



## ISCoS 2022 Psychosocial SIG Pre-Conference Meeting

### Thursday 15<sup>th</sup> September 2022

Welcome

An ISCoS special interest group which aims to connect and serve everyone with an interest in psychosocial issues after spinal cord injury – clinicians and users who provide formal and informal psychological and emotional support, and those involved with research

Connect with us in the following ways:



Receive information about webinars and connect with other member by joining our membership and mailing list: <https://forms.gle/zHjPM5jDcMfc9DVe9>

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61<sup>st</sup>  
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ANNUAL  
SCIENTIFIC  
MEETING

ISCoS  
The International  
Spinal Cord Society

## Pillars of Wellness to Support Psychological Health

Psychological wellbeing, and conversely distress, after spinal cord injury are multifaceted with a range of psychosocial pillars enabling long term adjustment. This workshop will present current evidence across a range of pillars known to impact on wellbeing. Specifically, we share and reference some recently developed resources. The workshop is recommended for anyone with an interest in psychosocial issues including clinicians, people with lived experience, and researchers. Understanding of the biopsychosocial model is recommended. The workshop aims to develop knowledge and skills for people working in spinal cord injury with a range of experience in this area. It is not solely aimed at psychologists, peer counselors, or social workers, as a central tenet of this work is that psychosocial wellbeing should be considered by all members of the rehabilitation team as it is integral to a person's responsiveness in acute, rehabilitation and lifelong management of SCI.

### **Accreditation by the Federation of the Royal Colleges of Physicians of the United Kingdom - 6 category 1 (external) CPD credit(s)**

08.30	Registration
09.00	Welcome and introduction – Dr. Jane Duff, Chair of ISCoS Psychosocial SIG
09.20	Moving Towards a People-Centred Model of SCI Care in Canada – Peter Athanasopoulos
09.40	Screening of Emotional Wellbeing in Individuals with SCI participating in Inpatient Rehabilitation: a Canadian Perspective - Dr. JoAnne Savoie and Dr. Martha McKay
10.20	<b>Break</b>
10.40	Peer support: How to create and evaluate its magic? – Prof. Shane Sweet, Dr. Chris McBride, Jacques Comeau and Jocelyn Maffin
11.20	Caregiving - Dr. Susie Charlifue
12.00	Professor Paul Kennedy Award Announcement - Dr. Jane Duff
12:05	<b>Lunch</b>
12.50	Professional Peer Health Coaching: Building a New Model of Self-Management Support – John Shepherd
13.30	Consumers and Researchers Agree: Sex is Important after SCI - Dr. Stacy Elliott
14:05	Physical activity for adults with SCI: Best-practices for behaviour change - Dr. Kathleen Martin Ginis
14.40	<b>Break</b>
15:00	Update on Substance Use in People with SCI: A Call to Action - Dr. Charles Bombardier
15.35	The Updated 2021 CPG for Neuropathic Pain Management after SCI - Dr. Eldon Loh
16:10	Panel discussion: Challenges and Integration - Dr. Jane Duff and Dr. Kimberley Monden
16:40	Close - Dr. Jane Duff



## Talk Outline and Learning Objectives:

### **Moving Towards a People-Centred Model of SCI Care in Canada**

Despite the increased spending on healthcare, individuals receiving the care are not often satisfied and report issues with access, quality and differing views on treatment priorities compared to healthcare providers. In 2007 the World Health Organization released the People-Centred Health Care Policy Framework where the goal of care is re-focussed on the health and well-being of individuals receiving the care and health is defined broadly to include biological, social and psychological factors (referred to the biopsychosocial model). In 2019, the Health Standards Organization and Praxis embarked on revising the Spinal Cord Injury Acute and Rehabilitation Standards to reflect a people-centred care approach. In December 2022 the first version of the 'Integrated People-Centred Spinal Cord Injury Rehabilitation Program' will be released. This presentation will provide an overview of people-centred care including clarifying definitions and the role of family, the process to create the new 'Integrated People-Centred Spinal Cord Injury Rehabilitation Program' with a focus on psychosocial well-being and examples of how this is being approached to reform SCI care in Canada.

#### Learning objectives:

1. Understand the key attributes of a people-centred care approach, key terms and the role of patients and family in a people-centred care model;
2. Explain how the 'Integrated People-Centred Spinal Cord Injury Rehabilitation Program' was developed in Canada and the inclusion of psychosocial factors;
3. Identify challenges encountered when implementing a people-centred care model and examples of how this is being approached in Canada.

### **Screening of Emotional Wellbeing in Individuals with SCI participating in Inpatient Rehabilitation: a Canadian Perspective**

Efforts to establish screening practices to identify the emotional wellbeing (EWB) needs of individuals with SCI participating in inpatient rehabilitation have been underway in Canadian facilities. Screening processes were implemented based on facility structure and resources, and the experiences as well as outcomes of two Canadian facilities are highlighted. Reduced time to psychological intervention, and identification of suicidal ideation were amongst some of the findings and clinical considerations that could inform screening of EWB for individuals with SCI in the early phases of adjustment to injury.

#### Learning Objectives:

1. Describe the development and implementation of EWB screening process
2. Describe experience and outcomes of EWB screening at two Canadian SCI rehabilitation facilities
3. Discuss challenges and clinical considerations for EWB screening in individuals with SCI



## **Peer support: How to create and evaluate its magic?**

The goal of this presentation is to provide key messages and lessons learned from research and practice on the coordination, characteristics, and outcomes of peer support.

In the first half of the presentation, a panel of speakers will provide a brief overview of the research and lessons learned on SCI peer support service delivery. Specifically, they will discuss peer support service coordination, peer mentor qualities, SCI peer support outcome selection, and on evaluation considerations for peer support programs/services.

In the second half of the presentation, the speakers will share a question to stimulate a discussion and reflection on peer support in spinal cord injury. The goal of this stimulated discussion is to provide a space for the audience to share lessons and provide (peer) support to individuals who are developing or running SCI peer support program.

### Learning Objectives:

At the end of this presentation, the audience will

1. Understand key considerations for SCI peer support
2. Draw connections between content of this presentation and their reflection on peer support
3. Weigh in on the key considerations for SCI peer support

## **Professional Peer Health Coaching: Building a New Model of Self-Management Support**

People living with SCI face the complex demands of managing their condition, which include tasks like finding and assessing information, identifying and solving problems, and setting goals and action plans. Doing these things effectively is the core of self-management, and the same skills can be used to address many different issues that individuals may face. The SCI&U peer health coaching program aims to provide support through an online connection with a coach who is trained to help participants develop their self-management skills. The program has been built collaboratively by researchers and persons living with SCI in Canada and the US, and is deeply anchored in the lived experience of SCI. Working together, the SCI&U health coaches have begun to articulate the principles of an emerging health profession, and have developed a statement of Peer Health Coach Competencies.

This presentation will describe the SCI&U peer health coaching program and the research and development process, with a focus on the competency-based coaching model. We will discuss the challenge of designing support programs that can adequately address the wide range of problems faced by people living with SCI. Finally, we will review lessons learned about ways to meaningfully involve people with lived experience of SCI in every aspect of SCI research.

### Learning Objectives:

1. Describe a competency-based model of professional peer health coaching in SCI
2. Explain the importance and challenges of an open-ended, participant-driven approach to self-management support interventions in SCI
3. Identify best practices for involving people living with SCI in research and intervention development



## **Consumers and Researchers Agree: Sex is Important after SCI**

Research has shown that the sexual area of one's life is either the first or second priority, over walking and bladder and bowel issues for those who live with spinal cord injury. Sexual and fertility rehabilitation is often not addressed during rehabilitation due to patient readiness, health care professional reluctance due to discomfort or lack of training, and lack of ownership in the health care professional field if specialized clinics do not exist. However, all rehabilitation health care workers should be familiar with the basics of sexual and fertility changes after SCI and how pose a simple question regarding patient interest in this area. This talk will focus on a simple Framework and approach for health care professionals to use, in both inpatient or outpatient settings, in order to not neglect this very important area for persons with spinal cord injury under their care.

### Learning Objectives:

1. Outline the research showing consumer priorities
2. Show the multidisciplinary nature of sexual health care
3. How all rehab clinicians can address sexual issues

## **Physical activity for adults with SCI: Best-practices for behaviour change**

Given myriad barriers to participation, people living with SCI are less likely to exercise, play sports, or do other types of health-enhancing physical activity, when compared to the general population. Two decades of SCI research have provided evidence on theory-based predictors of physical activity as well as effective behaviour-change techniques and interventions to increase physical activity participation. This presentation will provide an overview of (a) research on psychosocial aspects of community-based physical activity participation and (b) best-practices for physical activity counseling and behaviour-change, specifically for community-dwelling adults with SCI.

### Learning Objectives:

1. Identify important, modifiable psychosocial correlates of physical activity for adults with SCI.
2. Select the most effective behaviour-change techniques to increase physical activity among adults with SCI.
3. Identify physical activity counseling best-practices for adults with SCI.

## **Update on Substance Use in People with SCI: A Call to Action**

Whether it's tobacco, alcohol, opioids or other substances, misuse of drugs or medications is prevalent and harmful among people with spinal cord injury. Access to specialized substance use disorder treatment is poor and for decades experts have recommended that non-specialist healthcare providers identify and treat these conditions as part of usual patient care. Rehabilitation offers many opportunities to identify substance use issues and to intervene via education, advice, brief interventions, or more intensive treatments. Rehabilitation professionals often can do more than they think to help mitigate problems with substance use disorders in people with spinal cord injury.

### Learning Objectives:

1. Scope of the problem
2. Relationship to outcomes
3. Rationale for non-specialist interventions
4. Psychological Interventions
5. Medical Treatments
6. Discussion



## The Updated 2021 CPG for Neuropathic Pain Management after SCI

The CanPainSCI CPG for management of neuropathic pain (NP) after SCI were recently updated. Pharmacological and non-pharmacological treatment options for NP after SCI were reviewed, along with general treatment principles for managing NP after SCI. Outcome measures that may be useful clinically were also reviewed.

Overall, the updated CPG have structured treatment options in a more flexible manner. Clinician experience, patient preference, tolerability, accessibility, among other factors, should be considered when selecting the most appropriate treatment.

This talk will summarize the updated CPG recommendations and guidance for NP management after SCI.

### Learning Objectives:

1. Discuss neuropathic pain management after SCI in the context of the 2021 CPG
2. Highlight the key changes and recommendations of the 2021 Update

### Biographies:



**Peter Athanasopoulos** has devoted his life to building relationships benefiting people living with a spinal cord injury (SCI) for the past 20+ years. He started his rewarding career at Spinal cord injury Ontario, formally the Canadian Paraplegic Association Ontario in 2001 as a Provincial Peer Support Coordinator. Peter has nurtured, grown and expanded Peer Support at Spinal Cord Injury Ontario in his early career as one of the best practice models internationally. In 2008 he continued in the position of SCI Networks and Services Manager as a relationship builder working with people with SCI, service providers, researchers, and other stakeholders to strengthen planning and delivery of services for Ontarians with SCI. Peter continues to enhance his services to people with SCI by working with communities across Ontario to address and resolve systemic barriers that impact quality of life of people with SCI. He has taken on many leadership roles throughout his career, including standard development in accessibility, rehabilitation, primary care, and neurotrauma pathways of care. Presently within his role as Executive Director of the Ontario SCI Alliance and Director, Public Policy, he carries significant interest and expertise in SCI research and knowledge translation activities that result in tangible public policy and practice change in the SCI Field.



**Dr. Charles Bombardier** (PhD, ABPP) is a psychologist and professor in the Department of Rehabilitation Medicine at the University of Washington. He has worked on the interdisciplinary inpatient rehabilitation unit at Harborview Medical Center in Seattle for three decades. He has conducted studies on secondary conditions facing people with SCI including substance use, depression, pain, and physical inactivity.



**Dr. Susie Charlifue** (Susie) is a Research Scientist at Craig Hospital in Englewood, Colorado. She has more than 45 years of experience in SCI research and quality assurance, research methodologies, and qualitative methods. She completed her doctorate in Health and Behavioral Science at the University of Colorado, Denver in 2004. She is the current Co-Project Director of the Rocky Mountain Regional Spinal Injury System. She has completed seven major collaborative investigations of the long-term consequences of SCI in the US and Great Britain, and has or is currently serving as principal investigator on studies of caregiving in SCI funded by NIDILRR, the Department of Defense, and the Craig H. Neilsen Foundation. Dr. Charlifue is Chair of the Program Committee of the International Spinal Cord Society (ISCoS). She currently serves the American Spinal Injury Association (ASIA) as President-Elect. She has been recognized as a Fellow by ISCoS, ASIA and the American Congress of Rehabilitation Medicine, has authored or co-authored over 120 manuscripts and book chapters.



**Jacques Comeau** is a recent retiree from MEMO QC where he spent 10 years as an Integration Counsellor (peer mentor) working with spinal injured clients. He had previously worked in Human Resources with organizations related to the health field. Jacques has lived 46 years as a C5-6-7 complete quadriplegic, completed a BFA, MA and degree as an Art Therapist. Jacques' interest in mentoring came alive when completing his MA, completing his thesis on mentoring. Jacques has been involved with Shane's TIE LAB team as a Research Assistant for the last few years, originally on a volunteer basis, now employed by McGill University.



**Dr. Jane Duff** is a Consultant Clinical Psychologist and Head of the NSIC Clinical Psychology Department at Stoke Mandeville Hospital. She has worked in spinal cord injury rehabilitation for over 25 years providing direct clinical therapy, research, teaching/training and consultancy. Jane is Chair of the ISCoS Psychosocial Special Interest Group, UK and Ireland Spinal Injury Psychologists Advisory Group (SIPAG) and European Spinal Psychologists Association (ESPA). She was an expert panel member on the SCI Development Group of the WHO Rehabilitation 2030 Package of Rehabilitation Interventions and a member of the ISCoS Psychosocial Dataset Group. Jane has published widely on spinal cord injury coping and adjustment, appraisals, quality of life, rehabilitation/goal planning and the development of self-management skills. She provides post graduate research supervision and lecturing for the University of Oxford. Jane holds a dual qualification as a health coach and works alongside the Back Up Trust, Spinal Injuries Association and Aspire in the UK to promote personalised care.



**Dr. Stacy Elliott**, is a Sexual Medicine Physician whose interests lie in the sexual and reproductive consequences of medical or surgical problems. She is a Clinical Professor in the Departments of Psychiatry and Urologic Sciences, and PI and Faculty member at International Collaboration on Repair Discoveries (ICORD), University of British Columbia, the Medical Manager of the BC Center for Sexual Medicine, Co-Director for the Vancouver Sperm Retrieval Clinic, and a sexual medicine consultant to the Sexual Health Rehabilitation Service at GF Strong Rehabilitation Hospital. She teaches undergraduates, postgraduates of UBC Medical School and has taught numerous practicing physicians. Dr. Elliott is an internationally recognized sexual medicine expert and speaker, and has extensive peer reviewed publications and book chapters on chronic illness, cancer, neurological disease and disability. She was recognized for her clinical care and research in sexual rehabilitation and fertility in persons with spinal cord injury by receiving the QE II Jubilee Medal for her work in 2012 and The Fellowship of American Spinal Cord Injury Association (FASIA) in October 2020.



**Dr. Eldon Loh (MD, FRCPC)** is an Associate Professor in the Department of Physical Medicine and Rehabilitation at Western University, Schulich School of Medicine and Dentistry, and Consultant Psychiatrist at Parkwood Institute and the St. Joseph's Health Centre Pain Clinic in London, Ontario, Canada. Dr. Loh is also an Associate Scientist at the Lawson Health Research Institute and medical director of the Spinal Cord Injury Rehabilitation program at Parkwood Institute. His clinical and research interests include interventional pain management and chronic neuropathic pain after spinal cord injury. He is chair of the panel that developed the Canadian Best Practice Guidelines for Neuropathic Pain after spinal cord injury (the CanPainSCI guidelines), and also chairs the PVA Pain guideline development group. He is also former chair of the research division of the Canadian Association of Physical Medicine and Rehabilitation (CAPMR).



**Dr. Kathleen Martin Ginis** holds the Reichwald Family Chair in Preventive Medicine at University of British Columbia's Southern Medical Program and is the Director of the Centre for Chronic Disease Prevention and Management. She is also a UBC Distinguished University Scholar, Professor in the Department of Medicine (Division of Physical Medicine and Rehabilitation), Professor in the School of Health and Exercise Sciences, and an ICORD Principal Investigator. Dr. Martin Ginis has received over \$12 million in research funding and has published over 350 peer-reviewed research articles. Her research program focuses on physical activity behaviour change, and the psychosocial consequences of physical activity participation, particularly among people living with spinal cord injury and other physical disabilities.



**Jocelyn Maffin** leads Service Delivery at Spinal Cord Injury BC, helping Peer Support and Resource Centre teams create innovative communities of support for people with SCI and similar disabilities. Jocelyn has lived with paralysis since childhood and completed a B.Sc in Cell Biology at SFU and post graduate studies in public health. She joined SCI BC in 2016, after 10 years in population health research and grant development at UBC and ICORD. Community engagement in healthcare and research is a central theme in Jocelyn's career, pioneering the Youth Advocate role at BC Children's Hospital, and later the Consumer Engagement Lead at the Praxis Spinal Cord Institute.





**Dr. Chris McBride** is the executive director at SCI British Columbia, a position he has held since 2010. In addition, Chris brings 30 years of experience as a researcher and research-community network builder. After completing a PhD in Neuroscience from UBC, Chris's past roles include managing director of UBC's ICORD spinal cord injury research centre, managing director of the Rick Hansen Institute (now Praxis Spinal Cord Institute), and co-leader of the Michael Smith Foundation for Health Research-funded Disabilities Health Research Network. He recently served as co-chair of the province of British Columbia's COVID-19 Disability Working Group/Accessibility Legislation and COVID-19 Advisory Committee. Presently, he chairs Spinal Cord Injury Canada's Executive Director's



**Dr. Martha McKay** is a registered Clinical Psychologist with the College of Psychologists of Ontario with practice in clinical psychology and clinical neuropsychology in adult populations. She completed her research and doctoral training at the University of Toronto and Centre for Addiction and Mental Health in Toronto Ontario. As well, she completed joint postdoctoral fellow in the Mood Disorders Program at CAMH, and Department of Psychiatry at the University of Toronto. She has numerous years of clinical training and experience that includes assessment and treatment of individuals who have sustained trauma, mood and anxiety disorders, psychotic disorders, psychological and cognitive sequelae related to brain injury, and spinal cord injury in teaching hospitals. She currently holds a clinical position as staff psychologist and neuropsychologist in the Spinal Cord Program at Toronto Rehabilitation Institute, University Health Network where she provides psychological assessment, neuropsychological assessment, and intervention for individuals with a spinal cord injury. As well, she contributes to a number of initiatives within the Spinal Cord Program including the Quality Council and Mental Health initiatives that impact the assessment and care of patients with spinal cord injury. In addition, Dr. McKay holds the Discipline Head role for Psychology at University Health Network, through which she provides practice leadership for clinical psychologists and clinical neuropsychologists across UHN and contributes to initiatives surrounding policies, and the practice of psychology. She enjoys teaching and is a clinical supervisor to doctoral level psychology graduate students and faculty member of the accredited Toronto Area Residency Consortium through the University of Toronto.



**Dr. Kimberley Monden** is an Assistant Professor and Licensed Psychologist in the Department of Rehabilitation Medicine at the University of Minnesota Medical School. She has 12 years of experience in spinal cord injury clinical care and research. Dr. Monden's research focuses on psychosocial adaptation to injury, including resilience and appraisals of injustice. She has a specific interest in improving quality of life and long-term psychosocial outcomes after SCI. Dr. Monden has developed unique expertise in dissemination and implementation science via enrollment in a graduate certificate program at the University of Colorado Anschutz Medical School. She is the founder and director of the Spinal Cord Injury Psychosocial Outcomes and Wellbeing Research (SCIPOWeR) laboratory. Her contributions to the field have been recognized with the Division 22 Harold Yuker Award for Research Excellence and the Division 22 Rosenthal Early Career Research Award.



**Dr. JoAnne Savoie** completed her doctoral training in clinical psychology at the University of Ottawa followed by a neuropsychology fellowship at Harvard University. She has worked at the Stan Cassidy Center for the past 15 years. She has a special interest in the implementation of best practice for various neurorehabilitation populations. Her latest efforts have focused on screening of emotional difficulties in patients with spinal cord injury. Dr. Savoie is also the Director of Training for the Horizon Health NB Residency in Clinical Psychology and a clinical associate at the University of New Brunswick



**John Shepherd** is a PhD student in University of Toronto's Rehabilitation Sciences Institute, studying health services related to people living with spinal cord injury. He has an M.Sc in Rehabilitation Science from the University of Toronto, and a BA and MBA from Harvard University. John has been living with a spinal cord injury for almost 20 years and this experience motivates and informs his research and advocacy.



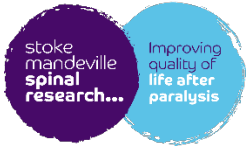
**Professor Shane Sweet** is an exercise and health psychologist and a disability and community-based researcher. He is an associate professor in the Department of Kinesiology and Physical Education and the co-director of the Theories and Interventions in Exercise and Health Psychology Laboratory at McGill University. He holds a Canada Research Chair in Participation, Well-Being, and Physical Disability (Tier 2). He also leads a pan-Canadian SCI peer support community-university partnership aimed to develop and implement a SCI peer support evaluation tool.



PROFESSOR PAUL KENNEDY  
LEGACY SCHOLARSHIP FOR PSYCHOLOGY



National Spinal Injuries Centre  
Stoke Mandeville Hospital  
Buckinghamshire Healthcare NHS Trust



Professor Paul Kennedy was known to many in the ISCoS Community, providing 21 clinical and research presentations at ISCoS Annual Scientific Meetings during his career. Paul established, and was Head, of the Clinical Psychology Service at the National Spinal Injuries Centre at Stoke Mandeville Hospital, a founding Trustee of Stoke Mandeville Spinal Research (SMSR - [www.lifeafterparalysis.com](http://www.lifeafterparalysis.com)) and a leading authority on coping and adjustment, quality of life and rehabilitation planning as well as different areas associated with spinal cord injury and other physical health conditions across the globe.

This award is a testimony to Paul’s ability to combine his clinical psychological work with research, and his generosity in reaching, connecting and sharing his expertise with others, which is celebrated through the networking aspect of the award. The joint sponsorship of this award reflects the esteem in which he was held by colleagues across the world, and particularly his consultation and support for the development of clinical psychology services in New South Wales. This award joins those offered by two other associations which Paul founded: <http://www.espaspinal.org/professorKennedyAward.html> and <https://www.mascip.co.uk/paul-kennedy-bursary-2020/>

**Award Information**

This scholarship aims to support the development and networking of psychologists across the globe. Pre-criteria for application are a first degree in psychology and for the individual to be practising as a psychologist such as working in a spinal cord injury centre. The successful applicant will need to demonstrate how this award can build on their knowledge; skills and capacity to enhance their practice, a focus on how the applicant would use this scholarship to strengthen psychological networks across the globe would be advantageous.

The scholarship aims to encourage and support applications from early career psychologists and / or those from lower resource countries. The large global variation and resource access will be acknowledged and part of the decision making panels’ analysis. The panel’s decision is final and not open to appeal.

The scholarship will provide up to £5000 GBP towards one of the below:

- 1. Attendance at an ISCoS conference, including registration, travel and accommodation, and include the applicant networking with at least one psychology service based in a spinal cord injury centre or equivalent, or psychology department based at a University, in the host ISCoS country. The applicant needs to identify and gain consent of the service to be networked with and outline an initial programme as part of the application.





2. Support for a substantial, recognised qualification in a psychological intervention or formal skills-based training that the applicant can then introduce within their practice. For example, developing a skill with formal certification such as psychosexual counselling, coping effectiveness training, CBT or Acceptance and Commitment Therapy, training in mindfulness, neuropsychological assessment and intervention. The scholarship is particularly supportive of formal qualification and online training overseas to your home nation from leading experts in the field. An essential part of the application is partnering with a Mentor who can support the applicant implementing the intervention after training within their practice in their home nation. The applicant needs to identify and gain consent of the Mentor prior to application, identify costs for the training and Mentor relationship.

The successful applicant will be expected to write a summary of the scholarship outcome, an article for the ISCoS Newsletter or associated Journal / provide a report to the ISCoS Psychosocial Committee about their learnings. Attendance at the ISCoS meeting after the award is also part of the application for those applicants wanting to use the award for the skills-based training option (2, above)

For more information on the Award, contact: [bht.nsicpsychology@nhs.net](mailto:bht.nsicpsychology@nhs.net)

Award Winner 2022: Md. Abdul Zabbar, Senior Counsellor, Dhaka, Bangladesh

Presenting at the ISCoS 2023 meeting after receiving funding to become trained as a Psychosexual Counsellor

Award Winner 2021: Dr Kyle Deane, Paediatric Psychologist, Shriners Children's Chicago

Construction of the Pedatric Version of the Appraisals of Disability Primary and Secondary Scale for Individuals with Spinal Cord Injury

Track 6: Virtual Oral Presentations Wednesday Sept 14<sup>th</sup> 2022 from 12am and on demand