment: GRPP for SCIPPs should no longer be implemented with target population, as initially planned, but first to evaluability assessment with professional role players working within field of SCL.	<p>No changes pertaining to the themes, outcomes and resilience protective processes with regard to sessions (as seen in figure 4). Please see content of sessions:</p> <p>Session 1: Outcomes; Contract; Icebreaker; DVDs – SCIPPs; DVDs – professionals; resilience-promoting activity (RPA); Anchor; Survival kit.</p> <p>Session 2: Outcomes; Icebreaker; DVDs – SCIPPs; DVDs – professionals; RPA (x2); Anchor; Survival kit.</p> <p>Session 3: Outcomes; Icebreaker; DVDs – SCIPPs; DVDs – professionals; RPA (x2); Anchor; Survival kit.</p> <p>Session 4: Outcomes; Icebreaker; DVDs – SCIPPs; DVDs – professionals; RPA; Anchors (x2); Survival kit.</p> <p>Session 5: Outcomes; Icebreaker; DVDs – SCIPPs; DVDs – professionals; RPA (x2); Anchors (x2); Invitation to partner (SCIP); Survival kit.</p> <p>Session 6: Outcomes; Icebreaker; DVDs – SCIPPs; DVDs – professionals (researcher); RPA; Survival kit.</p> <p>Please see complete training manual of GRPP for SCIPPs (attached CD: Examination copy)</p>
STEP 1	QRS: Formulation of outline (manuscript 1)																	
STEP 2	AP-1: Agreement and suggestions regarding inclusion of information during procedural elements, especially pertaining to video-recordings (step 3)																	
STEP 3	Video recordings: Video-recording participants; editing and translation where needed; two sets of DVDs to be used as procedural elements during programme.																	
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STEP 7	Final-Formulated GRPP for SCIPPs: six sessions; common format; subject GRPP for SCIPPs to peer review & recruitment																	
STEP 8	Peer review and recruitment: GRPP for SCIPPs should no longer be implemented with target population, as initially planned, but first to evaluability assessment with professional role players working within field of SCL.																	

Manuscript 3: The aim of the study informing this manuscript was to report on phase 5 of the intervention research study, namely evaluation of the newly developed group resilience-promoting programme (GRPP) for spinal cord injured persons’ partners (SCIPPs) (Fouché, 2011, 456). Due to ethical concerns the researcher changed the evaluation purpose to an evaluability assessment (Neuman, 2012:55-59). Thus the aim was not to implement the GRPP for SCIPPs with the target population, but to first subject it to

further expert review by means of an empirical study with professional role-players (social workers and psychologists) in the field of spinal cord injury, prior to using it with the target population. This was done in order to evaluate its readiness to be implemented with the target population (Fouché, 2011:456-457; Neuman, 2012:55-59, 88). The study mainly follows a qualitative approach with a small quantitative component (Strydom, 2013:152). A total of twelve (n=12) professionals were recruited by means of purposive (Bertram & Christiansen, 2014:60-61) and snowball sampling (Strydom, 2011:232) and invited to participate in two 2-day workshops held in April 2015, at two different rehabilitation centres in Gauteng. The six group sessions were presented to the participants. After conclusion of each session, participants were requested to evaluate the content and procedural elements of the GRPP for SCIPPs by means of self-administered questionnaires with Likert-type items (Beattie *et al.*, 2013:308; Power *et al.*, 2013:6-7), written narratives (Neuman, 2012:135) and video interviews (Patton, 2015:446-447). Thematic content analysis (Braun & Clarke, 2006:77-101, 2013:5-23) and basic descriptive statistics (Garth, 2008) were conducted and findings suggested adjustments that needed to be made to the GRPP for SCIPPs prior to formal evaluation with the target group.

Please see table 33 with the suggested amendments to be made to the GRPP for SCIPPs.

Table 33: Planned changes to the GRPP for SCIPPs

Final-Formulated GRPP for SCIPPs for evaluation by professionals	Themes emerging from analysed data	Planned changes to the GRPP for SCIPPs														
<p>Session 1: Outcomes; Contract; Icebreaker; DVDs – SCIPPs; DVDs – professionals; resilience-promoting activity (RPA); Anchor; Survival kit.</p> <p>Session 2: Outcomes; Icebreaker; DVDs – SCIPPs; DVDs – professionals; RPA (x2); Anchor; Survival kit.</p> <p>Session 3: Outcomes; Icebreaker; DVDs – SCIPPs; DVDs – professionals; RPA (x2); Anchor; Survival kit.</p> <p>Session 4: Outcomes; Icebreaker; DVDs – SCIPPs; DVDs – professionals; RPA; Anchors (x2); Survival kit.</p> <p>Session 5: Outcomes; Icebreaker; DVDs – SCIPPs; DVDs – professionals; RPA (x2); Anchors (x2); Invitation to partner (SCIP); Survival kit.</p> <p>Session 6: Outcomes; Icebreaker; DVDs – SCIPs; DVDs – professionals (researcher); RPA; Survival kit.</p> <p>Please see complete training manual for GRPP of SCIPPs (attached CD: Examination copy).</p>	<p style="text-align: center;">MOTIVATION</p> <p style="text-align: center;">↕</p> <p>1. Generally positive feedback on GRPP for SCIPPs 2. Useful information obtained 3. Creative, practical and fun 4. Well-explained 5. Professional</p> <p style="text-align: center;">SUGGESTIONS (recommendations)</p> <p style="text-align: center;">↕</p> <p>1. The incorporation of more diverse cultural aspects 2. The language might be too academic and needs to be simplified at some places 2. Some recommendations on more resources that could be useful 4. Some information was <i>repetitive</i> or <i>missing</i></p>	<p style="text-align: center;">Session 1</p> <table border="1" data-bbox="885 448 1396 974"> <tr> <td data-bbox="885 448 1013 638">DVDs – SCIPPs</td> <td data-bbox="1013 448 1396 638"> <ul style="list-style-type: none"> * Video-recordings of additional SCIPPs, representing added cultures in South Africa and including these in the DVD of session 1. * The services of a translator will be used to assist the researcher with translation if the language used in the DVD is foreign to the researcher. </td> </tr> <tr> <td data-bbox="885 638 1013 772">RPAs</td> <td data-bbox="1013 638 1396 772">Including a guideline in the training manual to sensitize and support facilitators to be able to give the needed assistance to SCIPPs during the facilitation of this RPA.</td> </tr> <tr> <td data-bbox="885 772 1013 974">Survival kit</td> <td data-bbox="1013 772 1396 974"> <ul style="list-style-type: none"> * Video-recording of a professional person (or other expert on this topic) explaining the “Thoba” ritual and including this in the DVD of the survival kit of session 1. * Including reading material regarding the “Thoba” ritual, or a pamphlet on it, in the survival kit. </td> </tr> </table> <p style="text-align: center;">Session 2</p> <table border="1" data-bbox="885 1064 1396 1668"> <tr> <td data-bbox="885 1064 1013 1310">DVDs – SCIPPs</td> <td data-bbox="1013 1064 1396 1310"> <ul style="list-style-type: none"> * Video-recordings of additional SCIPPs, representing added cultures in South Africa and including these in the DVD of session 2. * The services of a translator will be used to assist the researcher with translation if the language used in the DVD is foreign to the researcher. </td> </tr> <tr> <td data-bbox="885 1310 1013 1534">DVDs – Professionals</td> <td data-bbox="1013 1310 1396 1534">No adjustments will be made to the DVD inserts of the professionals, although the researcher will include a guideline in the training manual to sensitize the professionals (future facilitators) to be able to give the needed/additional assistance to SCIPPs during the facilitation of this procedural element.</td> </tr> <tr> <td data-bbox="885 1534 1013 1668">Survival kit</td> <td data-bbox="1013 1534 1396 1668">The language in the questionnaire of the survival kit will be streamlined to be perhaps more appropriate for SCIPPs; accommodating other languages as well.</td> </tr> </table> <p style="text-align: center;">Session 3</p> <table border="1" data-bbox="885 1758 1396 2027"> <tr> <td data-bbox="885 1758 1013 2027">DVDs – SCIPPs</td> <td data-bbox="1013 1758 1396 2027"> <ul style="list-style-type: none"> * The newly video-recorded SCIPPs will be given a choice as to whether they would like to share their life-stories in their mother tongue (or language of choice), and if so, English sub-titles will be included to make these inserts understandable for other cultures as well. * The services of a translator will be used to assist the researcher with </td> </tr> </table>	DVDs – SCIPPs	<ul style="list-style-type: none"> * Video-recordings of additional SCIPPs, representing added cultures in South Africa and including these in the DVD of session 1. * The services of a translator will be used to assist the researcher with translation if the language used in the DVD is foreign to the researcher. 	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		<p>translation if the language used in the KDVD is foreign to the researcher.</p> <p>DVDs – Professionals – No adjustments will be made on the DVD inserts of the professionals, although the researcher will include a brief questionnaire (in the training manual) to be completed by the facilitator (before the termination of session 2). This questionnaire will assist the facilitator in assessing the SCIPPs’ desires, for the information on these DVDs. This will assist the facilitator with his/her planning for session 3.</p> <p>RPAs * Including a guideline in the training manual to sensitize and support facilitators to be able to give the needed assistance to SCIPPs during the facilitation of this RPA.</p> <p>Survival Kit * Including more reading material regarding communication between cohabiting partners in the survival kit of session 5.</p> <p style="text-align: center;">Session 4</p> <p>Anchor Including a note in the training manual to alert the facilitator to give the participating SCIPPs a choice as to whether they would like to make their own anchor regarding the “5 Love Languages”, instead of supplying them with the completed fridge magnet anchor.</p> <p style="text-align: center;">Session 5</p> <p>DVDs – SCIPPs – The researcher will be attentive to translate English subtitles more completely and cautiously when new video-recordings regarding SCIPPs will be added to the GRPP for SCIPPs.</p> <p>Survival kit The researcher will do research pertaining to information on stress management, and include this as reading material in the survival kit of session 5.</p> <p style="text-align: center;">Session 6</p> <p>Icebreaker The researcher will do research pertaining to a more suitable icebreaker to include in session 6, and will substitute the current icebreaker with the newly chosen one.</p> <p>DVDs – SCIPPs – The researcher will ask the same SCIPs, and maybe others, whether they will consider sharing more detail regarding their “individualized grieving process” during additional video-recordings, as this could assist other SCIPs and SCIPPs in “normalizing” or understanding their own emotions and reactions with regard to the trauma.</p>
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4 PERSONAL REFLECTIONS

For this purpose (personal reflections), the researcher will refer to herself in the first person.

Reflecting back on a process is necessary to be able to analyse actions (McAuley, 2010:21-41). My journey with spinal cord injury started on 22 February 2003 when my husband acquired a T-9 SCI, and we received the devastating news that he was paralyzed from the waist down. Without proper guidance, an agonizing expedition of “trail-and-error” started, seeking direction from “who-knows- who” to make sense of this hardship, which steered me to seeking solutions from other couples in our situation (my Master’s-study [2006-2008]). I’ve met five other couples sharing their needs and experiences after the acquired SCI in their midst, who reported similar challenges my husband and I were confronted with. Also, these challenges correlated with risks reported in literature (Crewe and Krause, 1988:435-438; Isaksson *et al.*, 2008:245; Priebe *et al.*, 2007:84; Smyth, 2013:1-11), which fuelled the need for some multi-faceted intervention! At least I got the confirmation that similar challenges were experienced behind some other closed doors where “SCI arrived unexpectedly”. I was furthermore alerted to the fact that although both cohabiting partners have the need for more intervention, there is at least some form of intervention for the injured partner (rehabilitation after having acquired the SCI), but no known intervention for the SCIPP; therefore I focused my research on SCIPPs (more detail can be found in Sections A and B of this thesis). I’ve realized, as being a SCIPP myself, someone like me would be an ideal person to design and develop an intervention seeing that I live with SCI on a daily basis. Hence I was cautioned by an academic and resilience expert from Ireland to not “take the scientist out of the research” (Gilligan, 2013). I will forever be grateful for Prof Gilligan’s prudent words, as this alerted me to the possibility of my being a SCIPP influencing the process negatively, and that I therefore should follow a scientific research

design and approach as suggested by de Vos and Strydom (2011:473-489), Fouché (2011:456) as well as Rothman and Thomas (1994:5).

Moreover, I was pleasantly staggered seeing how the chosen intervention research model (de Vos & Strydom, 2011:473-489; Fouché, 2011:456; Rothman & Thomas, 1994:5; Schoon & Bynner, 2003:21-31; Strydom, 2013:152); together with the qualitative research design (Strydom, 2013:152); and resilience-based framework (Schoon & Bynner, 2003:21-31) assisted me in “tailor-making” this programme for the needs of SCIPPs, including even more resilience-promoting “tools” than I could ever have anticipated. Since January 2011 up to April 2015, I’ve read thought-provoking literature pertaining to SCI and resilience; and I had inspiring encounters with people living with SCI, as well as professional role-players working within the field of SCI. I’m humbled by all the role-players who assisted me by sharing their expertise, life-stories (Patton, 2015:434; Strydom, 2011:330) and valuable time in developing this GRPP for SCIPPs, to where it stands today.

As I initially planned to employ this newly formulated intervention with the target population (“new” SCIPPs) I was saddened by not having had the opportunity of presenting this intervention with SCIPPs during the time of my study, but I am still looking forward to possible other opportunities where I might have the privilege of facilitating such a group with this intervention. Looking back on my research and being a SCIPP myself, I realize that being a resilient SCIPP might never be easy (LeCroy & Williams, 2013:706-709; Masten, 2001:228). The very real risks of this adversity might make it difficult to continuously navigate towards and negotiate fruitfully with resilience-promoting processes (Masten and Wright, 2010:222-231). Yet, this was linked to valuable lessons learnt: being a professional role-player within the field of SCI is a responsibility, not only to the person who had acquired the SCI, but also to that person’s cohabiting

partner. What has thus emerged for me is firstly: my responsibility to share this newly developed intervention with other professional role-players in the field of SCI so that they can assist SCIPPs to be able to resile in the midst of this hardship; and for me to continue improving this GRPP for SCIPPs to meet the needs of the target population as far as possible (Bertram & Christiansen, 2014:59; LeCroy & Williams, 2013:706-709).

5 LIMITATIONS OF THE STUDY

The following limitations of the study were identified:

- 5.1 During the qualitative research synthesis, the researcher excluded studies published prior to 2003 and also studies published after 2014. She thus acknowledges that the publications being used might be incomplete, even though she sampled until data saturation had been reached.
- 5.2 The exclusion of studies in languages other than English and Afrikaans might have caused the exclusion of studies answering the research questions. This implies that the researchers' sampling could be biased. Reported findings may thus need to be interpreted cautiously.
- 5.3 The GRPP for SCIPPs was developed specifically for female SCIPPs, since males acquiring SCI is in the majority in South Africa compared to females acquiring it. As a result of the latter, this GRPP for SCIPPs might not address the needs of male SCIPPs as such, as some of the procedural elements (especially some media on the DVDs), exclusively cater for female SCIPPs. However, the researcher realises that male SCIPPs might also experience unique hardships of their own. Therefore, providing a GRPP for female SCIPPs exclusively can be seen as a possible limitation.

- 5.4 Furthermore, this study also only focussed on pre-injury cohabiting relationships, which might also exclude the inclusion of SCIPPs in post-injury cohabiting relationships, and the researcher acknowledges that post-injury cohabiting relationships might also have unique diversities of their own.
- 5.5 A small sample of professional role-players within the field of SCI (n=12) participated in the evaluability assessment (manuscript 3), which might be seen as a limitation, since the results cannot be generalized to the opinions of all professionals working within this field.
- 5.6 Although the professional role-players who participated in evaluating the readiness of the GRPP for SCIPPs were representatives of all four culture groups in South Africa, more inputs are needed, as resilience is also culture-bound and only a small group (n=12), only from the Gauteng Province, participated, which can also contribute to isolated findings.
- 5.7 As resilience is flexible and can take time to unfold, it might happen that there could be some SCIPPs that will not benefit from this newly developed GRPP for SCIPPs. The latter could be seen as a possible limitation and that more research might need to be executed pertaining to resilience-promoting processes in SCIPPs. Nevertheless , the newly developed GRPP for SCIPPs is at least a good start.

6 CONTRIBUTIONS MADE BY THE STUDY

The newly developed GRPP for SCIPPs has made a number of contributions, namely:

- 6.1 The GRPP for SCIPPs is the first documented intervention for SCIPPs in South Africa, and therefore this intervention might contribute to advanced service

delivery in the field of social work; and moreover in the field of SCI, especially as it has the potential to promote SCIPPs resilience (as evaluated by professionals in manuscript 3).

- 6.2 By means of a resilience-based framework (Ungar, 2011:4; Yates & Masten, 2004:8) in partnership with a process-focused approach (Yates & Masten, 2004:9), and the six resilience-protective processes of Masten and Wright (2010:222-229), the findings of the study has proven the possible usefulness off employing resilience-promoting interventions in Social group-work interventions, as evaluated by profesional role players working within the field of SCI.
- 6.2 This newly developed intervention might sensitize professionals working within the field of SCI to the importance of including SCIPPs in service delivery. Correspondingly, Catalano *et al.* (2011:209) and Dodd (2010:61), promote the need for professionals to offer SCIPPS opportunities to develop resilience.
- 6.3 The GRPP for SCIPPs holds benefits, not only for the SCIPP, but also for his/herpartner, their children, other family members, and the community at large, as this study provides new information pertaining to needed support services which might be neglected in the past. When couples of whom one has acquired an SCI cope positively with the adversities inherent in such a trauma, they function resiliently (Dickson *et al.*, 2011:252; Dunn *et al.*, 2009:653; Fronek *et al.* 2011:99; Gilad *et al.*, 2009:462; Steyn, 2008:113).

7 RECOMMENDATIONS FOR FUTURE STUDIES

- 7.1 To subject the refinements to the scrutiny of the same panel of experts in 2016 for further evaluation, so as to enhance the trustworthiness (member-checking) of the suggested changes to the GRPP for SCIPPs.
- 7.2 To furthermore expand the evaluation of the programme to professionals in other areas of South Africa, as the current participants all were from Gauteng, which could have contributed to isolated findings.
- 7.3 To recruit postgraduate students to test the programme with the target-population in South Africa for possible further improvement, suggestions and also research/evaluation/distribution to added culture groups in South Africa. The current GRPP for SCIPPs might also have the potential of being adjusted to the needs of male SCIPPs; SCIPs themselves; children of a parent/s living with SCI; and also for post-injury cohabiting relationships, as this intervention might be a starting point for above-mentioned research opportunities.

8 FINAL CONCLUSION

A final conclusion which may be drawn is that the aim (purpose) of the current study – to design and develop, based on the findings of a literature study and an empirical investigation, a GRPP for SCIPPs in South Africa – has been achieved. This purpose was achieved by exploring relevant literature which assisted the researcher in identifying eight resilience categories that could be included in a process-focused approach, embedded in the six protective processes, and consequently emerged in formulating an outline for such a programme. The design and development of the GRPP for SCIPPs was informed by several rounds of data

collection and constituted in formulating a complete intervention programme. Furthermore the researcher reacted positively to the suggestion after peer-review, which was that the Final-formulated GRPP for SCIPPs be evaluated by professional role-players in the field of SCI before exhibiting it to the target population; and the analysed data provided the researcher with advice so as to reflect on the possible revisions that need to be made to this intervention programme. Moreover this will result in the refining of the GRPP for SCIPPs. The findings will therefore be subjected to refinements and will again be exposed to further evaluation by panels of experts in 2016, and will also be extended to professionals in other areas of South Africa, as the current participants were all from Gauteng – which can also contribute to isolated findings.

Furthermore, postgraduate students will be recruited to test the programme with the target-population in South Africa for possible further improvement and suggestions, as well as possible expansion to adjust this intervention to meet the needs of male SCIPPs; SCIPs themselves; children of a parent/s living with SCI; and also for post-injury cohabiting relationships, as this intervention might be a starting point for above-mentioned research-opportunities.