

The Physical and Psychosocial Health Status of Clients with Spinal Cord Injury Awarded Damages in Litigation

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Editor's Note: This article was prepared based on a presentation given by the authors at the 2006 IARP Forensic conference in Scottsdale, AZ.

Abstract

As the specialization of life care planning continues to evolve, a greater emphasis is occurring from both within the discipline and externally for empirically driven data to support life care planner opinions. One area remaining unresolved pertains to life care planners' knowledge of how, or if, their life care plan has been implemented post-settlement. A related area pertains to the daily physical and psychosocial health issues of persons with spinal cord injury which can impact the development of their life care plan. The present pilot study explored injury related characteristics and the post-settlement expenditures of former life care plan clients with spinal cord injury as well as their acute rehabilitation experience, psychological and sexual adjustment, perceived health, re-hospitalization, and secondary complications. A rationale for responding to attorney questions regarding implementing aspects of the life care plan is provided.

Introduction

Life care planners continue to be scrutinized regarding effective methodology and ability to substantiate opinions with scientifically validated empirical research findings (Field, 2000; Weed, 2004). One area that remains to benefit from empirically supported data pertains to questions many life care planners face regarding their knowledge as to whether any aspect of their life care plans have actually been implemented (Sutton, Deutsch, Weed, & Berens, 2002; Kendall & Casuto, 2005). Specifically, if the life care planner conducts no follow-up with former clients referred for life care plans who have received monetary awards for damages, how does the life care planner know which components, if any, of the plan recommendations were ever followed? In addition, how do former clients rate their health and wellness, self-esteem, personal lives, spiritual beliefs, mental health, and quality of life, not only before being evaluated for a life care plan, but after as well? The present pilot study was designed primarily to address the following research questions: (a) What is the physical and mental health status of former clients with spinal cord injury (SCI), and (b) How much, if any, of the life care plan recommendations have been followed with actual expenditures by former clients? Prior to addressing these questions, however, a brief review of SCI literature in relation to physical and mental health status is explored.

Physical and Mental Health Issues Related to SCI

The consequences of SCI can often have a devastating impact on the physical and psychological functioning of the individual sustaining the injury. Long-term prognosis often includes loss of ambulation from resulting paralysis of the arms and legs, chronic pain, loss of bowel and bladder control, psychosocial maladjustment, and impaired sexual function. There is also a myriad of secondary complications resulting from SCI, including decubitus ulcers, muscle contractures and atrophy, urinary tract infections, respiratory infections, autonomic dysreflexia, weight gain, osteoporosis, spinal column instability, spasticity, substance abuse, and circulatory problems such as deep vein thrombosis (Crewe & Krause, 2002; Jones, Marini & Slate, 2005). In addition to the numerous medical complications associated with SCI, there may exist potentially ongoing psychosocial implications that life care planners should be prepared to address in the life care plan (Kendall & Buys, 1998). These issues may include quality of life, adjustment to disability, sexuality, child-rearing, spirituality, and employability, to name a few. The degree to which the disability affects family members and other significant relationships also is paramount in a holistic assessment of the quality of life following SCI (Crewe & Krause, 2002).

Quality of life issues have become increasingly important in rehabilitation over the past few decades (Boswell, Dawson, & Heining, 1998; Crewe, 1996; Chase, Cornille, & English, 2000; Kemp & Krause, 1999; Lucke, Coccia, Goode, & Lucke, 2004). Quality of life-related issues reflected in the rehabilitation literature across cultures include strong social supports (Kemp & Krause, 1999), preventative measures designed to reduce secondary complications such as pressure sores (Elliott & Richards, 1999; Jones, Marini & Slate, 2005), strong spiritual bonds (Byrd, 1997), maintaining healthy relationships with spousal caregivers (Gordon & Perrone, 2004), and healthy sexual relationships (Miller & Marini, 2004).

Depression is the most common mental health disorder associated with SCI (Wood-Dauphée & Exner, 2002). According to Wood-Dauphée and Exner (2002), depression and anxiety have been known to occur in 15-45% of persons with SCI, with an additional 25-30% experiencing some type of affective distress. Depressive reactions to SCI and other physical disabilities often include helplessness, despair, isolation, self-depreciation, worthlessness, sadness, and a loss of purpose.

Martz (2004) examined the effects of depression on future time orientation (e.g., the ability to imagine having a career, family, marriage and a normal lifespan) among 317 individuals with SCI and found that depression was significantly correlated with a reduced sense of future for these individuals. These findings suggest that individuals who have a chronic condition such as SCI may have a foreshortened future orientation because their ability to perceive themselves as living in such a different way is initially too overwhelming and may serve as a defense against the knowledge that the disability will be a part of their future. Thus, life care planners who are qualified as vocational experts or who collaborate with vocational experts must be cognizant of adequately addressing long-term career goals, appropriate vocational assessment and job placement support for persons with SCI (Marini, Chan, Lee, Chapin & Romero, in press).

Overall, persons with SCI present a unique set of complex long-term needs in which life care planners typically have a one-time opportunity to address within the life care plan. This preliminary study was designed to explore the physical and mental health issues of former clients with SCI in relation to their settlement or jury award and to examine the degree to which they had implemented the recommendations outlined in their life care plan.

Method

Procedure

After having obtained Institutional Review Board permission from the university with whom both authors are affiliated, the first author solicited interest in participating in this study from 10 former SCI clients whose cases had either settled, were awarded damages from a jury verdict, or whose cases were pending. Telephone contact was initially made, and those interested in participating were then mailed a survey with a self-addressed stamped envelope. Participants were assured by phone and in the survey cover letter of the confidentiality and anonymity of their responses, noting that their responses would be used for group data processing only. As such, only data regarding the participants' injury level, date of injury, gender and age was collected. From the 10 who agreed to participate, five returned completed surveys for a 50% response rate. No follow-up contact or second mailing was made to the five who did not return a completed survey as was assured in the informed consent.

Instrument

The survey was developed by the first author and is comprised of 44 items based on a relevant literature review, theories regarding adjustment to disability, pertinent information gathered during the life care plan development of 15 former clients with SCI, reviewing five years of *New Mobility* magazine's column regarding "Letters to the Editor," and the experience of the first author who has 25 years personal experience having tetraplegia. As such, instrument content was developed from the above sources. The survey addressed client demographics, acute rehabilitation experiences, perceptions of health, self-esteem, sexuality, spirituality, wellness behaviors, and mental health. In addition, four of the five clients who had received court settlements responded to additional questions as to perceived quality of life and to what extent they had obtained items and/or services outlined in their life care plan with their settlement funds. See Appendix 1 for a copy of the survey instrument.

Results

Demographics

Participant demographics included three males and two females ranging in age from 21-60 years ($M = 41.8$). The years since injury question produced results of two persons being injured in 2002, one in 1994, one in 1998, and one in 1999, for a range of three to 12 years since injury. Four of five participants' cases had already settled and the fifth participant's case was pending settlement. Regarding severity of injury, two participants had cervical injuries at the 4-5 vertebra (C4-5), one sustained a C5-6 injury, one a C7-8 injury, and one a thoracic injury at the 9th vertebra (T9). Four of five participants indicated they were "retired" and the 21-year-old participant was in school taking an online course. Finally, three participants indicated having attended a specialized model center for persons with SCI, while two were rehabilitated at a local hospital in their hometown. Table 1 summarizes the majority of survey responses.

Table 1, Response Characteristics of Five SCI Litigants

Question	Client Response				
	1	2	3	4	5
Level of injury	C4-5	C4-5	C5-6	C7	T9
Years since injury	1994	2002	1999	1998	2002
Age	60	54	34	40	21
Work status	retired	retired	retired	retired	school
Current sex life	none	none	none	painful	none
Weight gain	a little	a little	a lot	a little	a little
Eating habits change	yes	yes	yes	yes	yes
Exercise	unable	unable	unable	swim	weights
Perceived health	excellent	good	good	fair	excellent
Re-hospitalizations	1-3 times	4-6	1-3	0	1-3
Complications*	BI, P, B	BI, DVT S	BI, PS, DVT, S	B, P BI	BI, B
Sadness/depression	1-2 X mth	1-2 mth	1-2 yr	1-2 yr	1-2 yr
Sadness reason	dwell past	dependent	intimacy	lonely	lonely
Future worries**	PPH, NH	R, PPH, MH MPH	PPH, MH	MPH	F
Future outlook	optimistic	optimistic	optimistic	optimistic	optim
Religion factor	pray daily	pray daily	pray daily	pray daily	pray
Quality of life compared to others	< theirs	< theirs	< theirs	< theirs	equal
Quality of life compared preinjury	same	worse	worse	worse	same
Self Esteem	same	lower	same	lower	better
Received settlement	yes	yes	yes	yes	no (pend)
\$ meets future needs	not sure	yes	yes	yes	N/A
QOL with award	no	excellent	great deal	great deal	N/A
Modified Vehicle	yes	yes	yes	no	N/A
New home purchase	no	yes	yes	yes	N/A
Modified old home	yes	N/A	N/A	N/A	N/A
Personal Assistance	yes	yes	yes	N/A	N/A

*BI = bladder infection; P= pain; B= bowel problems; DVT= deep vein thrombosis; PS= pressure sore; S= spasms. All bold notations were answered only by the four persons who received a settlement and the questions were designed specifically for this group.

**PPH= partner physical health; NH= nursing home; R= relationships; MH= my mental health; MPH= my physical health; F= finances.

Survey Question Summary

Psychological Adjustment: Only two respondents reported they had seen a psychologist or social worker for adjustment problems while in acute rehabilitation; one for several sessions and the other for over six sessions. Two respondents indicated their family members also

experienced adjustment problems, and a third indicated family adjustment problems surfaced after discharge. In addressing their current rating of being sad or depressed, two respondents indicated they experienced depression once or twice a month, and the remaining three respondents indicated feeling sad a couple of times per year. When queried as to what they attribute their sadness to, responses included dependency on others, loneliness, lack of intimacy, thinking of pre-injury lifestyle, worries about their partners/family's physical health as well as their own, and worry about their own mental health. Regarding self-esteem, two respondents indicated their self-esteem was lower than before the accident, two others indicated it was about the same, and one indicated a higher self-esteem than pre-injury.

Overall, these preliminary findings lend some credence to the potential for prescribing a limited number of ongoing counseling sessions annually for clients with SCI. One of the three-year injury respondents indicated a lower self-esteem than pre-injury while three others injured seven or more years indicated their self-esteem had returned to pre-injury levels. These findings are similar to those found in the literature in that over time, self-esteem typically returns to pre-injury levels. Marini, Rogers, Slate and Vines (1995) found that self-esteem among their sample of 63 persons with SCI gradually improved over a five year period to near normal levels and was lowest during the second year of injury.

Sexuality: Three respondents indicated having received classes on sexuality after injury, while the remaining two received no information. Despite the fact that three received some information, four of five indicated their sex life to be "nonexistent" while the fifth indicated rarely engaging in sexual activity/intercourse due to pain.

Diet and Exercise: Only the three clients hospitalized in the model centers indicated having received education/information on proper diet and exercise post SCI, whereas the two clients hospitalized locally indicated having received no information. All five respondents indicated they had modified their diet since leaving the hospital; however, four noted they had gained "a little" weight while one reported having gained "a lot" of weight, amounts of which were not quantitatively defined. The three respondents with high level tetraplegia indicated they physically were unable to exercise despite the fact that all three life care plans included some type of injury-responsive exercise equipment (specifically, wrist weights, and for the respondents with C5-6 injury, a hand cycle). These respondents did not report whether such equipment was indeed purchased. The respondent with the C7 injury reported purchasing a home swimming pool with walking harness and leg cycle (where only an Uppertone® wheelchair nautilus had been recommended in the life care plan), and the respondent with the T9 injury reported lifting hand weights occasionally as recommended in the life care plan. However, the recommended hand cycle had yet to be purchased.

Secondary Complications: When queried about hospitalization and secondary complications, only the client with C7 injury reported no hospitalizations since injury in 1998, whereas one respondent with C4-5 injury had been hospitalized four to six times since 2002, and the remaining three respondents whose injury occurred in 1994, 1999 and 2002, respectively, were hospitalized one to three times. A related question regarding secondary complications found that all five participants had experienced multiple bladder infections, two had a total of five pressure sores requiring hospitalization, two had experienced two episodes each of deep vein thrombosis requiring hospitalization, three reported bowel problems, and three reported complications from severe spasms.

Quality of Life: Four of the five participants reported they perceived their quality of life to be lower than persons without SCI, and the fifth (who incidentally had yet to receive a monetary award) indicated it to be the same as others without a disability. Despite court

settlements and believing their future financial needs were taken care of (four respondents indicated this), three indicated their quality of life as “worse” than pre-injury due to dependency, pain and accessibility issues.

Court Settlement Spending: Four out of five respondents reported having received a settlement or jury award and were able to respond to this series of questions. In focusing on larger expense items, three of four indicated having purchased a modified van with a lift; three of four had built a new accessible home; three of four purchased either full-time or part-time personal attendant care; half had purchased lifting devices; and one had modified their home to include a swimming pool with exercise equipment and an elevator.

Discussion

This preliminary pilot study was designed to explore the physical and psychosocial health characteristics of five former clients with SCI from one practitioner’s caseload. In analyzing these results, several important questions are raised regarding the long-term care needs of clients with SCI. First, despite the fact that three respondents reported their self-esteem had returned to pre-injury levels, two indicated experiencing periods of sadness once or twice per month, while the remaining three indicated feeling sad once or twice per year. As such, depending on individual client circumstances, life care planners should consider recommending periodic ongoing brief therapy sessions as opposed to time limited psychotherapy. Kendall and Buys (1998) theoretically report that persons with disabilities (not necessarily specific to SCI) experience ongoing periods of sorrow which tend to be supported by all respondents in this study. In considering psychotherapeutic recommendations, meta-analysis studies suggest that brief therapy typically ranging from five to 25 sessions is as effective as long-term psychotherapy for the general population (Budman & Gurman, 1988; Butcher & Koss, 1978). Despite the datedness of these recommendations, in the authors’ opinions, brief therapy limits still hold true today. The first author of this paper typically recommends periodic brief therapy of 18 sessions over a four-month period during critical developmental periods supported in the literature including, for example, starting school, entering and exiting high school, and leaving home (for pediatric and adolescent clients with SCI); and during early adulthood, raising a child, midlife, and retirement for adult clients with SCI (Newman & Newman, 2003). Although these critical developmental periods were not specifically addressed in the current study, life care planners can be cognizant of these developmental periods with their clients depending on individual circumstances.

Second, there additionally appears to be support for sex therapy for a variety of reasons. Four of five respondents indicated a nonexistent sex life despite the fact that three of them had received some education in the model center hospitals. Reasons for no sexual relations are unknown since four of five were married or had a partner. Despite the fact that a majority of rehabilitation professionals realize sex issues to be important to persons with disabilities, less than 10% report feeling comfortable discussing the topic (Gill, 1988). A variety of topics related to this could be considered for the life care plan including counseling, cost for surrogate trainers, personal attendants for positioning, in-vitro fertilization costs for having a child, and additional personal assistance for pregnant women with SCI in carrying out activities of daily living and childrearing.

Third, complications related to obesity or gaining weight can facilitate secondary problems for persons with SCI (Jones, Marini & Slate, 2005). In this study, all respondents had gained some weight despite modifying their diet. Secondary problems can include diabetes

Type II, increased risk of decubitus ulcers, respiratory complications, cardiovascular/circulatory problems and musculoskeletal disorders (Romero & Marini, 2006). These findings provide initial support for physician follow-up regarding bi/annual nutritionist consultation, recreation or physical therapy, and assessment for exercise equipment if feasible.

Fourth, addressing quality of life issues regarding health maintenance factors additionally appears to be important. Despite reporting having a comfortable court settlement, all respondents who received a settlement or jury award perceived their quality of life to be less satisfactory than persons without disabilities. When asked about how respondents occupied a typical day, three of five indicated mainly talking or surfing the Internet, while the remaining two reported watching television. The four court settlement participants who reported a poor quality of life were also unemployed. Crewe (2000) found that many of her 20 year respondents with SCI who were employed rated their quality of life higher and partially attributed this to being employed. Her participants' ranked work or education among important variables related to independence, personal adjustment, and physical health. Krause (1998), however, found that after 20 years of follow-up with 114 persons with SCI (despite overall increases in number of years of employment and education), life satisfaction ratings began to decrease between the 15-20 year interval, while self ratings of adjustment decreased steadily during the 20 year interval. It appears that if clients are unable to enter the workforce post-injury, it becomes important to recommend satisfying recreation activities commensurate with client abilities, hobbies and interests, and collaboratively explore the wide variety of adapted sports equipment and other assistive technology now available to persons with SCI. Examples of more strenuous activities that may be appropriate for individuals with SCI include adaptive SCUBA diving, downhill skiing, rugby, wheelchair racing, tennis, hunting, boating, wheelchair nautilus, all-terrain environments, etc. Alternatively, validation of more sedentary activities might warrant computer purchases with Internet access for activities such as dating, chat room companionship, support groups, educational information related to SCI, distance education courses, and online shopping.

Finally, as specific to the life care planner, when asked by opposing attorney if the life care planner has knowledge about whether his/her life care plans are ever implemented, the question warrants more than a "yes" or "no" response. This study suggests that, for at least half to three-quarters of respondents, larger expenses such as personal care attendants, new or renovated homes, and modified vans were indeed purchased. In most instances, however, clients have already lived with their disability for several years and simply have ongoing expenses such as ostomy supplies, medications, wheelchairs, and physician visits, to name a few. An appropriate response to the question if the life care planner does not otherwise directly know, might be an estimated percentage range as to how much the client was already purchasing at time of the clinical interview.

Limitations of the Study

There are several limitations of this study which warrant caution in generalizing our findings. First, although by statistical standards a 50% response rate is acceptable in conducting research, the current sample size of five participants from one practitioner's caseload is too small to make generalizations for the larger population of persons with SCI. A second limitation relates to some of the ambiguity of responses to questions (e.g., how much weight in pounds do respondents consider to be "a little weight" versus "a lot of weight). The authors chose not to conduct a second mailing reminder, nor did they re-contact respondents in order to clarify some of their answers. A third potential limitation concerns the validity of

the survey. Although the first author developed the survey based on several sources, content and construct validity could have been strengthened by having experts in the field as well as other persons with SCI review it for content. Fourth, the study could have been strengthened by more definitively matching client responses with their life care plan.

Summary

The current study explored the physical and mental health status of five individuals with SCI involved in litigation and with whom a life care plan had been developed. Key findings which may be beneficial for life care planners to consider include provision for ongoing periodic brief psychotherapy for adjustment, dependency, isolation and potentially pain issues. Ongoing periodic counseling for sexuality and nutritional matters should also be explored, as well as client's intentions to work, go to school, or not enter the workforce. If it appears unlikely that clients will enter the workforce, exploration of interests should be matched, when feasible, with adaptive recreational equipment recommendations that can be included in the life care plan. As found by Crewe (2000), maintaining physical and mental health following injury also appears to be correlated with employment or otherwise staying busy. It is interesting to note that, in the current study, four of five respondents were awarded monetary damages but were unemployed and reported a poor quality of life (as compared to pre-injury or to individuals without SCI).

Finally, in responding to attorney questions regarding to what degree, if any, life care planners know whether their life care plans have been implemented, this study indicates that the majority of respondents had minimally purchased larger expense items such as personal assistance, new or modified homes, and modified vehicles and that other expenses, such as those for ostomy supplies, wheelchairs and medications, typically remain prior to and after the life care plan was developed.

Future research could include expanding this study by inviting other life care planners to participate with their clients, exploring the role of alternative home remedies that clients consistently use, and a more definitive inquiry into specific expenditures relating to recommendations in the life care plan for those clients who have been awarded monetary damages.

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Appendix 1, Lifestyle Status Survey

Thank you once again for agreeing to take part in this survey designed to access how all my former clients with spinal cord injuries have been doing across a number of areas in your life. I know we covered some of these questions during my interview with you some time ago, however, I am interested in how you and everyone is managing now. Please note some of the questions are simply check mark responses while others ask for you to write in your responses. Please also note once again that your responses will be anonymous and confidential (I will not be identifying your name in any part of the research I am gathering nor is any information being passed along to any attorney), and that I am really not looking at individual responses to analyze, but rather the collective group responses which is how this information will be analyzed. Once again, I appreciate your time and assistance with this very important matter so that other professionals in rehabilitation hospitals and case managers may benefit from any services that you perceive may be lacking. Please feel free to call me collect at (956) 380-6499 with any questions you may have.

What is your current age? _____ years

What city/town do you live? _____

Rehabilitation Hospital

1. What is the name of the main rehabilitation hospital you went to after your initial injury for a period of time? _____
 2. What year were you injured and what is your injury level? _____
 3. Have you retired, gone/going back to school, or employed? _____
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4. If you seen a psychologist or social worker for adjustment problems during your rehab, about how many sessions did you see him or her? 0 ___ 1-5 ___ 6+ ___
 5. How long were you at the rehabilitation hospital? _____
 6. Do you feel that when you were at the rehab hospital, you learned all you needed/could learn before you were discharged, or were you discharged too early?
 7. Do you feel you and your family's psychological adjustment needs were met or addressed by either a psychologist or social worker, or was there not enough time for that while in the hospital? Please explain.
 8. At the time in rehab, do you feel you or your family members were depressed or sad and nobody addressed it or picked up on it from the hospital? Please explain.
 9. Did anyone address your ability to have sex in the rehab hospital or did you attend any educational sessions on the topic? If you did, how was it, and if you didn't would you have liked to?
 10. How would you describe your sex life now?
 - ___ nonexistent
 - ___ painful and uncomfortable therefore rarely engage in it
 - ___ fairly average compared to others without disabilities
 - ___ above average
 - ___ excellent
 11. While in rehab, did someone address with you the importance of dietary intake and foods to eat or not eat? _____ yes _____ no
 - 11a. Was your home made accessible in time from when you returned from rehab?
 - ___ yes ___ no ___ didn't have to do anything
 - 11b. Since returning home and remembering your rehab experience, what have you learned now that you wish someone would have told you about back in rehab?

Experiencing Returning Home

12. Since coming home, do you feel you have:
 - ___ same weight ___ lost some weight ___ lost a lot of weight
 - ___ gained a little weight ___ gained a lot of weight
 13. Have you changed your eating habits since coming home? ___ yes ___ no
 14. Do you smoke? ___ yes ___ no Do you drink alcohol? ___ yes ___ no
 15. Are you able to exercise? If so, what exercises do you do and how many times a week do you do them and for how long?
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16. How would you perceive your overall health to be
 excellent considering very good fair poor very poor
17. How many times have you been rehospitalized since your initial injury?
 none 1-3 4-6 7-9 10+
18. If you have had complications since leaving the hospital, place a number beside all the following that apply + write how many times you've experienced each?
 pressure sores bladder infections respiratory/lungs
 autonomic dysreflexia deep vein thrombosis sweating
 chronic pain bowel problems spasms
 other _____
19. Have you experienced much sadness or depression since returning home? If so, how frequently?
 none daily episodes several times a week
 once-twice a month couple times a year
20. If you answered affirmatively in question 19, please describe what sort of thoughts trigger your sadness?
21. If you have any worries about the future, please check all the ones that apply?
 relationship your mental health
 partner/family mental health your physical health
 partner/family physical health your career options
 financial ending up in nursing home
22. How would you best describe your attitude about your future much of the time?
 not good/pessimistic very good/optimistic
23. Please explain your reason for how you answered question 22?
24. How do you keep yourself busy everyday on average? Describe a typical day?
25. How religious would you say you are? Check all that apply.
 pray daily attend church services weekly
 never pray never go to church (but can)
 pray only when I need something unable to attend church (can't)
26. Do you think there was a reason you were injured?
 no, just a random happening or occurrence
 yes, because I have some higher purpose to serve God
 yes, this was punishment for having sinned
-

27. Were you, or are you angry with God because of your injury? ___ yes ___ no

Environment Accessibility

28. How would you describe the accessibility of restaurants, movie theaters and other public places in your community?
___ virtually inaccessible
___ reasonably accessible
___ very accessible
29. How have you found close friends in your area respond to you?
___ same as before now
___ lost some friends who didn't know how to handle my situation
___ made new friends since my disability
___ have no real friends anymore
___ other _____
30. Do you own a modified van with lift that:
___ you can drive
___ yes, but someone else drives
___ no, don't have a van
31. What would you describe remain to be the biggest barriers in your community?
32. Describe if you have had to engage in any battles with city or business owner authorities about accessibility issues and your civil rights to equal access
33. Is your home adequately accessible? Note any problems that still may be inaccessible to you and why? (e.g., bathroom- can't bathe or shower, etc.)

GENERAL QUESTIONS

34. How do you feel your current overall quality of life compares to other people without an injury?
___ a lot less than theirs ___ less than theirs
___ equal to theirs ___ above average to theirs
___ much better than theirs
35. How would you rate your quality of life now compared to before your accident?
___ worse ___ pretty much the same ___ better
36. Please explain your answer to #35 above?
-

37. How do you feel about yourself these days regarding your self-esteem?
 self-esteem is lower than before my accident
 self-esteem is back to about the same as before my accident
 self-esteem is better than it was before my accident
38. If there are any, what sort of things do you believe are missing AND fulfilling in your life now?
39. Based on your overall experience after your accident, what kind of advice would you give new counselors in the field working with people with SCI?

COURT SETTLEMENT (ANSWER ONLY FOR THOSE PERSONS WHO GOT ONE)

40. If you got some kind of settlement, check off all the things/services you acquired or purchased that you needed/didn't have before?
- | | |
|--|--|
| <input type="checkbox"/> modified van with lift | <input type="checkbox"/> new accessible home |
| <input type="checkbox"/> personal care assistance | <input type="checkbox"/> therapies (e.g., PT, OT) |
| <input type="checkbox"/> counseling (if needed) | <input type="checkbox"/> exercise equipment |
| <input type="checkbox"/> new or different wheelchair | <input type="checkbox"/> prescribed medications |
| <input type="checkbox"/> modified existing home | <input type="checkbox"/> job training |
| <input type="checkbox"/> further education | <input type="checkbox"/> regular doctor visits |
| <input type="checkbox"/> home adaptations | <input type="checkbox"/> other medical equipment |
| <input type="checkbox"/> other assistive devices | <input type="checkbox"/> personal attendant suite/room |
| <input type="checkbox"/> purchase lifting devices | <input type="checkbox"/> purchased computer |
- other- please explain _____
41. With your settlement, has your quality of life comfort-wise improved?
 not at all
 a little bit
 a great deal
 excellent quality of life now
42. Did you receive enough of a settlement to take care of your needs for the rest of your life? yes no not sure just yet
43. What else can you tell me about how you have put your settlement money to use towards you and your family's welfare in relation to your disability?
44. Anything else you can think of regarding any topic that I have missed asking?
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