European Spinal Psychologists Association

12th ESPA European Conference

Bringing the psychological aspects of lived experience, research, and clinical practice together in SCI

Thursday 23rd – Friday 24th April 2026

Venue and Sponsor: BG Trauma Centre Murnau, Germany

Event Also Sponsored by Spinal Injury Case Management LTD

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BG Trauma Centre Murnau, Germany

BG Trauma Centre Murnau with 596 beds is a maximum-care hospital and one of the largest superregional trauma centres in Germany that treats and supports patients from initial treatment at the scene of the accident until successful social and vocational reintegration. In accordance with the doctrine of the statutory accident insurance “using all appropriate means“, patients receive holistic medical treatment at the highest standards. About 2.300 employees treat almost 45.000 patients each year.

Friday 24th April 2026

16:20 – 17:00 Tour of BG Trauma Centre Murnau, Germany

Saturday 25th April 2026

10:30 – 12:30 Local tour of Murnau, Germany

Thank you also to sponsors:

Spinal Injury Case Management was founded in 2010 to give specialised and knowledgeable rehabilitation case management to those who suffer spinal cord injury.

We offer assistance with all aspects of how a catastrophic SCI can affect the individual and their family. We form a multidisciplinary team of therapists, including physiotherapists, occupational therapist, psychologists, speech and language therapists, accommodation specialists, dieticians and many more, to work with the client and each other to achieve their rehabilitation goals and help them to lead fulfilling lives when they often feel it will never be possible. We work mainly with clients who have a Personal injury litigation claim.

We have grown organically over the past 14 years, increasing our case managers slowly to ensure they are indeed specialists in their field.

We continue to support many clients once their litigation claim has settled.

Please visit us at www. Sicmltd.co.uk

Day 1 - Thursday 23rd April 2026

08:30 – 09:00	Registration and Refreshments
09:00 – 09:20	Welcome and Introduction *Dr Jane Duff, Chair of ESPA* *Matthias M. Vogel M.D. General Surgeon / Trauma Surgeon* *Acting Chief Physician, BG Trauma Centre Murnau, Germany*
	Chair: Dr Ingo Pals
09.20 – 10:20	**Keynote Presentation** Meeting People Where They Are: Peer Support That Adapts To Real Lives And Real Situations *Lucy Robinson*
10:20 – 10:40	Mindfulness Based Cognitive Therapy for people with a spinal cord injury: a mixed-method study of perceived changes *Dr Tijn van Diemen*
10:40 – 11:00	Identifying psychological profiles in spinal cord injury and their association with early psychosocial outcomes *Dr Joan Saurí*
11:00 – 11:30	Break
	Chair: Dr Jane Duff
11:30 – 11-50	Evaluating the PHQ-9 and GAD-7 in Spinal Cord Injury Rehabilitation: Patterns from Five Years of Data at a UK Service *Dr Sean Hill*
11:50 – 12:10	Depression and Resilience after Spinal Cord Injury: A One-Year Trajectory Study *Dr Ingo Pals*
12:10 – 12:40	**Professor Paul Kennedy Scholarship** – sponsored by STEWARTS The Appraisals of DisAbility: Primary and Secondary Scale (ADAPSS): Development, Influence and Clinical Value in SCI Rehabilitation *Dr Jessica Dring*
12:40 – 13:40	Lunch
	Chair: Dr Peter Lude
13:40 – 14:10	**Anette Johansen-Quale (AJQ) Scholarship** – sponsored by ESPA Spinal cord injury rehabilitation and discharge preparedness perceptions: lived experience of people, their support partners and clinicians from England and the Netherlands *Amanda Patrick-Smith and Dr Eline Scholten*
14:10 – 14:30	Community Transition After Spinal Cord Injury: A Mixed-Methods Investigation of Mental Health, Service Needs, and Vocational Integration *Dr Mayra Galvis Aparicio*
14:30 – 14:50	Changes in Depressive Symptoms During Community Transition Following First Spinal Cord Injury Rehabilitation *Lea Sabrina Riniker*
14:50 – 15:10	Exploring Sex and Gender Factors in Psychological Distress Among People with Spinal Cord Injury *Janina Lüscher*
15:10 – 15:40	Break

Chair: Dr Marion Gounelle

15:40 – 16:00	Creating change in psychology service provision: insights from England *Dr Jane Duff and Dr Alice Plummer*
16:00 – 16:20	Rehabilitation Psychology: Origins, Principles, Applications in Spinal Cord Injury *Dr Daniel Rohe*
16:20 – 16:40	Assessing the Cognitive Impact of Blood Pressure Modulation via Epidural Stimulation in Individuals with Chronic Spinal Cord Injury *Dr Tijn van Diemen*
19:00	**A networking dinner** will take place at, Zum Murnauer Weilheimer Straße 21, 82418 Murnau am Staffelsee

Day 2 - Friday 24th April 2026

08:30 - 09:00	Refreshments
	Chair: Dr Tijn van Diemen
09:00	Housekeeping
09:10 - 11:00	**WORKSHOPS**
	WORKSHOP 1 (Room 1) European Healthcare Clinicians and Persons with Lived SCI Experience of preparing for discharge and community transition *Amanda Patrick-Smith, Dr Jessica Dring, Dr Sean Hill, Dr Jane Duff*
	WORKSHOP 2 (Room 3) Compassion Fatigue in SCI Rehabilitation: Recognition, Theoretical Modelling, and Practical Strategies for Psychologists in Clinical Teams working with People with Spinal Cord Injury *Dr Jenny Lisshammar, Berit Mus Christensen, Irene Christiansen*
11:00 – 11:30	Break
	Chair: Dr Jane Duff
11:30 – 12:10	ESPA Bi-Annual General Meeting and review of the Constitution
12:10 – 13:40	Lunch and **POSTER VIEWING** (Foyer)

Poster 1:	ACTonPainSCI: Lessons from a Pilot Study on Chronic Pain in Spinal Cord Injury *Mrs. Katja Oetinger*
Poster 2:	Navigating Stress and Emotional Well-Being in Couples Facing Spinal Cord Injury: Insights from an Everyday Life Study *Simone Lüthi*
Poster 3:	What about me? A workshop for siblings of children with spinal cord injury *Dr Jessica Dring*

Poster 4:	Fear of falling in SCI/D: an under identified and emerging clinical practice area for psychological and multi-disciplinary treatment *Dr Jane Duff*
Poster 5:	Burnout, Personal Accomplishment, and Psychological Resilience Among Caregivers Supporting Individuals with Spinal Cord Injuries in Cyprus: A Quantitative Study *Danae Nicolaou*
Poster 6:	International perspectives of people with lived experience of spinal cord injury rehabilitation *Amanda Patrick-Smith*
Poster 7:	Spinal cord injury rehabilitation and discharge preparedness perceptions: lived experience of people, their support partners and clinicians from England *Dr Jane Duff*
Poster 8:	French Adaptation and Validation of a Social Participation Scale and a Secondary Conditions Scale for Individuals with Spinal Cord Injury – The PARTICIP'LM Study *Dr Marion Gounelle*

	Chair: Dr Ingo Pals
13:40 – 14:00	The influence of spinal cord injury on an individual's identity in the first phase of rehabilitation, a qualitative study *Dr Christel van Leeuwen*
14:00 – 14:20	Deadly care gap – silent killer for rehabilitation and patients. The 'Rückenwind plus' clinic in Bad Zurzach (Switzerland) demonstrates how the problem is resolved *Dr Peter Lude, Dr Manfred Gartner, Dr Yvonne Lude, MSc Sabine Felber, Prof Dr Hans Knecht and Dr Jane Duff*
14:20 – 14:40	Support for Self-Management, Engagement, and Continuous Therapeutic Education in Secondary Prevention for Individuals with Spinal Cord Injury *Dr Marion Gounelle and Josephine Alliaud*
14:40 – 15:00	The Use of Environmental Controls at the Beelitz-Heilstätten Clinics *Dr Florian Grüter*
15:00– 15:30	Break (Delegate rating of Linda Hall Best Presentation Award)
	Chair: Dr Tijn van Diemen
15:30 – 16:00	Lightening talks for posters *(listed above)*
16:00 – 16:10	Presentation of Linda Hall Best Presentation Award sponsored by STEWARTS
16:10 – 16:20	Closing Remarks *Dr Jane Duff*
16:20 – 17:00	Tour of BG Trauma Centre Murnau, Germany

KEYNOTE PRESENTATION

Lucy Robinson, ESCIF Chair

Lucy Robinson has 17 years' experience in service implementation and strategic transformation across the health, charity and social sectors, with a focus on spinal cord injury and disability. At the National Spinal Injuries Centre in Stoke Mandeville, UK, she led the development of patient education and peer support services, growing the team and increasing engagement while embedding evidence-based practice. She later became Vocation Co-ordinator at Back Up, a UK spinal cord injury charity, where she designed and delivered tailored employment support services and built partnerships with NHS rehabilitation centres to introduce early vocational intervention. Lucy now works as a Corporate Fundraiser at Back Up, developing strategic partnerships with businesses to support mutual benefits and ultimately supporting the implementation of services that improve quality-of-life for people with spinal cord injury. Earlier in her career, she founded a charity that implemented peer-led spinal cord injury training at the CRP rehabilitation centre in Dhaka, Bangladesh. The programme has been running since 2012 and has trained over 450 people with spinal cord injury.

Alongside her other roles, Lucy has developed strong governance experience. After completing a Governor's Apprenticeship at Keele University, she joined the board of the European Spinal Cord Injury Federation (ESCIF), where she has served as a board member for five years and President for the past four. During her presidency, she has helped lead the development of a new organisational strategy focused on strengthening long-term sustainability and supporting member organisations to navigate an increasingly challenging post-COVID environment for voluntary organisations. She has delivered talks and training internationally across Europe, Asia and Australia on peer support, inclusive rehabilitation and systems change, bringing together lived experience, medical sectors and corporate organisations to support practical, sustainable progress.

ABSTRACTS – DAY ONE

Mindfulness Based Cognitive Therapy for people with a spinal cord injury: a mixed-method study of perceived changes

Presenter: Dr Tijn van Diemen

Co-Authors: Ellen Kaal, Dr Christel van Leeuwen, Anne Speckens, Ilse van Nes

Abstract:

Background:
Individuals with spinal cord injury (SCI) may experience physical and psychological problems as a consequence of their injury. Mindfulness-Based Therapy (MBT) refers to a state of non judgmental awareness of the present moment, and has been demonstrated to be effective in reducing psychological distress and improving quality of life (QoL) in patients with a variety of disorders. However, studies about people with SCI following MBT are scarce. This study explores the psychological and physical changes experienced by people with SCI who participated in an adjusted in-person MBT group intervention.

Methods:
In this mixed-methods study 15 people with SCI who participated in an 8-week MBT program were assessed with questionnaires on psychological distress, QoL, self-efficacy, mindfulness skills, fatigue and pain at four timepoints (pre, post, three and six months after the training) and interviewed about their perceived changes, following a semi-structured guide. Qualitative data was subjected to thematic analysis.

Results:
Change in the preferred directions were found in the level of anxiety, QoL and self-efficacy. Eleven themes were identified in the interviews and categorized within a recently developed framework for qualitative research on mindfulness: Awareness, Insight, Recognition of automatic patterns, Change in behaviour and Effects of changed behaviour.

Conclusion:
Key findings of the study included that an increase in ‘Acceptance’ of SCI consequences, created a greater ‘Sense of peace’, which improved ‘Pain control’. Further, ‘Reflecting on their own feelings’ was mentioned as the base for ‘Respecting their own boundaries’, which helped to experience less fatigue. Lastly, very specific for people with SCI, MBT helped to make connection again with affected body parts. The findings of this study, indicates that MBT may be beneficial in for people with SCI to be aware of their feelings and thoughts regarding their limitations and how they can respect and act on their limitations.

Identifying psychological profiles in spinal cord injury and their association with early psychosocial outcomes

Presenter: Dr Joan Suari

Co-Authors: A.Gilabert, MD.Soler, A. Enseñat and G. Cattaneo

Abstract:

Introduction:
Psychological characteristics are key determinants of how individuals adapt to a spinal cord injury (SCI), influencing functional outcomes, perceived health and quality of life. In the disability field, factors such as subjective perceptions of disability, emotional vulnerability and limited personal resources may directly disempower individuals, reducing participation and well-being. Building on previous research identifying latent psychological profiles linked to participation and health, this study explores how such profiles appear in individuals with recent SCI at the start of specialized neurorehabilitation.

Methods:
Adults with first-time SCI admitted for intensive rehabilitation will complete standardized questionnaires shortly after admission assessing depressive and anxiety symptoms, Type-D personality, resilience, self-efficacy and perceived quality of life. These data will be combined with socio-demographic and lesion-related characteristics, perceived health indicators, mental health measures and functional independence scales routinely collected in clinical practice. Latent profile analysis will be used to identify distinct combinations of psychological traits. Cross-sectional associations between psychological profiles and initial clinical presentation—functional status, perceived health, quality of life and mental health outcomes—will be examined using multivariable models adjusted for socio-demographic and lesion variables.

Results:
We expect to identify at least three distinct profiles:

1. Higher emotional distress and Type-D traits with lower resilience and self-efficacy
2. Intermediate levels across all psychological measures
3. Lower distress and Type-D traits with higher resilience and self-efficacy

Profiles characterized by greater vulnerability are expected to show lower levels of quality of life and more severe mental health symptoms at admission.

Conclusions:
Psychological profiles appear to be important for understanding early adjustment to SCI and may guide clinical screening and tailored interventions. Identifying vulnerable individuals at admission could support more targeted psychological and rehabilitative strategies to improve psychosocial outcomes.

Keywords: Spinal cord injury; Psychological profiles; Rehabilitation; Self-efficacy; Resilience; Type-D personality; Mental health.

Evaluating the PHQ-9 and GAD-7 in Spinal Cord Injury Rehabilitation: Patterns from Five Years of Data at a UK Service

Presenter: Dr Sean Hill

Co-Author: Dr Jane Duff

Abstract:

Introduction:
The 9-item Patient Health Questionnaire (PHQ-9) and 7-item Generalised Anxiety Disorder scale (GAD-7) have become increasingly popular across the world and used in UK spinal cord injury (SCI) services since 2020. Internationally, these measures are gradually replacing the Hospital Anxiety and Depression Scale (HADS). Despite this shift, limited work has examined how these measures perform clinically within SCI rehabilitation or explored their patterns in this population.

Methods:
This presentation will use screening admission data from approximately 700 inpatients admitted to the UK National Spinal Injuries Centre over the past five years, discussing the patterns, practical considerations and limitations of these measures in SCI services. This presentation is timely, as it follows the recent publication of the ISCoS basic psychological functioning dataset, and UK clinical practice guidelines, which endorse the PHQ-9 and GAD-7, and their brief screening derivatives, the PHQ-2 and GAD-2. We situate our findings within these developments by presenting item- and scale-level patterns from a large cohort of individuals.

Results:
This presentation will add substantially to gaining more accurate estimates and evidence regarding prevalence and help address the worldwide concern regarding the underestimation regarding mood following SCI. Our analyses demonstrate the PHQ-9 and GAD-7 show depressive and anxiety symptoms are prevalent and elevated in people with SCI compared to general population norms (PHQ-9 M=20.35, S.D.=6.12; GAD-7 M=16.26, S.D.=5.32, with 63.2% of PHQ-9 and 70.6% of GAD-7 scoring above “severe” clinical cut-offs). Our presentation will detail how these patterns vary according to injury characteristics (level of injury, ASIA grade), demographic factors (sex, marital status, ethnicity), and rehabilitation outcomes, as well as changes between admission and discharge.

Conclusions:
Bringing this together, we will evaluate the ecological utility of the PHQ-9 and GAD-7 in SCI rehabilitation, summarising the current evidence base regarding their clinical application, and outlining key practical and psychometric limitations.

Depression and Resilience after Spinal Cord Injury: A One-Year Trajectory Study

Presenter: Dr Ingo Pals

Abstract:

Spinal cord injury (SCI) represents a major coping challenge, yet depression is not an inevitable sequela. Prior longitudinal studies applying latent growth mixture modelling (LGMM) have provided inconsistent support for the four prototypical post-injury depression trajectories, identifying between two and four latent classes and reporting patterns ranging from dynamic symptom change to largely stable courses. Using longitudinal data from the European Multicenter Study about Spinal Cord Injury (EMSCI; N = 606) with four assessments during the first year post-injury, depressive symptom trajectories were examined using the Beck Depression Inventory–II (BDI-II), alongside functional recovery assessed with the Spinal Cord Independence Measure (SCIM III). LGMM supported a three-class solution: a predominant trajectory with persistently mild depressive symptoms (72.1%), a resilient trajectory characterized by consistently minimal symptoms (23.2%), and a small delayed-onset trajectory with increasing symptoms emerging in the second half of the year (4.7%). Functional independence increased significantly in the mild and resilient trajectories, whereas recovery plateaued in the increasing depression trajectory. These findings reveal distinct trajectories of depressive symptoms following SCI, with most individuals exhibiting resilience or mild, stable symptoms, and a small subgroup showing delayed worsening. This underscores the importance of routine, longitudinal monitoring to identify at-risk patients and guide timely, targeted interventions during rehabilitation.

PROFESSOR PAUL KENNEDY SCHOLARSHIP:

The Appraisals of DisAbility: Primary and Secondary Scale (ADAPSS): Development, Influence and Clinical Value in SCI Rehabilitation

Presenter: Dr Jessica Dring

Co-Author: Dr Jane Duff

Abstract:

Since its creation in 2009 by Professor Paul Kennedy and Dr Rachel Dean, the Appraisals of Disability: Primary and Secondary Scale (ADAPSS) has generated substantial impact, achieving a ranking of 165 on the Spinal Cord Injury Research Evidence platform (SCIRE). A key strength of the ADAPSS is its ability to differentiate appraisal patterns that may hinder adjustment from those that may support adaption. These reflect two overarching dimensions: Catastrophic Loss and Negativity versus Growth and Resilience. This differentiation enables clinicians to identify both psychological vulnerabilities and existing strengths that can inform formulation and intervention planning. Its clinical value is reinforced by wider research demonstrating that negative, threat-based appraisals predict poorer mood, increased distress and reduced quality of life, highlighting the need to address appraisal processes early in rehabilitation (Kennedy et al., 2009; Galvis Aparicio et al., 2021). This presentation will share key developments and the growing impact of the ADAPSS, including translation, lifespan adaptations, an excel scoring tool, and an expanding international research base, now exceeding 40 publications. The short form was recently included as part of the ISCoS Extended Psychological Functioning Dataset, and both versions are part of the UK national psychological screening dataset and a 12-site, five-year research study.

The clinical utility of the ADAPSS will be illustrated by demonstrating how it supports psychological screening and understanding of appraisal patterns to guide targeted intervention. Recent National Spinal Injuries Centre (NSIC) data show that 18.5% of people admitted scored above the clinical threshold of 22 on the ADAPSS-SF, and 20% on discharge. Case examples and outcomes using Duff and Kennedy's (2003) SCI Appraisal Adjustment Model will demonstrate how the ADAPSS supports psychological formulation and intervention planning. Overall, the session will show the value of using the ADAPSS in routine practice to guide formulation psychological therapy for adjustment.

ANETTE JOHANSEN-QUALE SCHOLARSHIP:

Spinal cord injury rehabilitation and discharge preparedness perceptions: lived experience of people, their support partners and clinicians from England and the Netherlands

Presenters: Amanda Patrick-Smith and Dr Eline Scholten

Co-Authors: Aline Hakbijl - van der Wind, Dr Marcel Post, Dr Jessica Dring, Dr Jane Duff

Abstract:

Worldwide, an estimated 21 million people live with spinal cord injury (SCI) who could benefit from rehabilitation. However, there are significant variations in service availability and inpatient length of stay (LOS), expected rehabilitation outcomes and quality of life across nations. Longer LOS provides increased opportunity for specialised clinician access and gaining self-management skills but may have diminishing returns regarding community reintegration. Preparing for discharge is a crucial part of rehabilitation with elevated levels of psychological distress. This presentation will report on the challenges of people with SCI (PwSCI), admitted to specialised spinal cord injury centres (SCICs) across England and the Netherlands, their support partners, and healthcare clinicians (HCs). The research is part of a larger international grant led by Shirley Ryan Ability Lab in Chicago also involving Australia, Canada, and the USA.

Method:
Twelve semi-structured 90-minute focus groups (FGs) were conducted with a broadly representative sample of PwSCI (n = 16), support partners (n = 10), and HCs (n = 16). The interview schedule explored knowledge, skills and patient goals, community reintegration and involvement of support partners throughout rehabilitation. FGs were transcribed verbatim and analysed using thematic analysis.

Results:
Preparation for discharge and community experiences varied widely, with PwSCI and support partners expressing different priorities. Many felt they had been in a “safety bubble” during rehabilitation, and unprepared for the challenges of functioning at home and wider community environments. The Dutch sample reported going home for the weekend mitigated this. Contextual information will be further discussed. All reported unexpected challenges, including unsuitable discharge locations and formal care provisions. Clinicians described parallel issues, citing resource constraints, systemic pressures and insufficient social care funding affecting service delivery.

Conclusions:
Findings provide insights into rehabilitation services provided by the SCICs in the study and highlight opportunities for improvements in rehabilitation planning and policy.

Community Transition After Spinal Cord Injury: A Mixed-Methods Investigation of Mental Health, Service Needs, and Vocational Integration

Presenter: Dr Mayra Galvis Aparicio

Co-Authors: Lea Riniker and Dr Nicola Diviani

Abstract:

Introduction:
The transition from inpatient rehabilitation to community life is a critical phase for individuals with spinal cord injury (SCI), posing significant mental health and vocational integration challenges. Understanding how mental health evolves during this period and its influence on return to work or education is crucial for developing effective, timely psychological and vocational support services.

Objectives:
This project aims to: (1) analyse changes in mental health during the transition phase and identify different change patterns; (2) determine biopsychosocial factors linked to better mental health; (3) examine the impact of mental health on vocational integration; and (4) qualitatively explore the lived experiences and service needs of individuals displaying different mental health change patterns.

Methods:
An explanatory sequential mixed-methods design will be used, starting with a quantitative phase (objectives 1–3). This phase will analyse data from the Swiss SCI Cohort Study (SwiSCI) collected at rehabilitation discharge (T1), one-year post-diagnosis (T2), and two or more years post-diagnosis (T3). Mental health is operationalized as changes in depressive symptoms from T1 to T2. Vocational integration is a binary outcome (engagement in paid work or education vs. not at T3). Data will be analysed using latent change score models and reliable change indices, which can be extended to explore associated factors or predict outcomes. These findings will guide the selection of participants and key domains to be explored in the qualitative phase (objective 4), which will involve semi-structured interviews and thematic analysis.

Conclusion:
This project will generate population-level as well as individualised evidence elucidating how mental health during community transition influences vocational integration in persons with SCI. Findings will inform whether and how psychological services should be provided during this period and how they should be interlinked with vocational integration services to best promote mental health as well as a sustainable vocational integration.

Changes in Depressive Symptoms During Community Transition Following First Spinal Cord Injury Rehabilitation

Presenter: Lea Sabrina Riniker

Co-Authors: Dr Nicola Diviani, Dr. Janina Lüscher and Dr Mayra Galvis Aparicio

Abstract:

Objective:
Depressive symptoms are common after spinal cord injury (SCI) and may intensify during major life transitions. One of the most challenging of these transitions is the shift from first inpatient rehabilitation to community living, a period marked by reduced professional support, increased environmental barriers, and evolving family, social, and vocational expectations. Although the first year post-injury is known to be critical for long-term outcomes such as participation and vocational reintegration, its specific influence on mental health has received limited attention in longitudinal, population-based research. To address this gap, this study examines how depressive symptoms change during this transition, whether distinct change patterns emerge, and to what extent discharge-related factors predict these changes.

Methods:
This longitudinal observational study uses data from the Swiss Spinal Cord Injury (SwiSCI) inception cohort (N=423), collected at discharge from inpatient rehabilitation (approximately six months post-injury) and one year post-SCI. Depressive symptoms were assessed with the Hospital Anxiety and Depression Scale. Changes in depressive symptoms and their predictors will be estimated using latent change score modelling (LCS). Reliable change indices (RCI) will be calculated to characterize individuals' change patterns.

Preliminary Results:
On average, individuals showed statistically significant increases in depressive symptoms ($\mu\Delta$=0.36, SE=.10, $p<.001$), with substantial interindividual variability in change. In a next step, predictors of change will be analyzed. We hypothesize that receiving psychological support during rehabilitation, as well as higher scores in psychological resources at discharge (e.g., self-efficacy, purpose in life) will be associated with an improvement or a less steep increase in depressive symptoms. Finally, we expect to identify heterogenous change patterns (e.g., stable low / high, improving, worsening) by means of the RCI.

Conclusion:
This study will generate evidence at both individual and population levels to inform the development and optimization of psychological services supporting individuals with SCI during critical transitions.

Exploring Sex and Gender Factors in Psychological Distress Among People with Spinal Cord Injury

Presenter: Dr Janina Lüscher

Co-Authors: Susanne Ott, Manuela Valencia and Marija Glisic

Abstract:

Introduction:
This project aims to improve the understanding of psychological distress in individuals with spinal cord injury (SCI) during the transition from initial rehabilitation to community reintegration. Focusing on sex- and gender-sensitive dynamics, it will develop a risk prediction model for psychological distress and an SCI-specific web-based platform offering educational materials, practical exercises, opportunities for contact with health professionals, and information on community services. An implementation strategy will support the adoption and scaling of the platform to ensure effective translation of research findings into practice. Overall, the project seeks to enhance mental health for women and men living with SCI by applying research insights in clinical and community settings.

Methods:
Two studies will be conducted within the Swiss Spinal Cord Injury cohort (SwiSCI). Sex- and gender-sensitive risk factors will be used to develop a prediction model for psychological distress following SCI. To better understand its consequences, the project will examine sex- and gender-related differences in biological (e.g., sex assigned at birth, inflammation), behavioural (e.g., physical activity, smoking), and social (e.g., social roles, relationships) factors and how these influence secondary health conditions, participation in daily activities, and quality of life. These findings will inform the development of an SCI-specific, sex- and gender-sensitive web-based platform to support mental health during the transition to community life. A pilot study involving individuals with SCI and health professionals will evaluate the platform's content, gender sensitivity, and feasibility. Insights will guide refinements and inform an implementation strategy for broader use in rehabilitation settings.

Conclusion:
This project will enhance clinical practice in SCI rehabilitation and contribute to gender-sensitive health research. It may serve as a model for other predominantly male health conditions or conditions causing lifelong physical impairment. Ultimately, it has the potential to shape future healthcare policies and improve care for women and men living with SCI.

Creating change in psychology service provision: insights from England

Presenters: Dr Jane Duff and Dr Alice Plummer

Co-Authors: Amanda Patrick-Smith

Abstract:

Psychologist resourcing for spinal cord injury services across the United Kingdom (UK) varies considerably and has detrimentally impacted standardising service provision for people with spinal cord injuries.

This presentation will present global evidence and summarise how the UK and Ireland Spinal Cord Injury Psychologists Advisory Group (SCIPAG) commenced this work which in turn contributed to the NHS England Clinical Reference Group (which commissions and oversees the 8 spinal cord injury services in England) publication of Psychological and Mental Health standards in 2023. The presentation will draw on international evidence including the World Health Organization Package of Interventions for Rehabilitation: Spinal Cord Injury module, the first author being one of two experts on the Development Group. The presentation will discuss scalability and how to develop to multi-site pathway collaboration, engagement and research within a range of settings including spinal cord injury centres, tertiary centres and major trauma centres. It will discuss how psychologically informed evidence can influence a political agenda and place psychological needs at the heart of decision-making supporting system change. The presentation will share a pathway model for considering psychosocial needs and how the MDT can be supported to develop their psychological knowledge and skills, and the delivery of trauma informed care. The presentation will include practice examples of implementation from two centres in England, the National Spinal Injuries Centre and Northwest Regional Spinal Injuries Centre.

Delegates will be invited to share their local experiences and consider how the ESPA community can inform and support each other.

Rehabilitation Psychology: Origins, Principles, Applications in Spinal Cord Injury

Presenter: Dr Daniel E. Rohe

Abstract

While Rehabilitation Psychologists in the United States are familiar with the development of the field of Rehabilitation Psychology (RP), others are typically unaware of the origin and critical influences that shape current practice. This presentation provides a global perspective on the development of the field of RP and ends with clinically relevant resources for clinicians.

This includes what makes RP unique from other psychology specialties, the evolution of its principles, and the uniqueness of these principles in formulating and guiding psychological assessment and interventions with individuals with spinal cord injury.

The presentation begins by defining the field of Rehabilitation Psychology as a specialty within psychology. To provide context, a brief history of the field is provided. This focuses on the seminal contributions of Kurt Lewin and Beatrice Wright. Lewin is known for Field Theory which states that all behaviour is a joint function of the person and the environment. This highlights that multiple influences in social settings can override within person variables to determine outcomes. Beatrice Wright's role in organizing The Princeton Conference of 1958 at which the initial 20 core assumptions of the field is described. These 20 Core assumptions were subsequently distilled into the 7 Foundational Principles of the field of RP. These include: the person environment relation, the insider outsider distinction, adjustment to disability, psychosocial assets, self-perception of bodily states, human dignity, and advocacy efforts. The 7th Foundational Principle was defined using input from rehabilitation psychologists including members of ESPA.

Continuing the overview, the presentation shifts to a discussion of historic models of disability and contrasts them with current models of disability. The World Health Organization's international classification of function is described and linked to Kurt Lewin's theory that behaviour is a function of the person and the environment.

The presentation then provides contemporary and practical information on assessment and management of mental health and substance use disorders in persons with spinal cord injury. Here, available clinical practice guidelines are described along with current SCI international data set development efforts.

The presentation concludes with a description of key RP texts, articles and consumer organizations related to adaptation to SCI.

Assessing the Cognitive Impact of Blood Pressure Modulation via Epidural Stimulation in Individuals with Chronic Spinal Cord Injury

Presenter: Dr Tijn van Diemen

Co-Authors: Nelleke Langerak, Anouk Nijland, Erkan Kurt, Markus Rieger, Lea Duguet, Kristen Gelenitis, Hisse Arnts, Noël Keijsers, Ilse van Nes

Abstract:

Introduction:
Individuals with spinal cord injury (SCI) often experience impaired autonomic regulation, which can lead to blood pressure (BP) instability. Specifically, orthostatic hypotension, a common secondary sequalae, may lead to dizziness, fatigue, and attention difficulties. To address BP instability, ONWARD Medical has developed the investigational ARCIM System, which delivers targeted epidural spinal cord stimulation. This system has been shown to stabilize BP in daily life. This analysis aims to determine whether reaction time and concentration improve during stimulation (Stim ON) compared to without stimulation (Stim OFF) in people with chronic SCI.

Methods:
Four participants received the ARCIM System and underwent four weeks of personalized stimulation program development, a fifth is recently operated. Participants were classified as BP responders to stimulation if they achieved smaller systolic or diastolic drops with Stim ON compared to Stim OFF during tilt table testing. Cognitive function was assessed via an auditive reaction time and concentration test. Reaction time was measured as the average response time to 20 auditory stimuli. Concentration level was determined via the concentration strength index from the Test of Sustained Selective Attention.

Results:
Three of four participants (Participant I-III) were BP responders to stimulation and also had faster reaction times with Stim ON versus Stim OFF. Participant IV, a BP non-responder, who primarily used stimulation for trunk stability, had a slower reaction time with Stim ON. Concentration scores varied among participants between Stim ON versus Stim OFF, resulting in two participants classified in the same concentration category (Participant I/III) and two in a better category when stimulated (Participant II/IV).

Conclusion:
Epidural stimulation with the ARCIM System seems to improve reaction time and concentration in participants with SCI whose personalized stimulation program successfully managed BP instability. These limited exploratory findings support the hypothesis that better BP regulation enhances cognitive function.

ABSTRACTS – DAY TWO

WORKSHOP 1:

European Healthcare Clinicians and Persons with Lived SCI Experience of preparing for discharge and community transition

Presenters: Amanda Patrick-Smith, Dr Jessica Dring, Dr Sean Hill, Dr Jane Duff

Co-Authors: Prof Marcel Post, Dr Eline Scholten and Aline Hakbijl - van der Wind and Allen Heinemann

Abstract:

European Healthcare Clinicians and Persons with Lived SCI Experience of preparing for discharge and community transition

Worldwide, an estimated 21 million people live with spinal cord injury (SCI) who could benefit from rehabilitation. However, there are significant variations in service availability, inpatient length of stay (LOS), expected rehabilitation outcomes and quality of life across nations. Themes and discussion from ESPA 2024 included the impact of discharge preparedness on psychological outcomes for people with SCI. This workshop will continue the conversation using a focus group methodology to hear from delegates about shared experiences of system challenges, stressors and ways to address these locally, and bring together insights which might inform rehabilitation planning and policy. This workshop will build on the oral presentation of focus group themes from England and the Netherlands conducted as part of an international grant by the Shirley Ryan AbilityLab in Chicago examining rehabilitation intensity, LOS and rehabilitation experience following SCI. Themes such as barriers to discharge, advantages and disadvantages for LOS, person centred care/goal development and measuring outcomes will be discussed.

We aim to provide delegates with an internationally informed perspective that might benefit their practice in their home nations. Subject to delegate consent and participation, the workshop will be thematically analysed and published. If consent is not widely provided, the workshop will be experiential, offering a shared understanding of mutual stressors and system challenges. We will use an adapted version of the semi-structured interviews conducted with healthcare clinicians and people with SCI in the aforementioned international study - with additional questions regarding the impact on psychological treatment and therapeutic interventions informed by the psychology interventions and sub-interventions taxonomy (Wilson et al, 2009, Huston et al, 2011). We hope the participatory research nature of the workshop will provide insights into rehabilitation service provision in Europe and highlight opportunities for improvements in rehabilitation planning and policy.

WORKSHOP 2:

Compassion Fatigue in SCI Rehabilitation: Recognition, Theoretical Modelling, and Practical Strategies for Psychologists in Clinical Teams working with People with Spinal Cord Injury

Presenters: Dr Jenny Lisshammar and Berit Mus Christensen

Co-authors: Irene Christiansen

Abstract:

Compassion fatigue - conceptualized as healthcare professionals' emotional exhaustion due to repeated work-related emotional stress - is well documented. High incidence rates have multifaceted implications: compromised psychological wellbeing and career sustainability for staff - and reduced team cohesion, workforce instability, and operational strain for organisations. This has documented indications for the patient's rehabilitation experience. Despite substantial emotional and interpersonal demands placed on healthcare professionals in spinal cord injury (SCI) services, the presentation, determinants, and management of compassion fatigue in these contexts remain insufficiently characterised.

This workshop aims to strengthen the competence and confidence of healthcare professionals working within interdisciplinary SCI teams to recognise, conceptualise, and address compassion fatigue at individual, group, and organisational level. The session begins with a synthesis of the current body of literature on compassion fatigue, with focus on rehabilitation- and neurotrauma settings where available, highlighting gaps of particular relevance to SCI services.

This is followed by the presentation of a novel ACT-informed theoretical model of compassion fatigue which has been developed by a workshop facilitator. The model frames compassion fatigue as a normative and common psychological response among healthcare professionals. It highlights the common, yet inappropriate, systematic and internalised stigma surrounding compassion fatigue, and the paramount value of psychologically safe organisational environments to prevent it.

Participants will then be introduced to a structured staff-support programme developed at Rigshospitalet, Denmark. It is designed to enhance reflexivity and reduce the prevalence of compassion fatigue within interdisciplinary SCI-teams. Practical examples will illustrate how a staff-supported programme can be applied across diverse rehabilitation settings.

Attendees will take away an enhanced conceptual and operational understanding of compassion fatigue as a common occupational phenomenon, gain increased understanding of its prevalence and implications for SCI-care, alongside evidence-informed strategies for identification, prevention, and management at individual, group, and organisational levels.

The influence of spinal cord injury on an individual's identity in the first phase of rehabilitation, a qualitative study

Presenter: Dr Christel van Leeuwen

Co-Authors: D.A. Steverink, T. van Aarle, Janneke M Stolwijk-Swüste and M.W.M. Post

Abstract:

Background:
A spinal cord injury (SCI) can have a profound impact on the physical and mental health, often leading to psychological challenges that may trigger a re-evaluation of an individual's identity. While physical recovery during the first three months of rehabilitation is well documented, the influence of SCI on identity in that crucial phase is often less explored, despite its potential impact on rehabilitation outcomes.

Aim:
To gain insight into the influence of SCI on an individual's identity over time, from the start of inpatient rehabilitation up to three months after.

Methods:
This qualitative study involved semi-structured interviews with individuals with SCI, conducted at the start of inpatient rehabilitation and three months later. The interviews followed an interview guide and were analyzed using thematic analysis.

Results:
After ten interviews, data saturation was reached. Data analysis yielded five themes: searching to stay yourself in the new reality, from survival to identity integration, the threat and reappraisal of identity, identity in relation to others, and role transitions. The themes were supported by sub-themes.

Conclusion:
The results show that individuals with SCI undergo a process of identity transformation from the start of inpatient rehabilitation up to three months after. After three months most participants integrate the SCI into their self-image, thereby rendering it an integral component of 'who they are'.

Deadly care gap – silent killer for rehabilitation and patients. The ‘Rückenwind plus’ clinic in Bad Zurzach (Switzerland) demonstrates how the problem is resolved

Presenter: Dr Peter Lude

Co-Authors: Dr Manfred Gartner, Dr Yvonne Lude, MSc Sabine Felber, Prof Dr Hans Knecht and Dr Jane Duff

Abstract:

Spinal Cord Injury Neurorehabilitation is making progress, integrated long-term care for affected individuals and their families is regressing.

People with SCI now have a normal life expectancy under favourable conditions.

Neurological Disorders
The situation is different for progressive disorders such as ALS, MS or Parkinson's disease. The main focus is on ensuring the best possible quality of life despite the ever-changing challenges posed by the advancing disease. The deterioration requires both patients and their relatives to make considerable adjustments.

The immeasurable contribution of family members
Family members and caregivers often make a vital contribution to society over decades, usually without remuneration and to the point of exhaustion, providing care services without which the results of rehabilitation cannot be maintained. But what happens when these caregivers suddenly drop out due to illness, accident or exhaustion? Or when they get older and no longer have the strength? Who will then provide the specialised care?

To be or not to be
Additionally, patients must be fit for rehabilitation in order to be admitted to a rehabilitation clinic. The avoidance of serious complications is negated by the separation – either treatment of an illness or rehabilitation. For example, patients undergoing chemotherapy or suffering from mental disorders such as severe depression, psychosis, etc. are not admitted to rehabilitation clinics because, by definition, they are not capable of rehabilitation.

Dilemma and solution
To resolve this dilemma, the ‘Rückenwind plus’ clinic, which is unique, was established. This presentation shows how the serious gap in care can be closed in a cost-effective and high-quality manner. The ward has 24 single rooms, two of which are always available for emergencies. Specialised care with medical services prevents serious complications and relieves the burden on relatives. The experience is based on 402 patients since August 2021. Rehabilitation is no longer in question.

Support for Self-Management, Engagement, and Continuous Therapeutic Education in Secondary Prevention for Individuals with Spinal Cord Injury

Presenters: Dr Marion Gounelle and Josephine Alliaud

Co-Authors: Zineb Racheti, Séverine Mayol, Marc Le Fort and Anthony Gelis

Abstract:

This project stems from a close collaboration between several research institutions (Nantes University Hospital, Nantes University with UMR 1246 SPHERE "methodS in Patient-centered outcomes and HEalth," the National Higher Institute for Training and Research in Inclusive Education – INSEI, and PROPARA Neurological Rehabilitation Center), associations (Comme Les Autres and Do It Your Sel), academic researchers, and partner researchers (persons with spinal cord injury and relatives of people with disabilities). The study was funded by the French Institute for Public Health Research (IReSP).

We asked the following research question: "To what extent does ongoing therapeutic education promote social participation among people with paraplegia or quadriplegia, support their psychosocial development, and prevent health-related risks?"

To address this question, approximately forty semi-structured individual interviews were conducted by a two-person team consisting of a partner researcher and an academic researcher (sociologists, psychologists, and hospital clinicians). A dozen interviews will be conducted with family caregivers. In a second phase, and to validate these preliminary findings, two focus groups will be conducted following completion of the interviews.

Drawing on participants' life narratives, we aim to identify both barriers and facilitators to social participation among individuals with spinal cord injury. Beyond advancing scientific knowledge of lived experiences after injury, partners and researchers aim to develop a new model of therapeutic education.

This study is currently underway in France. The objective of this presentation is to describe the study's methodology and its specific features, particularly its multidisciplinary framework and participatory approach. We will also present the interview guides co-constructed by the research teams to ensure high-quality data collection.

The Use of Environmental Controls at the Beelitz-Heilstätten Clinics

Presenter: Dr Florian Grüter

Abstract:

In this presentation, I would like to introduce the environmental control systems used at the Beelitz-Heilstätten Clinics: the 2speak and Visiostep 2 systems. Tetraplegic patients are often unable to activate the nurse call function using their hands and standard bells. Therefore, environmental control systems were purchased that allow two different types of operation: one by voice and the other by proximity sensor.

The 2speak system enables the nurse call function to be activated by voice. Furthermore, this control system offers the option of controlling the television and making phone calls using voice commands. Patients who lack a voice, for example, because they are on ventilation, can use the Visiostep 2 system: by approaching a sensor, they can either activate the nurse call function or operate the television. The proximity sensor must be close to the patient; it can be triggered, for example, by approaching it with the back of the hand, the head, or the tongue. To activate the nurse call, the sensor must be touched for approximately 5 seconds; an audible signal provides feedback as to whether the sensor has been touched for a sufficient length of time. To operate the television, the sensor is touched briefly, which triggers a scan of various television functions. If the proximity sensor is touched again during the scanning process, an infrared command is sent to the television. This allows the television to be turned on and off, the volume to be adjusted, and a selection of television channels to be selected.

Both systems are mounted on a rolling stand, allowing patients who only wear a voice valve temporarily to use either system.

In this presentation, I will discuss our experience with the controls in our clinic, as well as their disadvantages: the size of the controls, cable breakage caused by tension, and the difficulties some patients have in operating them.

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Biographies

BIOGRAPHIES - DAY ONE

Dr Tijn van Diemen: Dr. Tijn van Diemen is working as a Healthcare psychologist in the Sint Maartenskliniek in Nijmegen, the Netherlands since 2003. He is currently working for the spinal cord injury department. He studied Psychology with specialization neuro- and rehabilitation psychology, and graduated in 1994 at the Radboud University in Nijmegen. From 1994 till 2002 he worked mostly as a neuropsychologist in different organizations.
After completing a cognitive behavioral therapy training in 2008, he began to do research besides his clinical work on the spinal cord injury unit. First a cross-sectional study with respect to coping flexibility, later this was studied longitudinal. In May 2015 Tijn was able to start as a PhD candidate at De Hoogstraat rehabilitation in Utrecht combined with the University of Groningen. The title of his theses: self-management, self-efficacy and secondary health conditions in people with spinal cord injury. This mix-methods study includes all 8 rehabilitation centers in the Netherlands with a specialization in spinal cord injury. After he completed his PhD in 2020 he is doing research in the Sint Maartenskliniek, beside his clinical work.
Tijn is the chair of the workforce psychology of the Dutch and Famish Society of Spinal Cord Injury and member of the board. He is board member of ESPA and the ISCoS psychosocial SIG. He is co-chair of the ISCoS workforce regarding the extended dataset for psychological functioning of people with SCI.

Dr Joan Saurí: Dr Joan Saurí is a clinical psychologist and certified expert in Brief Problem-Solving Therapy (Brief Therapy Center, Barcelona). He holds a degree in Psychology from Universitat Ramon Llull (URL), a Doctorate in Psychology from Universitat Autònoma de Barcelona (UAB), and a master's in Neuropsychological Rehabilitation and Cognitive Stimulation (UAB).
Since 2005, he has worked at the Neurorehabilitation Hospital of the Institut Guttmann, combining clinical practice, research, and teaching. His doctoral research focused on long-term psychosocial adaptation after spinal cord injury. Dr. Saurí has presented at national and international conferences and published extensively in leading indexed journals. He currently leads the Institut Guttmann's Strategic Research and Social Innovation Programme.

Dr Sean Hill: Dr Sean Hill is a Clinical Psychologist and Postdoctoral Research Associate at the National Spinal Injuries Centre (NSIC) in Buckinghamshire, UK. His current work focuses on psychological and rehabilitation outcomes following spinal cord injury, with involvement in service-level projects and international collaborations within the NSIC. He also serves as an external research supervisor on the University of Oxford Doctorate in Clinical Psychology.

Sean's other research interests and collaborations involve various areas of health rehabilitation, psychometric measurement and disability.

Dr Ingo Pals: Dr. Pals studied at the Universities of Nantes and Paris Descartes, where he obtained a Licence degree, and at the University of Freiburg, Switzerland, where he earned an M.Sc. in Clinical and Health Psychology. He subsequently completed his doctorate (Dr. phil.) at Ludwig Maximilian University of Munich (LMU). Since 2010, Dr. Pals has been working at the Psychological Service of BG Unfallklinik Murnau, where he is involved, among other responsibilities, in the clinical psychological care of patients with spinal cord injuries. Since 2019, he has been Professor of Applied Psychology.

Dr Jessica Dring: Dr Jessica Dring is a Clinical Psychologist with extensive experience supporting people living with a wide range of physical health conditions across the lifespan in both inpatient and outpatient NHS settings. She is currently based at the National Spinal Injuries Centre (NSIC), UK, where she works with adults with spinal cord injury and serves as the primary psychologist for the paediatric service. Jessica contributes to service-related and international research within the NSIC. Her clinical and research interests include adjustment to visible difference and long-term conditions, person-centred goal planning in rehabilitation and appraisal processes following spinal cord injury.

Amanda Patrick-Smith: Amanda Patrick-Smith is a research assistant working at the National Spinal Injuries Centre (NSIC). Her primary role is supporting with an international grant on length of stay in spinal cord injury rehabilitation and additionally supports with a number of other studies at the NSIC including a five-year project led by Dr Jane Duff to scope the adherence to national psychological standards across a range of pathway providers. Before moving her current research role, Amanda gained extensive experience working as an Assistant Psychologist in acute inpatient and community mental health services, providing psychoeducation and psychologically informed support to service users. Amanda had a leading role in the development and implementation of a new psychology service for Maternal Mental Health across Buckinghamshire.

Dr Eline Scholten: Dr Eline Scholten is a postdoctoral researcher at the Center of Excellence for Rehabilitation Medicine in Utrecht, a collaboration between the University Medical Center Utrecht and De Hoogstraat Rehabilitation. She studied Interdisciplinary Social Sciences at Utrecht University and began working as a junior researcher after graduating in 2013. In 2015 she started her PhD at the Center of Excellence for Rehabilitation Medicine. She completed her thesis, “Significance of the Significant Other” (2020), which emphasized the importance of supporting the well-being of significant others of rehabilitation patients. Her research also identified early risk factors predicting later psychosocial problems in patients with spinal cord injury or acquired brain injury and in their significant others during clinical admission. Since completing her PhD, she has contributed to various postdoctoral

projects focusing mainly on spinal cord injury and neuromuscular disorders. Her work centers on social-psychological aspects of rehabilitation and measuring rehabilitation outcomes. In this role, she is involved in an international grant on length of stay in spinal cord injury rehabilitation.

Dr Mayra Galvis Aparicio: Dr. Mayra Galvis Aparicio is a postdoctoral researcher in the Work and Integration Group at the Swiss Paraplegic Research. She holds a bachelor's and master's degree in psychology as well as a PhD in health sciences. Her research focuses on psychological adjustment and sustainable work integration for individuals with spinal cord injury.

Lea Riniker : Lea Riniker is a PhD candidate in Health Sciences and holds a Bachelor's and Master's degree in Psychology from the University of Zurich, Switzerland. Her doctoral research, conducted within the Work and Integration Group at Swiss Paraplegic Research, investigates psychological adaptation in the context of vocational reintegration among individuals with spinal cord injury.

Janina Lüscher: Janina Lüscher is a health and rehabilitation psychologish. She received her PhD from the University of Bern, Switzerland in 2014 on social exchange processes in the context of health behavior change and subsequently worked as a senior research and teaching assistant in the Applied Social and Health Psychology research group at the University of Zurich, Switzerland. Her research focuses on psychosocial exchange processes (e.g. social support), physical and mental health in everyday life of dyads across different health contexts. Since January 2022, Janina Lüscher has been leading the Psychosocial Dynamics and Health Group at Swiss Paraplegic Research, where together with her research team she investigates various research projects on social interactions and mental and physical health in the context of physical impairments in general and spinal cord injury in particular. Moreover, she teaches on social relationships and health at the Faculta of Health Sciences and Medicine at the University of Lucerne, Switzerland.

Dr Daniel E. Rohe: Dr. Rohe is a consultant in Rehabilitation Psychology at the Mayo Clinic with a joint appointment in the Departments of Psychiatry & Psychology and Physical Medicine & Rehabilitation. He is an associate professor of psychology in the Mayo Alix Medical School. He received his Ph.D. in Counseling Psychology from the University of Minnesota in 1980. He is board certified in Rehabilitation Psychology from the American Board of Rehabilitation Psychology (ABRP) and is a Fellow of the American Psychological Association (APA). Dr. Rohe's research is focused on personality and vocational interest patterns of persons with traumatic spinal cord injury. He has published in the areas of sexuality and disability, substance abuse and spinal cord injury, and adjustment to disability. For 25 years he chaired the Sexual Medicine Course in the Mayo Medical School. He is a past

president of the Division of Rehabilitation Psychology and served two terms on the Council of Representatives of the APA. He is a founding board member and past president of the ABRP. He is the president of the Foundation for Rehabilitation Psychology, a non-profit whose mission is Advancing the Psychology of Disability and Chronic Illness.

Dr Jane Duff: Dr Jane Duff is Head of National Spinal Injuries Centre Psychology (NSIC) Service, Stoke Mandeville Hospital, Buckinghamshire Healthcare NHS Trust , where she has worked since 1997. Jane was one of two psychology experts on the WHO 2030 Package of Interventions for Rehabilitation SCI Module Development Group, Chair of the Spinal Cord Injury Psychology Advisory Group (SCIPAG) 2015-2022 and in this capacity led on the NHS England Psychological and Mental Health standards published in 2023. Jane currently serves on the NHS England Clinical Reference Group for Rehabilitation and Complex Disability. Jane has led UK wide and international SCI research and is currently the UK PI for a National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR) multi-site grant led by the Shirley Ryan AbilityLab, Chicago. Jane has over 35 publications, 14 as first author of peer reviewed journals and book chapters, with a H-index of 7. Dr Alice Plummer is Service Lead of the North West Regional Spinal Injuries Centre (NWRSIC) Psychology Service, Southport Hospital, Mersey West Lancashire Teaching Hospitals NHS Trust since March 2024. This was newly commissioned, and Alice is leading on developing the service in accordance with the NHS England Psychological and Mental Health standards. Alice has a keen interest in trauma-informed care, service innovation and quality improvement. She is well versed in the leadership of complex systems.

Dr Alice Plummer: Alice chairs the UK and Ireland SCIPAG Steering Group and serves on the national committee of the British Psychological Society, Faculty of Clinical Health Psychology. Alice has previously held strategic leadership positions for the Psychological Professions Network and Traumatic Stress Wales. She has over 20 years of experience of working in different clinical health specialisms with working age and older people. Alice is a fluent German speaker.

BIOGRAPHIES – DAY TWO

Dr Jenny Lisshammar: Dr Jenny Lisshammar, MSc, DClinPsy., is a Clinical Neuropsychologist at the Department of Neurology and Rehabilitation Medicine at Sahlgrenska University Hospital. She has an interest in developing effective supervisor- and peer-led support spaces for staff wellbeing, including recently starting a national supervisory system for psychologists working across Sweden's national highly specialist (NHV) hospitals for SCI-care. She is also a researcher in the Rehabilitation Medicine Research Group, Institute of Neuroscience and Physiology, University of Gothenburg. Her research interests include the neuropsychological impact of cord injury and the impact of psychosocial determinants of healthcare utilisation after spinal cord injury.

Berit Mus Christensen: Berit Mus Christensen is a licensed Clinical Psychologist at the Specialized Hospital for Polio and Accident Victims in Aarhus, Denmark, working across public and private healthcare services. She is interested in incorporating psychological knowledge and understanding in multidisciplinary settings, working from the common psychological stance of third wave cognitive behavioral approaches. In her private practice, Berit is an established speaker and workshop leader on compassion fatigue for health care organizations across Denmark. She facilitates courses teaching the ACT approach and offers supervision within this framework. She has authored a book on coping with one's own emotions as a healthcare professional.

Irene Christiansen, MSc: is a licensed Clinical Psychologist and specialist in psychotraumatology. She works at Rigshospitalet Glostrup, a highly specialized hospital, in Copenhagen, Denmark. Her core tasks are sessions with inpatients with SCI and with both patients and relatives. Irene delivers supervision to interdisciplinary teams and teaching sessions. With a degree from 1994 Irene has worked within research, psychiatry, somatic hospitals, and The Danish Police. She is skilled in dealing with acute situations and has guided several debriefings. Since May 2022, Irene has been a member of the NoSCoS Board and is co-founder of the Professional Network of Psychologists.

Dr Christel van Leeuwen: Christel van Leeuwen studied neuro- and rehabilitation psychology at the Radboud University Nijmegen in the Netherlands, and graduated in 2007 cum laude. In 2011, she finished her PhD thesis on quality of life in persons with spinal cord injury at the University of Utrecht. In 2011, she worked in Switzerland to obtain more experience in spinal cord injury research in Nottwil. She has always combined clinical work with scientific work. Her main focus is on implementing psychological factors in treatment programmes of spinal cord injury. Since 2013, she has been working as a post-doc researcher and health psychologist in Rehabilitation Centre De Hoogstraat in the Netherlands. She implemented a psychological screening and a self-management, a

mindfulness and an ACT group at the spinal cord department. Currently she is involved in three research projects concerning identity, e-health, and neuropathic pain. She supervises a PhD student and several students (medicine, psychology, health sciences). She is a member of the Dutch-Flemish Spinal Cord Association, ESPA, and ISCOS.

Dr Peter Lude: In 1984, Peter Lude had an accident resulting in a tetraplegia. After one year of rehabilitation, Peter studied psychology at the University of Bern where he added a 4-year postgraduate training in cognitive-behavioural psychotherapy. In 2009, he completed postgraduate training in clinical hypnosis; in 2016, postgraduate training in person-centered approaches. He has been working in private practice since 1994. In 2004, he was awarded the Ludwig Guttmann-Prize by the German Speaking Society for Paraplegia together with Yvonne Lude; and in 2011, together with Paul Kennedy and Magnus Elfström was again recognised.
Peter has been an affiliate faculty member of the Swiss Paraplegic Centre Nottwil and the Swiss Paraplegic Research since 2004. Together with Professor Paul Kennedy and Dr Magnus L. Elfström, Dr Peter Lude is one of the ESPA founding members espaspinal.org. He has been a lecturer in clinical and rehabilitation psychology at the Zurich University of Applied Sciences, School of Applied Psychology, Zurich; and is also a lecturer at the Kalaidos University of Applied Sciences, Department of Health Science, Zurich. He has been involved in national and international research projects, published and co-edited books, chapters and articles in scientific journals on the coping and adjustment process of spinal cord injury, and in 2012, developed modules of elearnsci.org and leads on updates. In 2009, Peter was elected as a member of the municipal council, 2017-2022 he had been Vice-Mayor and head of the health department, education department and ageing department. In 2019, Peter was appointed Ethics Advisor of the NISCI-project. He was recognised and awarded “person with spinal cord injury of the year 2019” by the Swiss Paraplegic Foundation. In 2021, he established together with Sabine Felber the first hospital award (clinic) with specialist care and medical services in a general care centre in Switzerland.

Dr Marion Gounelle: Marion Gounelle is a psychologist and a researcher. Her research in focused on the psychological adaptation to a disability. She is interested in self-efficacy, self-esteem, emotional distress, social support, coping and post-traumatique grow.

Josephine Alliaud: Josephine Alliaud is a psychologist at Nantes University Hospital in France. She is a co-researcher in this study and shares her experience as a person with a disability.

Dr Florian Gruter: Graduated in psychology from the Free University of Berlin in 1997 and trained as a systemic therapist. Since 2001, I have worked at the Brandenburg Center for Paraplegics at the Beelitz-Heilstätten Clinics near Berlin and Potsdam. Spokesperson for the

Psychology Working Group of the German-Speaking Medical Society for Paraplegiology (DMGP). Since the ESPA meeting in Barcelona, I have been a regular and enthusiastic participant in ESPA conferences. I have continued my training in various areas such as mindfulness, hypnotherapy, and relaxation techniques.
At the Beelitz-Heilstätten Clinic, I have taken on even more tasks, such as planning the Spinal Cord Injury Center's lectures for patients; maintaining contact with the peer counselors of the German Association for the Promotion of Spinal Cord Injury, planning their regular meetings at the clinic; and providing environmental controls for patients who cannot operate the standard nurse's call button.

POSTER BIOGRAPHIES

Katja Oetinger: Katja Oetinger is a licensed psychologist with additional training in specialized pain psychotherapy. She works at the Spinal Cord Injury Centre, Ulm University Hospital, Germany, providing psychological support to individuals living with spinal cord injury. Her clinical research focuses on how acceptance and emotional coping influence physical symptoms and secondary complications in SCI. She is committed to advancing interdisciplinary care by integrating psychological approaches into SCI treatment and fostering patient self-efficacy.

Simone Lüthi: Simone Lüthi has been a doctoral researcher in the Psychosocial Dynamics and Health research group at Swiss Paraplegic Research since October 2022. In her PhD, she investigates the relationship between stress and well-being in the daily lives of individuals with spinal cord injuries and their romantic partners. She is a psychologist and completed her Master's degree at the University of Bern with a specialization in health psychology.

Danae Nicolaou: Danae Nicolaou is a psychologist (Reg. No. 1392) from Cyprus and a Master's candidate in Clinical and Intercultural Psychology. She completed both her undergraduate and postgraduate studies in Psychology at the University of Padova in Italy and is currently progressing toward professional certification as a Clinical Psychologist. Since January 2024, Nicolaou has been collaborating with the Cyprus Paraplegics' Organization (CPO) as part of her clinical practicum within the psychological support department, which supports individuals who have sustained Spinal Cord Injuries (SCI) from the time of hospitalization, throughout rehabilitation, and later as they continue their lives at home upon re-entering the community. This support aims to enhance their psychological wellbeing and overall quality of life. Her role also extends to supporting professional caregivers within CPO, who provide care to people with SCI within their home environment. In this context, the psychological support focuses on strengthening their personal resources, increasing resilience, and capacity to navigate the demands of disability-related care at both the individual and group level.

As part of her work with caregivers, Nicolaou combined and administered a battery of validated measures to evaluate burnout risk, generating data that also informed her Master's thesis research. The study aimed to identify key areas of vulnerability in order to guide the development of targeted interventions that enhance caregivers' coping strategies and professional competencies. She has contributed to the creation and delivery of psychoeducational workshops, which form part of the targeted interventions for caregivers, addressing topics such as understanding and applying personal and professional boundaries, promoting the autonomy and dignity of people with SCI, enhancing communication skills, and stress management.

Her interest and motivation centers on protecting and enhancing the psychological and social well-being of people with disabilities by advocating for their right to live in an inclusive community with autonomy and dignity.

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Quotes from some of our committee members:

"The ESPA Scientific Committee seeks to promote clinical research and raise awareness of the psychosocial issues associated with spinal cord injury. Being a member of the ESPA Scientific Committee is an honour for me. It allows me to participate in the organisation of European conferences, expand my network of contacts and regularly exchange ideas with people involved in supporting people with disabilities."
Marion Gounelle, France

"I joined the ESPA committee a few years ago. Being part of the committee is a rewarding experience and it is great to come together with other professionals working in the SCI field who share similar interests and the same enthusiasm. It has helped me in expanding networks, discussing and influencing ideas and preparing for fantastic conferences and events. I would recommend ESPA and the incredible committee team to anyone who is interested!"
Olivia Barrett, UK

"I joined the ESPA Scientific Committee after attending the 2024 conference in Nijmegen, The Netherlands. I found the conference to be a valuable insight into psychological practices in SCI across different countries and decided to join the committee as a way to stay connected with my European colleagues and to contribute to the aims of ESPA, in line with my own professional values. Having not been on a committee like this before, I found the committee members to be welcoming and the meetings to be accessible to a newbie!
Sophie Callis, UK