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Peer supporter role in adaptation process in context of different coping strategies

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Content

- Peer support research
- Peer support research in the Netherlands
- Trajectories in life satisfaction
- Case descriptions



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Effects of peer mentoring on self-efficacy and hospital readmission following inpatient rehabilitation of individuals with spinal cord injury: a randomized controlled trial

Gassaway J, Jones M, Sweatman W, et al. Arch. Phys. Med. Rehabil. 2017;98:1526–1534.e2.



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RCT: results

- Peer support group: initial consult, peer mentor, weekly contact during inpatient rehabilitation up to 90 days post-discharge, peer support activities
- Control group: usual care

→ Gain in self-efficacy was significantly higher in peer support group in comparison with control group

→ Fewer unplanned hospital days for the peer support group



More studies

- Studies of Jalovcic et al. (2009) and Veith et al. (2006) have shown that peer supporters provide information about **practical, emotional and identity-changing aspects after SCI**.
- Persons with SCI indicated to appreciate information and advice about **practical issues and living with SCI**, from someone with comparable experiences, as well as **psychological and emotional support** [Haas et al. (2013)].



More studies

- Ljungberg and colleagues (2011) found **self-efficacy** to improve over time and **medical complications and doctor visits to decrease** during a one-year peer mentoring intervention.
- Sweet and colleagues (2016) reported that persons with SCI whose needs for peer support were fulfilled, scored higher at, for example, **health, work/education participation, and life satisfaction.**



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Peer support in SCI rehabilitation in the Netherlands: an exploratory study

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Peer support in the Netherlands: relatively new

- In 2010, the first rehabilitation centre employed a person with SCI for a few hours a week (**staff peer mentor**).
- In all centres, representatives of the patient association (**patient association peer mentors**) are present to provide information and support during walk-in hours.
- In all centres, persons with a recent SCI with specific questions or needs can be matched to more experienced persons with SCI (**volunteer peer mentors**) on an ad-hoc basis.



Introduction


- Attention to psychosocial aspects during SCI rehabilitation
- Peer support can be valuable addition
- Little known about peer support in the Netherlands

Aim: To gain insight in the current use of and experience with peer support interventions in Dutch SCI rehabilitation centres



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Study consists of two parts

- Interviews with health-care professionals
- Questionnaires with persons with SCI



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Methods (interviews)

- Semi-structured interviews (N=28)
- Healthcare professionals:
 - rehabilitation physicians
 - occupational/physical therapists
 - social workers
 - peer counsellors (if employed)
- 7 of 8 Dutch SCI rehabilitation centres
- Topic list:
 - Experiences with peer support/peer counsellors
 - Employing peer counsellors
 - Preferences and wishes regarding peer support interventions



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Results: Description of peer counsellors

- Injury for longer period of time
- Sharing knowledge and experiences with others
- 'Accepts' injury
- Participates in society



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Results: Description of peer counsellors

- Injury for longer period of time
- Sharing knowledge and experiences with others
- 'accepts' injury
- Participates in society

- Being a role model

"I introduced [peer counsellor] as the boy that did nothing in life as we would advise him to, but the bottom line is that he will get there anyway" (occupational therapist)



Results: Value of peer counsellors

- Availability of peer guidance
- Not being dependent on volunteers
- Different communication with patients
 - Informal
 - Approachable

"[Peer counsellor] helps to speed up and improve rehabilitation process... sometimes it is the oil in the machine" (rehabilitation physician)

"Cause a therapist can explain it very clearly, but he does not really know what it is like; the true feeling"
(peer counsellor)



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Results: Employment of peer counsellors

- Peer counsellors' employment:
 - 5 centres did, 1 intended to, 1 did not employ peer counsellors
 - 2 till 8 hours a week
- Half of peer counsellors attend team meetings
- Some had access to patient files, but only one used this



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Results: Expectations

- Tasks
 - Introductory meeting
 - Education
 - Individual meetings
 - Matching newly injured to more experienced volunteers
 - Coordination volunteers
 - Administrative tasks, e.g. planning
 - Informal contact, e.g. coffee or lunch breaks
 - Assisting in (physical) therapies; serving as example



Results: Expectations

- Skills and characteristics

Personal skills	Professional skills
Empathic	Interviewing techniques
Positive attitude	Listening skills
Enthusiastic	Transferring knowledge
Constructive	Generalising experiences
Analytic	Being reliable
Knowledge of human nature	Providing perspective

Acknowledging boundaries



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Results: Limitations for peer counsellors

- Peer counsellors are pioneers
 - Lack of proper task descriptions
 - Often the only one within the rehabilitation centre
- Limited capacity
 - Many tasks in few hours per week
- Only one budget
 - Choice between peer counsellors and health professionals
 - Although, payment is rather low



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Conclusions

- Peer counsellor = super(wo)man





Conclusions

- Peer counsellor = super(wo)man
 - Contributes to communication with persons with SCI
 - Has to live up to high expectations
 - Many tasks and skills required
- Additional value to regular rehabilitation program
- Discrepancy between expectations (or demands) and time/payment



Recommendations

Clinical Practice

- Proper task description
- Employment at least 8 hours per week (2 days)
- Payment: FWG 40
- Education

- Peer counsellor is a match with the team culture
- Better / more use of volunteers for specific questions (matching on: age, gender, background, interests, level of injury)



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Methods (questionnaires)

- Online or pen-and-paper questionnaire (N=249)
- Adults with SCI with various levels and severities of injuries and discharged from inpatient rehabilitation in 2014 or 2015
- 7 of 8 Dutch SCI rehabilitation centres
- Questionnaire:
-Their experiences and preferences related to peer support during inpatient rehabilitation



Respondents (n=249)

		N	%
Demographic characteristics			
Gender	Male	159	64.9
	Female	86	35.1
	Missing	4	
Age (Mdn, IQR(range))		63.0, 18.0 (18-90)	
	Missing	5	
Education	None up to complete high school	177	71.4
	College and university	71	28.6
	Missing	1	
SCI characteristics			
SCI cause	Traumatic	121	49.0
	Non-traumatic	126	51.0
	Missing	2	
SCI level	Paraplegia	144	58.0
	Tetraplegia	101	41.2
	Missing	4	
SCI completeness	Complete	55	22.5
	Incomplete	189	77.5
	Missing	5	
Year of onset of SCI	Before 2014	83	34.7
	2014	86	36.0
	2015	79	33.3



Results: Peer support contact

- Overall, 184 of the 249 respondents (**73.9%**) indicated that they had contact with a peer supporter.
- In rehabilitation centres with a **staff peer mentor, significantly more persons** have had contact with a peer supporter (80.8%) than in centres without a staff peer mentor (66.9%).
- Furthermore, more persons injured in 2014-2015 had contact with a peer supporter more often (78.2%) than persons with an older lesion (66.7%). **Other personal or SCI characteristics did not show a significant association with peer support contact.**



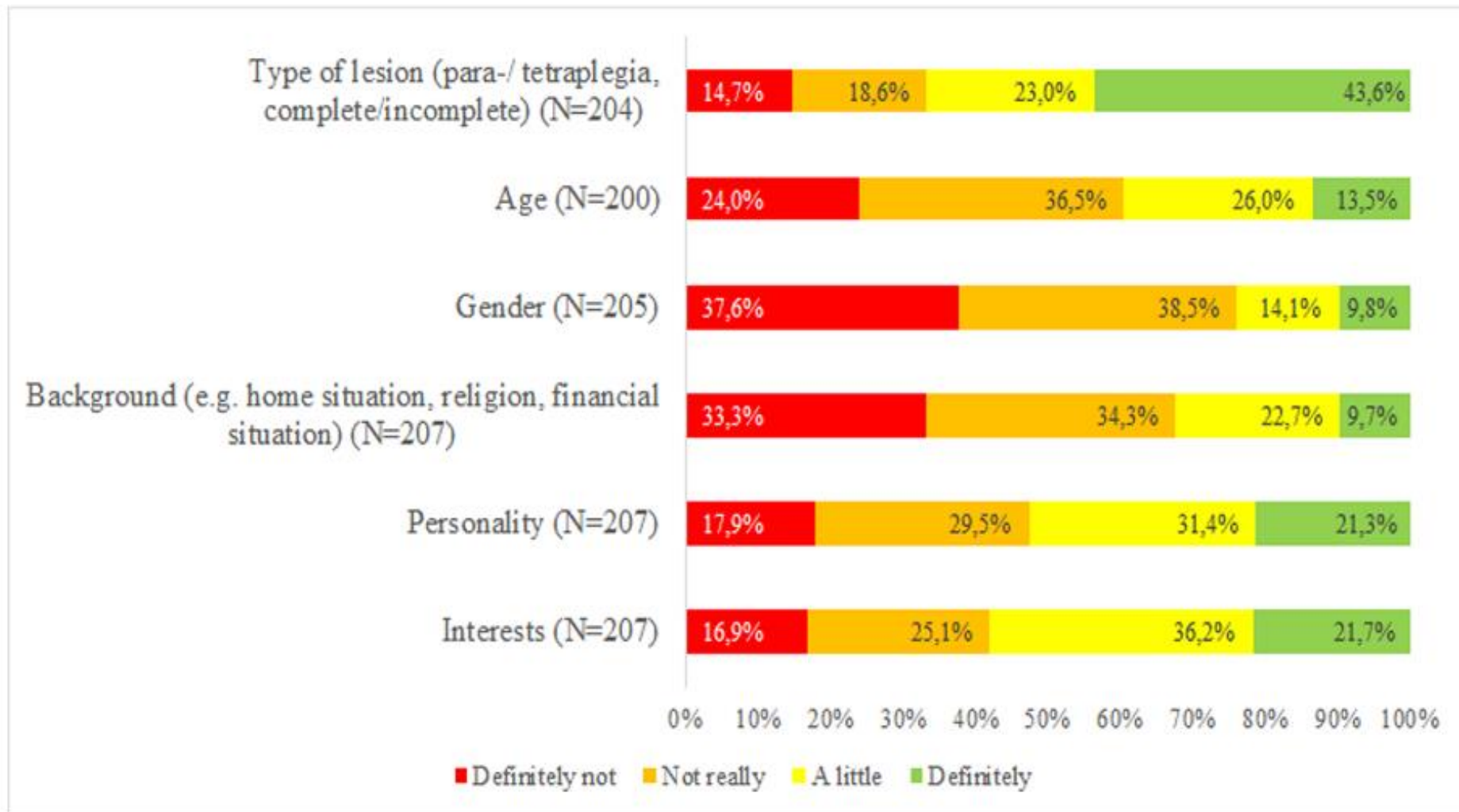
Results: Percentages of 'valuable' support received from peer supporters and patient peers

	Peer support ^a			
	N	%		
Social contact	69	37.5		
Being in contact with someone who knows what it's like to live with a SCI	87	47.3		
A positive look to the future	77	41.8		
Psychological; feeling good	52	28.3		
Being a role model, inspirational	67	36.4		
Return to work/education	33	17.9		
Giving practical information and education	91	49.5		
Healthy lifestyle	48	26.1		
Personal care	47	25.5		
Knowledge about care and facilities	56	30.4		

^a according to those who have had contact with a peer supporter, N=184

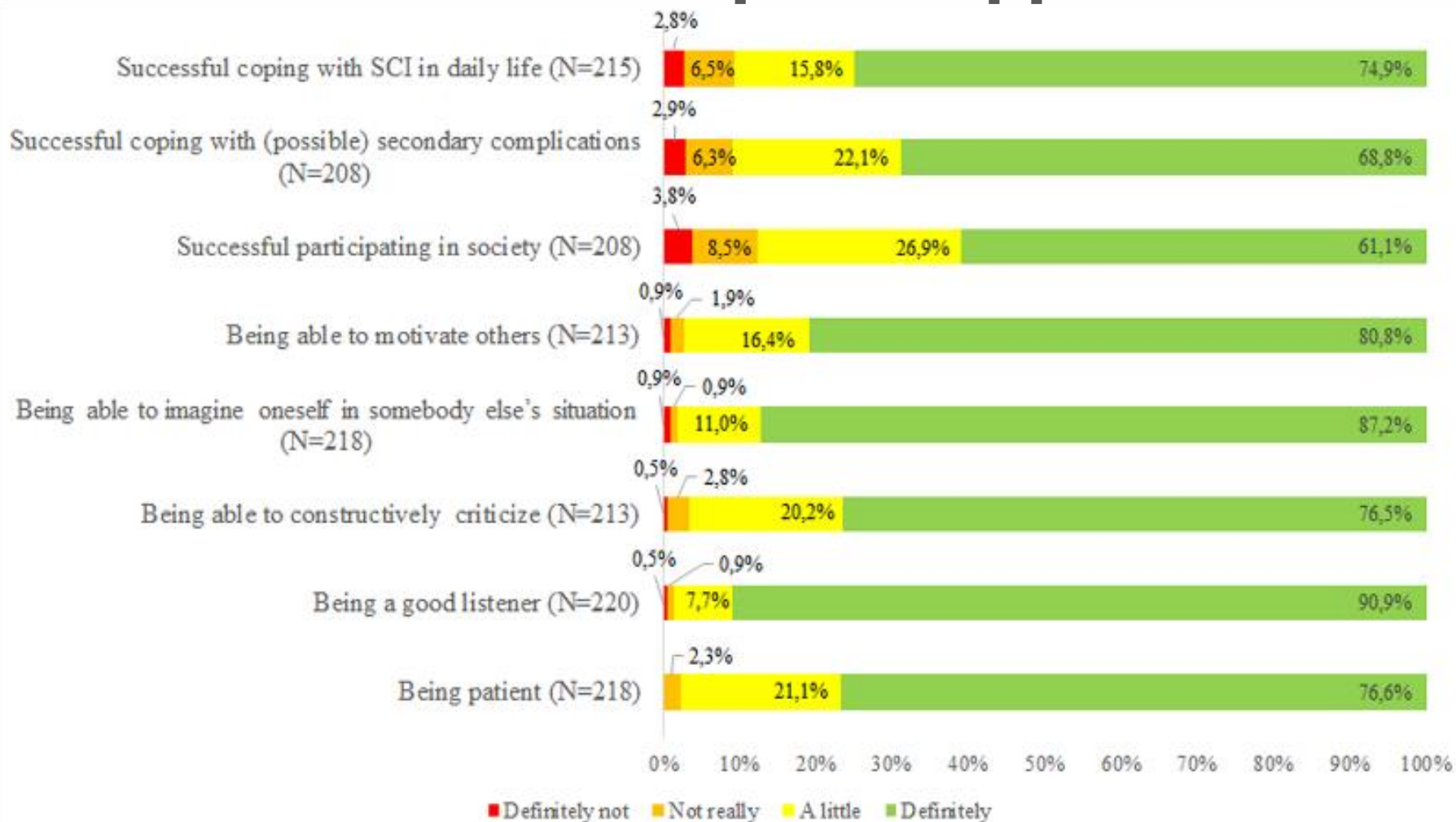


Results: Similarities of a peer supporter





Results: Skills of a peer supporter





Conclusions

- It seems useful to facilitate peer support within the rehabilitation process since it is valued by persons with SCI.
- It might be useful to have educated and trained staff peer mentors.
- Regarding matching persons with SCI to peers, type of lesion, interests and personality are important.
- It seems necessary to build up a database of peer supporters who can be convoked by the centres and be matched with persons with SCI, primarily on specific topics and secondary on basic characteristics.



Limitations

- We were not able to distinguish between staff peer mentors, volunteer peer mentors, and patient association peer mentors, but only between peer supporters in general and patient peers. Therefore, we have no insight in the unique contribution of each type of peer mentor.
- Further, there were differences between the respondents and non-respondents based on year of onset of the SCI, age, and between centres with and without a staff peer mentor. Therefore, it might be that our results are an overestimation of the percentages of persons with peer support contact.



Future research

Research

- Peer support during/after outpatient rehabilitation
- Effect of peer support in (inpatient) SCI rehabilitation (self-efficacy, resilience, quality of life, SCI knowledge en self-management).
- Peer support for caregivers

Main suggestions (like study of Gassaway):

- Intake with peer counsellor
- Match with a peer mentor
- Weekly meetings with a peer mentor
- Peer mentor activities: shopping, going to school/work, public transportation, doctor visit

Timing: 90 days or 1 year?



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Trajectories in life satisfaction

1. What is your quality of life at the moment?

(1= very unsatisfying, 6= very satisfying)

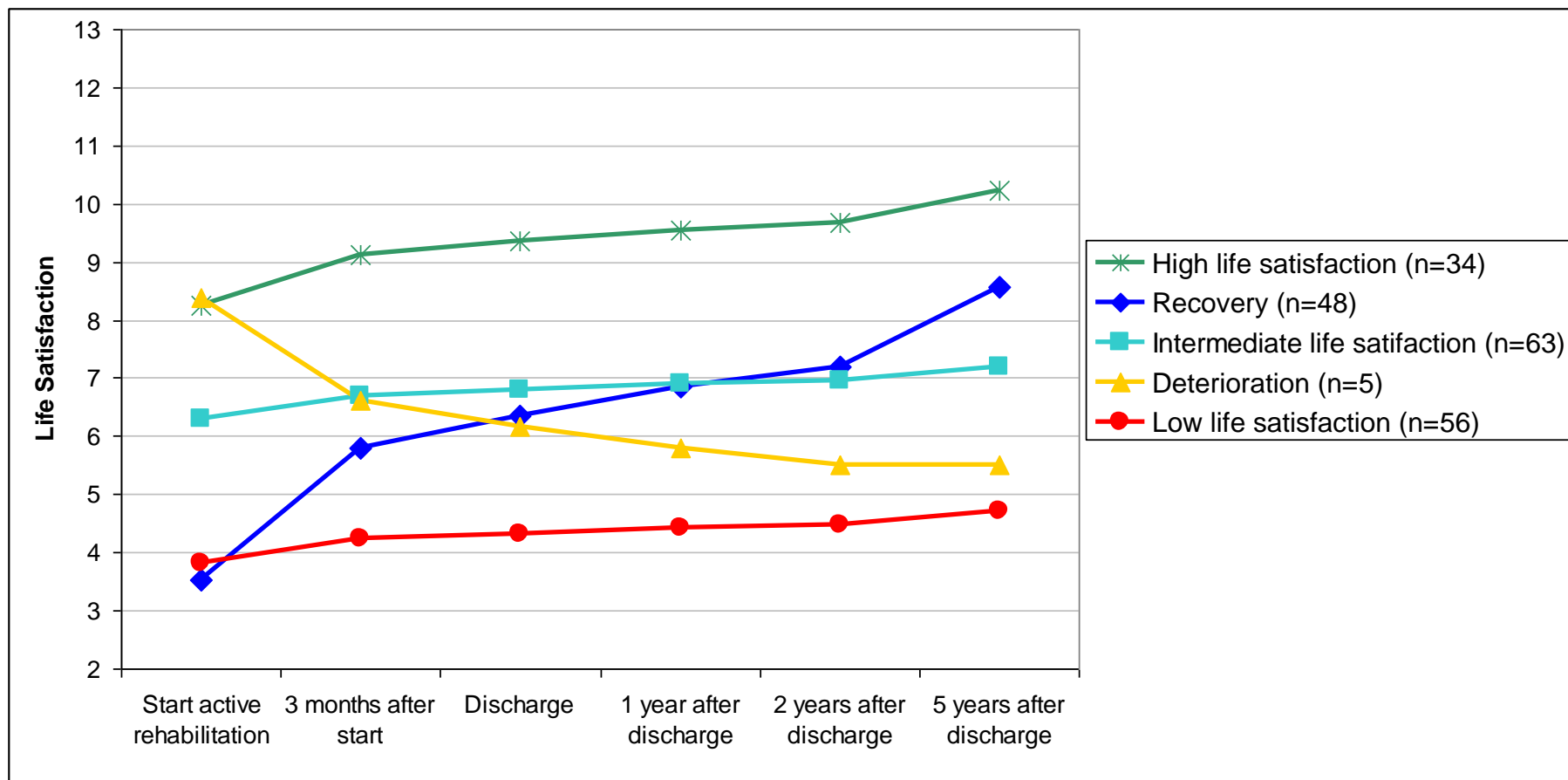
2. Is your quality of life at the moment worse, equal or better than before the SCI?

(1= much worse, 7= much better)

→ Sum score of both questions (range 2-13)



Trajectories in life satisfaction (n=225)





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Case description (high life satisfaction trajectory)

- Man, 52 years, complete C4 lesion
 - Low score on depression and anxiety
 - Active coping style
 - Social support system
 - Able to calm oneself
 - Focus on realistic goals
 - Good communication skills
- Creative in finding new solutions (farmer with a high lesion)



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Case description (low life satisfaction trajectory)

- Man, 42 years, incomplete T6 lesion
 - High score on depression and anxiety
 - Passive coping
 - Small social network
 - Risk of addiction (alcohol)
 - No hope for the future
 - 'Focuswoning', you can call for care 24 hours a day
 - Decubitus (weak skin or high stress level?)
- Is this what life is?



Case description (recovery trajectory)

- Woman, 63 years, incomplete C6 lesion
 - Higher score on depression
 - Active coping
 - Social support system
 - High need to control things
 - Good social skills
 - Good in planning and organisation
- No clear idea about how a life with a SCI can look like



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