

Dr. David Tulsy

a scientist from Kessler Medical Rehabilitation Research and Education Center taps CROR staff to assist with research projects. Turn to *Page 3* for more information.

Peer Mentoring Programs

are part of clinical practice and Model SCI Systems Research at RIC. Details on *Page 2*.

Symposiums & Conferences

are being held in Toronto October 14 - 19, 2008. A symposium on the measurement of participation is being held prior to the 2008 ACRM-ASNR Joint Educational Conference. See *Page 7* for more information.

Special Edition: Spinal Cord Injury Model Systems



In 1972, as part of a Rehabilitation Services Administration demonstration project, Model Spinal Cord Injury (SCI) Systems were funded to provide service delivery within a geographically defined area, and to document the efficiency of the system, including outcomes and cost effectiveness. The Rehabilitation Institute of Chicago (RIC) was one of the original centers designated as a model system. More than three decades later, the demonstration project has evolved into fourteen Model SCI Systems.

This special edition of *CROR Outcomes* highlights some of the clinical and research projects related to the Midwestern Regional SCI Care System led by Dr. David Chen at RIC.

We also share information about an international symposium planned for October 14 -15, 2008 related to measuring participation as an outcome measure. We hope to see you in October!

*Allen W. Heinemann, PhD
Director, CROR*

Dr. Catherine Wilson: A Critical Part of RIC's Clinical Rehabilitation and Research Teams

In 1981, Dr. Catherine Wilson accepted a position as the director of chapter services at Chicago-Northern Illinois Chapter of the National Multiple Sclerosis Society – a decision that proved to be pivotal in steering her career toward health and disability psychology.

“That was the point when I really started to become very involved in disability rights, and it became very clear to me which direction I wanted to move in,” said Wilson, who is a staff psychologist in spinal cord injury services at the Rehabilitation Institute of Chicago (RIC).

Wilson, a fourth generation Chicagoan, earned a bachelor's degree from Maryville University, St. Louis, and a master's degree in sociology from the University of Missouri. While in Missouri, she worked as the director of aquatics and adult education at the nearby YMCA, and after returning to Chicago in the mid-1970s, she served as a recreation

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Model Systems: Improving Lives Through Patient Care, Education, and Research

The goal of a Model Spinal Cord Injury (SCI) System is to improve the lives of people with SCI through comprehensive patient care, innovative research, and education. The Midwest Regional Spinal Cord Injury Care System (MRSCICS) – a collaborative effort between the Rehabilitation Institute of Chicago (RIC) and Northwestern Memorial Hospital (NMH) – works to achieve this goal through excellent clinical care, a dedication to clinical and outcomes research, and affiliation with community organizations.

“Being designated a model system is a fitting tribute to our clinical staff at RIC. It really is a badge of honor that has promoted additional team building and program development.”

Dr. David Chen, Principal Investigator

As part of the Model Spinal Cord Injury System program, sponsored by the National Institute on Disability and Rehabilitation Research (NIDRR), model system centers are chosen and awarded multi-year SCI Model System grants. In 2006, NIDRR designated 14 centers that will add data to the National Spinal Cord Injury Database, establish new standards of patient care, and work with one another on research initiatives. The centers include MRSCICS in Illinois, as well as centers based in Alabama, Colorado, Georgia, Massachusetts, Michigan, New Jersey, New York, Ohio, Pennsylvania, Texas, and the District of Columbia.

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Model Systems: Evaluating Peer Mentoring

In the flurry of therapy, instructions and preparation that follow a disabling injury or illness, one component of care that is often overlooked is the simple desire many patients have to speak openly with another person who has been through a similar experience and is now living a productive, satisfying life.

That one-on-one interaction can provide much-needed guidance and reassurance for the patient, and can also establish a close relationship that can ease a difficult transition, according to Carrie Kaufman, peer counseling coordinator at Access Living, a non-residential center for people with disabilities, based in Chicago. Kaufman collaborates with RIC's Life Center to coordinate a peer mentoring program for patients at RIC.

“Peer mentors are needed because sharing real-world experiences of living with a disability is something that most healthcare providers simply cannot offer.”

Dr. Susan Magasi, Research Scientist

the mentor's injury or illness, and they also must be living active lives in the community. Through the Peer Visitor Program at the Rehabilitation Institute of Chicago (RIC), Kaufman connects patients with mentors at Access Living's Peer Support Program.

Some newly-injured patients are very receptive to the idea of meeting with a peer counselor, while others are not quite ready, said Kaufman. She prefers getting a referral from

illnesses, researchers at the Center for Rehabilitation Outcomes Research (CROR) at RIC are conducting a five-year study of the peer mentoring program.

The study is part of the Midwest Regional Spinal Cord Injury Care System – a dual project by RIC and Northwestern Memorial Hospital (NMH) – that is one of 14 SCI Model Systems Centers chosen by the National Institute on Disability and Rehabilitation Research (NIDRR).

The peer mentoring study was one project of the grant application proposed by RIC and NMH, explained Dr. Susan Magasi, a former CROR post-doctoral fellow and currently a research scientist at the Center for Outcomes, Research and Education at Evanston Northwestern Healthcare, and the principal investigator of the evaluation project.

“There is a lot of anecdotal support for peer mentoring but we lack a clinical and scientific evidence base that documents how and why these programs work,” Magasi said.

“We are trying to better understand the peer mentoring process from the perspective of different rehabilitation stakeholders, including peers, patients, and healthcare providers. Hopefully, this information will enable other facilities - which might not have RIC's resources - to replicate the best parts of peer mentoring in their own settings.”

According to Dr. Christina Papadimitriou, a post-doctoral fellow at CROR and an investigator on the study, peer mentoring plays a critical role for both patients and families, but it is often an afterthought by clinicians. “Just from observing and talking to patients, I would say it is a

“The program is highly valued by patients... if peer mentoring were a more structured and accepted part of treatment, I think more patients would be able to benefit from it.”

Carrie Kaufman, Peer Counseling Coordinator

“Our philosophy is that being able to talk things over with someone is such an important part of the process, and one that professionals don't always consider,” Kaufman said. “We have a lot of peer mentors who were visited by a peer during their inpatient stay and because it helped them so much, they want to help someone else.”

Aspects of the program

As the program's coordinator, Kaufman screens and interviews people who are interested in serving as peer visitors, and then conducts training sessions. During training, new peer visitors discuss the importance of listening and communication skills. They also spend time reflecting on how their disability has affected their lives and explore a number of contemporary issues related to disability in general. Two years must have passed since

a social worker and setting up an appropriate match, rather than encouraging mentors to just drop in unannounced.

Still, although the program is highly valued by patients, peer mentoring is not a formalized, integrated part of patients' care, explained Kaufman, and because of this, some patients “fall through the cracks.”

“There are so many other things on physicians' and therapists' plates during this time and if peer mentoring were more structured and accepted as a part of treatment, I think more patients would be able to benefit from it,” said Kaufman.

Peer mentoring under scrutiny

In order to better understand the dynamics of peer mentoring, and to increase the odds that it becomes a standard of care for people with disabling injuries and

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Dr. David Tulsy: CROR Staff Collaborate With Scientist From Kessler Medical Rehabilitation Research and Education Center



According to Dr. David Tulsy, vice president of outcomes and assessment research, and the director of the Spinal Cord Injury Research Laboratory at Kessler Medical Rehabilitation Research and Education Center (KMRREC), the path that led him to his current position was not a linear one. In fact, said Tulsy, it often was a case of being at the right place at the right time, and being open to new experiences.

Tulsy, who grew up in Skokie, Illinois, completed a bachelor's degree in psychology at the University of Illinois at Urbana-Champaign, followed by a master's degree and Ph.D in clinical psychology – both at the University of Illinois at Chicago (UIC). Tulsy earned a subspecialty in Methods and Measurement and test development has always been at the core of his research interests. However, it was a chance opportunity that led him to outcomes measurement research.

In 1988, while working as a psychology intern at Mercy Hospital and Medical Center, San Diego, Calif., Tulsy traveled home to Chicago to see the Cubs play their first night game at Wrigley Field. During his trip, Tulsy stopped in at UIC and holed up in one of the psychology department's offices to work on his dissertation.

"What I didn't know was at that same moment, Dr. David Cella, a research professor at Rush-Presbyterian St. Luke's Medical Center, was looking to fill an unexpected opening for a post-doctoral trainee," Tulsy said. "David Cella had only that morning learned of the position opening and casually mentioned it to one of the psychology interns in the Rush Cancer Center." Word spread quickly among the other psychology trainees and one called the Psychology Department at UIC at the precise moment that Tulsy was walking by and the message was promptly placed in his hands by Tulsy's advisor, Dr. Leonard Eron.

Tulsy explained, "One minute I was thinking about heading to Wrigley Field and the next minute, I was interviewing for a job. The only problem was, I had to interview in the only clothes I was wearing – jeans, a t-shirt, and a Chicago Cubs baseball cap – but at least I had the political savvy to remove the Cubs cap before the interview."

Tulsy was offered the position and this set the tone for academic flexibility and moving into new research environments throughout his varied career. "It taught me to be receptive when unique opportunities present themselves," Tulsy said.

Tulsy found himself well suited for the position, which turned into a junior faculty appointment the following year, as the research project was the development of a new quality of life measurement system for individuals diagnosed with breast, lung, and colorectal cancer. Working with Dr. Cella on the project nurtured Tulsy's interest in this important outcomes research area. While at Rush-Presbyterian St. Luke's Medical Center, Tulsy coordinated the measurement study, expanded the measurement system to other diseases, and helped prepare quality of life measurement grant applications. He also helped coordinate the clinical psychological services for the Rush Cancer Center.

After three years at Rush, Tulsy accepted a position as project director at The Psychological Corporation (Psych Corp), a large publishing company based in San Antonio, Texas. Moving from a clinical setting to a large company may have seemed like a strange career

choice to some, Tulsy said, but it enabled him to continue to work to pursue measurement research. Once again, fate presented an opportunity. Within one month of accepting the job, a sudden resignation by a co-worker in the company led to Tulsy's appointment as the lead Project Director of the revision of the Wechsler Adult Intelligence Scale, Third Edition (WAIS-III) and the manager of the cognitive assessment team at the company. "While some psychologists might pause at working in the commercial sector, the opportunity to revise such a popular and important psychological test like the WAIS-III had a profound impact on my career and allowed my research to impact far more people than I could have ever imagined," he said.

In another non-linear step in his career, Tulsy approached a colleague to write a chapter for a book about using the WAIS-III and Wechsler Memory Scale, Third Edition (WMS-III) in clinical practice. His colleague was overburdened with two jobs at the Kessler Medical Rehabilitation Research and Education Center (KMRREC) both running the office of clinical trials/psychometric department and serving as the interim director of the Spinal Cord Injury Research Laboratory. In 2000, after 8 years of working at Psych Corp, Dr. Tulsy again "reinvented himself" becoming the Co-Director of the Spinal Cord Injury Laboratory and the Project Director of the newly renewed Northern New Jersey Spinal Cord Injury Model System.

"My research had moved from quality of life to intelligence testing, and I came to Kessler wondering how I could apply my measurement background to the field of rehabilitation," he said.

What Tulsy found is that spinal cord injury (SCI) patients were usually being administered the SF-36, a short health survey intended for use by the general population. Those measures were often not relevant to people with spinal cord injury, and some items in the survey – such as "walk, several blocks" and "go up/down stairs" – could be offensive.

To rectify the situation, Tulsy decided to craft a quality of life tool for spinal cord injury patients from the ground up. He partnered with his old mentor, Dr. David Cella, and his newer colleague from the rehabilitation field, Dr. Allen Heinemann, Director of the Center for Rehabilitation Outcomes Research (CROR) at RIC as well as other leading psychologists engaged in SCI research. This initiative led to grants from the National Institutes of Health and the National Institute on Disability and Rehabilitation Research to develop computer adaptive tests targeted to individuals with SCI. The first project is jointly lead by Tulsy at KMRREC and Dr. Alan Jette of Boston University to measure functional ability in individuals with SCI and the second project measures the more diverse construct of health-related quality of life.

The Rehabilitation Institute of Chicago (RIC) is actively engaged in both of these five-year projects, and is one of several sites collaborating with KMRREC. RIC will collect a share of the sample, conduct focus groups, and narrow the list of items to a manageable number, said Dr. Heinemann.

"Dr. Heinemann brings knowledge, expertise, and is a great collaborator," Tulsy said. "It is great to work with RIC on a projects like these."

Subscriptions and Archives

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If you missed previous editions, archived copies of our quarterly newsletter are available online at: <http://www.ric.org/cror_newsletters>.

At A Glance: Model Spinal Cord Injury Systems

The Model Spinal Cord Injury (SCI) System at the Rehabilitation Institute of Chicago (RIC) is funded by a grant from the Department of Education's National Institute on Disability and Rehabilitation Research (NIDRR).

- **Midwest Regional SCI Care System (MRSCIS)**
Rehabilitation Institute of Chicago
Chicago, Illinois
Principal Investigator: David Chen, MD
<<http://www.ric.org/research/centers/MidwestRegionalSpinalCordInjuryCareSystem/MRSCICS.aspx>>

NIDRR also funds 13 other Model SCI Systems across the country.

- **Georgia Regional SCI Care System**
Shepherd Center, Inc
Atlanta, Georgia
Principal Investigator: David F. Apple, Jr., MD
<<http://www.shepherd.org>>
- **Mount Sinai SCI Model System**
Mount Sinai School of Medicine
New York, New York
Principal Investigator: Kristian Ragnarsson, MD
<<http://www.mssm.edu/rehab/spinal>>
- **National Capital SCI Model System**
National Rehabilitation Hospital
Washington, District of Columbia
Principal Investigator: Suzanne L. Groah, MD
<<http://www.ncscims.org>>
- **Northeast Ohio Regional SCI System**
MetroHealth System
Cleveland, Ohio
Principal Investigator: Gregory Nemunaitis, MD
<<http://rehab.metrohealth.org/norscis>>
- **Northern New Jersey SCI System**
Kessler Medical Rehabilitation Research and Education Corporation (KMRREC)
Principal Investigator: David S. Tulsky, PhD
<<http://www.kmrrec.org/KM/nnjscis>>
- **Northwest Regional SCI System**
University of Washington
Seattle, Washington
Principal Investigator: Charles Bombardier, PhD
<<http://sci.washington.edu>>
- **Regional SCI Center of the Delaware Valley**
Thomas Jefferson University
Philadelphia, Pennsylvania
Principal Investigator: Ralph Marino, MD
<<http://www.spinalcordcenter.org>>

- **Rocky Mountain Regional Spinal Injury System**
Craig Hospital
Englewood, Colorado
Principal Investigators: Daniel Lammertse, MD;
Susan Charlifue, PhD
<<http://www.craighospital.org/Research/SCIMain.asp>>

- **Texas Model Spinal Cord Injury System**
The Institute for Rehabilitation and Research
Houston, Texas
Principal Investigators: Daniel Graves, PhD;
William Donovan, MD
<<http://www.texasmscis.org>>

- **The New England Regional SCI Center**
Boston University Medical Center Hospital
Boston, Massachusetts
Principal Investigator: Steve Williams, MD
<<http://www.bumc.bu.edu>>

- **UAB Model Spinal Cord Injury Care System**
University of Alabama/Birmingham
Birmingham, Alabama
Principal Investigator: Amie B. Jackson, MD
<<http://main.uab.edu/show.asp?durki=10712>>

- **University of Michigan Model SCI Care System**
University of Michigan
Ann Arbor, Michigan
Principal Investigator: Denise G. Tate, PhD
<<http://www.med.umich.edu/pmr/modelsci/index.htm>>

- **University of Pittsburgh Model Center on SCI**
University of Pittsburgh
Pittsburgh, Pennsylvania
Principal Investigator: Michael L. Boninger, MD
<<http://www.upmc-sci.org>>

Acknowledgements

The Center for Rehabilitation Outcomes Research at the Rehabilitation Institute of Chicago is funded, in part, by the Centers for Medicare and Medicaid Services, National Institutes of Health, National Institute on Disability and Rehabilitation Research, Rehabilitation Institute Foundation, and the Rehabilitation Institute of Chicago. We thank them for their continued support.

Comments?

Your opinions are important to us. If you have a comment or suggestion regarding our research or the *CROR Outcomes* newsletter, please email your comments to <kstagg@ric.org>.

Model SCI Systems: Improving Lives (Continued From Page One)

According to Dr. David Chen, medical director of the spinal cord injury rehabilitation program at RIC and the spinal cord injury acute care program at NMH, as well as project director of the MRSCICS, recent grant proposals have reflected NIDRR's changing research priorities and increased emphasis on collaborative research with other centers.

"The focus of NIDRR has dictated the direction of research, for the most part," Chen said. "For instance, years ago, the focus was on secondary complications, and for the last few grant cycles, the focus has been on promoting more collaborative efforts on modalities to improve functional status and recovery. There is a much greater emphasis on centers working together on fewer projects, rather than each one researching a large number alone."

Model systems research projects

Currently, the Midwest Regional SCI Care System is working on several research projects that were originally delineated in NIDRR's request for proposals. For instance, Dr. Anne Deutsch, clinical research scientist at RIC and Dr. Allen Heinemann, director of the Center for Rehabilitation Outcomes Research (CROR) at RIC, are involved in collecting patient data for the National Spinal Cord Injury Database.

The database contains information on people with a spinal cord injury in acute care settings, post-acute care facilities, as well as follow-up data. These data are collected by all model system centers. Since the database was created in 1975, information relating to nearly 25,000 patients has been recorded and analyzed to determine best practices and to direct research efforts, said Chen. In another study, Dr. George Hornby, a research scientist at RIC and a research assistant professor at Northwestern University Feinberg School of Medicine, will be developing low-cost devices to assist limb mobility in clinical treadmill training.

Other projects include a study examining disparities in access to and treatment outcomes among Medicare and Medicaid beneficiaries with spinal cord injuries, led by Deutsch, and a module looking at how policy changes impact assistive technologies for mobility, such as wheelchairs.

Collaborative research projects

Once a facility is designated as a model system center, they are eligible to compete for collaborative projects that involve multiple sites for clinical practice improvement, said Heinemann. For instance, RIC participates in a multi-site collaborative study led by Craig Hospital in Colorado. The SCIRehab study, directed at RIC by Chen and Heinemann, also includes researchers at Shepherd Center in Atlanta, Mt. Sinai Medical Center in New York, National Rehabilitation Hospital in Washington, DC, and Carolinas Rehabilitation in North Carolina.

The primary goal of the study, according to Heinemann, is to shed light on the best interventions and clinical treatments to improve quality of life for people with spinal cord injuries.

In a second NIDRR-funded, collaborative study, RIC is working with the University of Washington, the University of Michigan and the University of Alabama at Birmingham to test the effects of the anti-depressant, vanlafaxine, on people with a spinal cord injury. The study, known as the Project to Improve Symptoms and Mood in People with Spinal Cord Injury (PRISMS), is significant because no prior depression studies have focused exclusively on people with a spinal cord injury, said Dr. Catherine Wilson, staff psychologist in spinal cord injury services at RIC and RIC's principal investigator for the PRISMS study.

"There haven't been any targeted, controlled studies, so different physicians use different medications," Wilson said. "A lot of these drugs have

significant side effects so we wanted to do a study that looked only at SCI patients."

In addition to monitoring changes in mood, the study is also looking at barriers to patient involvement in psychological research such as social stigma, time availability and lack of transportation, Wilson said. The Midwest Regional SCI Care System is the only SCI Model Systems center that is participating in both the SCI Rehab and PRISMS studies, added Heinemann.

Finally, RIC is also collaborating on the Quality of Life Module, a project based at New Jersey's Kessler Medical Rehabilitation Research and Education Center. Led by Dr. David Tulskey, director of Kessler's Spinal Cord Injury Research Laboratory, the goal of the study is to develop a substantive measure of quality of life for people with a spinal cord injury.

"RIC is one of several collaborative sites, and we're responsible for conducting focus groups with patients and providers to determine which aspects of quality of life are most important to them," Heinemann said. "We're developing items and winnowing the list down to a smaller number that will be feasible to administer. We plan to use computer adaptive testing to assess quality of life in the near future."

Joint effort

"While clinical activities don't really miss a beat, being part of the model system program does help a great deal with data collection and research, and it also allows us to involve clinical staff in a much larger capacity," Chen said, referring to RIC's recent re-entry into the Model Systems program, after being absent from 2000 through 2006. "Being designated a model system is a fitting tribute to our clinical staff at RIC. It really is a badge of honor that has promoted additional team building and program development."

According to Marianne Kaplan, MRSCICS project manager, RIC has been actively involved in the Model SCI System program since its inception. Originally funded in 1972 as part of a Rehabilitation Services Administration demonstration project, the first Model Systems were funded to provide a service delivery system within a defined geographic area, and to document the efficiency of the system, including outcomes and cost effectiveness.

"From the time that we first became involved in the project, the charge was to develop a high standard of care from the time of injury all the way through follow-up care," said Kaplan, who has functioned as the program's project manager for three decades. "Now the mission has broadened quite a bit and we focus much more on new research projects and work with other centers."

Although the center is housed within RIC and the grant is submitted through RIC, the program benefits from its strong relationships with acute care facilities at NMH and community organizations, Kaplan said. "We work closely with clinical staff and researchers in the acute care setting," she explained. "Continuity of care and interaction with the spinal cord injury community has always been a value," as demonstrated by strong association with organizations like Access Living, a Chicago-based center for independent living, as well as the Spinal Cord Injury Association of Illinois.

According to Chen, participation in the SCI Model Systems also bolsters creativity and enthusiasm for potential projects. "By tightly intertwining clinical and research, as we do in these programs, it really does serve as an incentive and motivation to everyone involved," he said. "Everyone looks for potential research opportunities and it helps further our goal of improving quality of life and functional status."

Dr. Catherine Wilson (Continued From Page One)



supervisor at the McCormick's Boys Club.

After taking a few years away from her career to raise children, Wilson began looking for a job where she could utilize her background in sociology and ultimately accepted the position at National Multiple Sclerosis Society. While at the society, Wilson served on disability committees developing handicapped parking legislation for the State of Illinois, as well as the Comprehensive Health Insurance Program (CHIP).

"When I started at the society, it was such a great time to be involved with disability issues," Wilson said. "That year – 1981 – was the International Year of Disabled Persons, and there was so much emphasis on equality. It was like the beginning of the civil rights movement for the disability community."

In 1992, Wilson entered a doctoral program in clinical psychology at the Illinois School of Professional Psychology. Because she had so much experience working with disability issues, focusing on health psychology and disability psychology was a natural progression. After an initial internship at Oak Forest Hospital – a rehabilitation and long-term care facility in Cook County – Wilson

came to RIC for a postdoctoral fellowship and never left.

"My background in advocacy turned out to be very beneficial," Wilson said. "I was always very focused on trying to create groups and foster communication. Once I began working with spinal cord injury patients, I became interested in addressing the needs of caregivers and keeping families involved by creating support groups."

Wilson has done research related to substance abuse and disability with Dr. Allen Heinemann, director of the Center for Rehabilitation Outcomes Research (CROR) at RIC. In addition, her research contributed to the development of the Life Center, a consumer resource center

group therapy. "My goal is to include group treatment as a way to combat depression."

Wilson is also part of another multi-center study. The SCIREHAB Project is a large, six-center, five-year research effort designed to determine which SCI rehabilitation interventions (i.e., specific elements of therapy, patient education, counseling, medical procedures, and multi-disciplinary activities) are most strongly associated with positive outcomes at one year post injury. According to Wilson, "the SCIREHAB study is important because we can demonstrate what an important role psychologists play in the treatment team and improving rehabilitation outcomes."

"The SCIREHAB study is important because we can demonstrate what an important role psychologists play in the treatment team and improving rehabilitation outcomes."

Dr. Catherine Wilson, Clinical Psychologist

that provides information on support groups, programs, and organizations intended for persons with disabilities.

She is now working with researchers from the University of Washington, led by Dr. Charles Bombardier, the University of Michigan, and the University of Alabama at Birmingham on a study assessing the effects of an antidepressant on people with spinal cord injuries. The Project to Improve Symptoms and Mood in People with Spinal Cord Injury (PRISMS) is an exciting study, Wilson said, but she is eager to extend the scope of depression research to include

Although her work at the National MS Society and RIC has cemented her passion for disability rights and research, Wilson says her belief in the importance of equality and participation developed much earlier in life.

"My mother had a stroke when I was very young, and that gave me a very valuable perspective on people with disabilities," Wilson said. "She never focused on what she wasn't able to do, and because of that, I never looked at a person with a disability and thought, 'They can't participate in the community.' That was very important for me."

CROR Quarterly Highlights (Partial List...)

Manuscripts

1. Chan RCK, Bode RK. Analysis of patient and proxy ratings on the Dysexecutive Questionnaire: an application of Rasch analysis. *Journal of Neurology and Neurosurgical Psychiatry* 2008;79:86-88.
2. Heinemann AW, Lazowski LE, Moore D, Miller F, McAweeney M. Validation of a substance use disorder screening instrument for use in vocational rehabilitation settings. *Rehabilitation Psychology*, 53(1):63-72, February 2008.
3. Burger H, Franchignoni F, Heinemann AW, Kotnik S, Andrea G. Validation of the OPUS upper extremity functional status module in people with unilateral upper limb amputation. *Journal of Rehabilitation Medicine*, 40(5), 393-399, 2008.

Save-the-Dates: Oct. 14 - 19, 2008

The Rehabilitation Research and Training Center on Measuring Outcomes and Effectiveness is hosting an “International Symposium on Measurement of Participation in Rehabilitation Research” on Tuesday, 14 October and Wednesday, 15 October 2008. This is a pre-meeting symposium to the 2008 ACRM-ASNR Joint Educational Conference in Toronto, Ontario, Canada at the Delta Chelsea Hotel, October 15-19, 2008.

What is the symposium about?

This symposium will examine the construct of participation and its measurement, and nurture the development of an international consortium on the measurement of this important outcome by bringing together leaders in the field and establishing working groups on the key issues of participation measurement: conceptualization, operationalization, environmental influences, and personal characteristics.

Who should attend?

Researchers and clinicians interested in exploring the development and application of participation measures should attend this symposium.

What will I learn?

The objectives are to define and discuss the state-of-the-art in the measurement of participation, as well as its utility as an outcome measure for individuals with physical and cognitive disabilities who receive rehabilitation services.

How do I register?

Online registration opens July 7, 2008. Please visit <http://www.acrm.org/annual_conference> for additional information, contact Allen Heinemann at (312) 238-2802, or email <a-heinemann@northwestern.edu>.

Acknowledgements

Funding for the symposium on measurement of participation is provided by the National Institute on Disability and Rehabilitation Research, the Ontario Neurotrauma Foundation, the Veteran’s Administration Rehabilitation Research and Development Service, and the PVA Education Foundation.

Peer Mentoring (Continued From Page Two)

very important part of the adjustment process and I wish it were a more integrated part of treatment,” she said.

Investigators have completed two phases of the study, including satisfaction surveys with inpatients with spinal cord injury and focus groups with peer mentors, said Magasi. In the surveys, patients explained that they got both information and emotional support from their interactions with the mentors.

The feedback from patients has been overwhelmingly positive. Mentors provided advice on everything from preventing medical complications, engaging in physical activity, and coping with feelings of frustration and anger. “What we learned from the surveys was that peer visiting sessions were less about education and more about providing the opportunity for people to talk with someone who’s been there,” Magasi explained. “Interacting with a successful peer mentor can be very

validating and empowering. Peer mentors are needed because sharing real-world experiences of living with a disability is something that most healthcare providers simply cannot offer.”

Both patients and peers cited the need for more integration of the peer mentoring program into post-injury care, and the need for more consistency. For now, the main goals of the study are to strengthen RIC’s program while providing evidence that can help others develop similar

programs, said Magasi. The next phase of the study will survey clinical staff to understand how they use peer mentoring as an adjunct to their practice.

Magasi told the story of a woman who had a stroke in her early 20s. Surrounded by older adults, she was left with no one she could really relate to. “She said if she had met with a peer mentor, it would have made a big difference to her,” Magasi said. “Now she is a peer mentor.”

CROR Fellows

Five of CROR’s current and former post-doctoral fellows were honored at the Rehabilitation Institute of Chicago’s Annual Fellows Recognition Ceremony on May 12, 2008. Names of fellows and their areas of study are enumerated below.



- **Richard Epstein**¹

(pictured above)

“Racial difference in child psychiatric hospitalization referral: the role of community factors”

- **Susan Magasi**²

“People with disability’s experiences with access and equity in health and participation”

- **Christinia Papadimitriou**²

“Clinical reasoning and effectiveness of physical and occupational therapy in spinal cord injury rehabilitation”

- **Deepa Rao**¹

“Cross-cultural aspects of stigma associated with HIV and mental illness”

- **Manaski Tirodkar**¹

“Racial/ethnic difference in AL disability among the elderly: The case of Spanish speakers”

Fellowship are funded by the following grants from the National Institute of Disability and Rehabilitation Research:

¹ Advanced Rehabilitation Research and Training (ARRT) grants.

² Rehabilitation Research and Training Center (RRTC) grants.



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CRO^R Outcomes

CRO^R Outcomes: Spring 2008...

This is the Spring 2008 edition of *CRO^R Outcomes*, the quarterly newsletter of the Center for Rehabilitation Outcomes Research (CRO^R) at the Rehabilitation Institute of Chicago (RIC).

Model Spinal Cord Injury Care Systems...

The Spring 2008 edition highlights clinical and research projects related to the Midwest Regional Spinal Cord Injury (SCI) Care System located at RIC. We also share information about our collaborative efforts with other Model SCI Systems and unique contributions made by faculty and staff members. Look inside for more information.

More on Inside Cover.

Save-the-Date: Participation Symposium...

The "International Symposium on Measurement of Participation in Rehabilitation Research" is being held on October 14 – 15, 2008 in Toronto, Ontario, Canada. This symposium is a pre-meeting the 2008 American Congress of Rehabilitation Medicine and American Society of Neuroscience Rehabilitation Joint Educational Conference being held in Toronto October 15 – 19, 2008.

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Spring 2008: Volume 3, Issue 2.

