



Characteristics and Components of Self Management Programs for Spinal Cord Injury

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Self-Management for Spinal Cord Injury

1.0 Introduction

The onset of a spinal cord injury (SCI) is a life-altering event and often contributes to a wide range of chronic health conditions, such as sensory and motor impairment, impaired bowel and bladder function, pressure ulcers, spasticity, neuropathic and/or musculoskeletal pain, and depression¹. Research has shown that despite the considerable increase in life expectancy among individuals with SCI in recent decades, secondary health conditions stemming from SCI continue to hinder the functional independence and social participation of those living with SCI throughout their life span^{2,3}. This highlights the need for self-management (SM) interventions to mitigate the long-lasting impact of SCI and its related health conditions on patients' quality of life.

1.1 Definitions of Self-Management

The term *self-management* (SM) was first used in the literature by Creer and colleagues⁴ in their work on the rehabilitation of children with asthma. It highlighted the important role of individuals as active participants in the treatment of their own conditions. Currently, there are several widely accepted definitions of SM, with some focusing on the individual components of SM (e.g., Clark et al.⁵) and others focusing on the group intervention elements (e.g., Alderson et al.⁶). The US Institute of Medicine refers to SM as: "the tasks that individuals must undertake to live with one or more chronic conditions." According to this definition, SM tasks encompasses the management of medical, emotional, and social role aspects of the individuals' health conditions. Furthermore, as suggested by Nakagawa-Kogan et al.⁷, SM involves the utilization of biological, psychological, as well as social intervention strategies. For the purpose of this chapter, we employ one of the mostly widely accepted definition of SM proposed by Barlow and colleagues⁸:

"[...] the individual's ability to manage the symptoms, treatment, physical, and psychosocial consequences and life style changes inherent in living with a chronic condition. Efficacious SM encompasses ability to monitor one's condition and to affect the cognitive, behavioural and emotional consequences necessary to maintain satisfactory quality of life." (p. 178)

1.2 Purpose

This chapter aims to provide an overview of the characteristics of existing SM interventions for SCI and to identify the components involved in those programs. The clinical implications of SM interventions and gaps in the scientific literature will also be discussed. Evaluating the effectiveness of the current SCI SM interventions was outside the scope of this chapter.

1.3 Literature Search Strategy

A comprehensive literature search was performed using five scholarly databases: CINAHL, PubMed, EMBASE, MEDLINE, and PsycINFO. The search terms used were related to two constructs: SM and SCI. The literature search included articles published between 1990 and 2020 in English language. Any duplicates were removed. Title and abstract screening and full-text review were conducted by two independent reviewers to assess the relevance of each article, using the following inclusion criteria: (a) detailed an intervention in a primarily SCI population (>50%) and b) described a program plan relevant to SM. Given that self-management is a nebulous concept with several existing definitions, we aimed to examine self-management from multiple dimensions. Not all authors may have described or reported their program as being SM per se; however, if the intervention and outcomes included elements of SM (as described by the Lorig and Holman's Taxonomy,⁹ Barlow's taxonomy,⁸ and Practical Reviews in Self-Management Support (PRISMS).¹⁰) the article was included. Studies were excluded if they were (a) not an intervention applied to a study population, (b) not applicable to SCI or an intervention not for SCI populations, (c) conference abstracts with related texts already included, (d) interventions with fewer than three participants, and (e) interventions not relevant to SM.

1.4 Data Summarization and Reporting

The study characteristics were then extracted from included articles, and the intervention descriptions were coded using the Template for Intervention Description and Replication (TIDieR) checklist¹¹, a commonly used guide for reporting intervention program characteristics and evaluating the descriptions of intervention programs published in the literature (see section 3.0 for the full description of the TIDieR checklist). The self-management components embedded in the interventions were identified using Lorig and Holman's Taxonomy,⁹ Barlow's taxonomy,⁸ and Practical Reviews in Self-Management Support (PRISMS).¹⁰ (see section 4.0 for the full description of the SM component taxonomies).

2.0 Study Characteristics

2.1 Total Studies

A total of 126 studies examining SM programs among individuals with SCI were included (See appendix located after references).

2.2 Year of Publication

The majority of studies were published between 2010 and 2020 (66.7%; N=84) (Figure 1). Between 2000 and 2010, 28 (22.2%) studies were published and prior to 2000, just 14 (11.1%) studies were published.

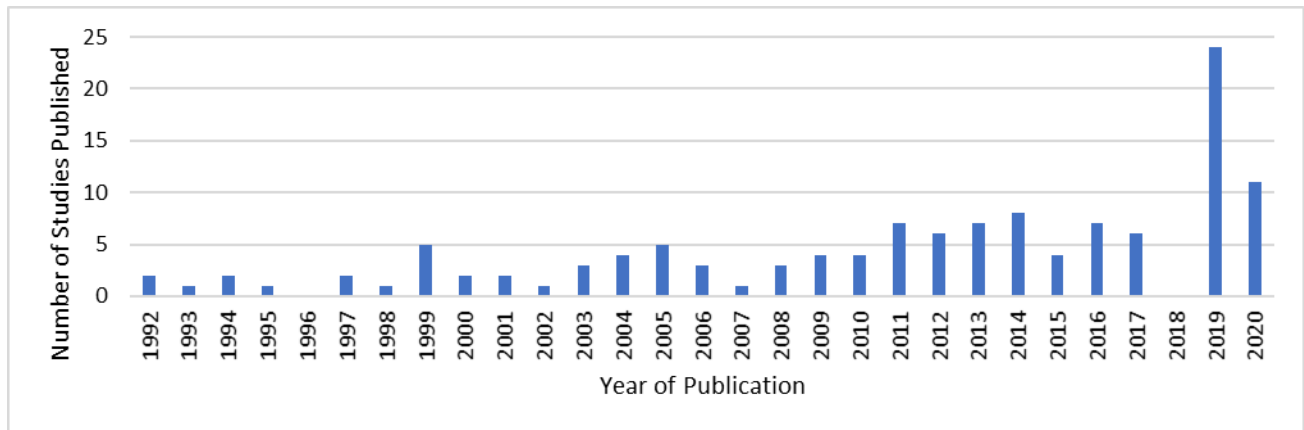


Figure 1. Number of studies published per year

2.3 Country of Affiliation

There were 18 unique countries represented; the majority of studies were published in the USA (48.4%; N=61), followed by Canada (16.7%; N=21), and Australia (11.9%; N=15). Among the remaining countries represented, 11 (8.7%) were from Europe, 9 (7.1%) were from Asia, and 1 (0.8%) was from Africa.

2.4 Research Design

There were nine different research designs employed in the studies. The majority of research design were either Pre-Post (28.6%; N=36) or Randomized Controlled Trials (25.4%; N=32), followed by Program Descriptions (15.1%; N=19), Observational studies (11.1%; N=14), and Prospective Controlled Trials (7.9%; N=10). The remaining 15 (11.9%) studies were either Case Series, Post-Tests, Cohort or Case Control studies.

2.5 Sample Size

There were 17 studies with a sample size of 0 (program description studies). The majority of the remaining studies had a sample size less than 100 subjects or less (78.6%; N=99) (Figure 2).

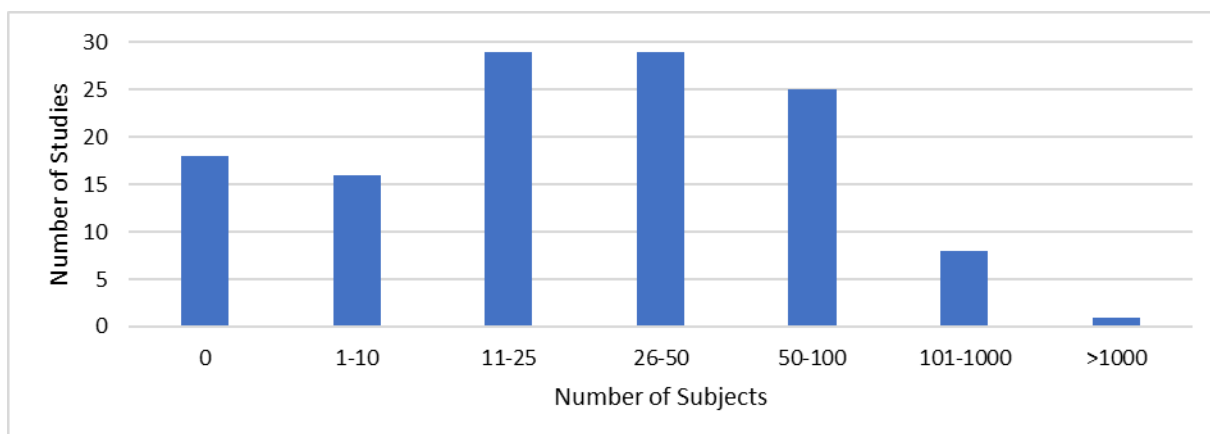


Figure 2. Number of studies publishing with sample sizes in the following groupings: 0, 1-10, 11-25, 26-50, 51-100, 101-1000 and >1000.

3.0 Program Characteristics

The TIDieR checklist was used to guide the summary of the program characteristics. The checklist, a commonly used guide for reporting intervention program characteristics and evaluating the descriptions of intervention programs published in the literature, includes 12 items capturing important elements of most intervention programs across disciplines, such as intervention procedure, mode of delivery, and type of providers delivering the intervention ¹¹. In this section, we review the program characteristics of the SM interventions for SCI reported in the included studies by each TIDieR checklist item.

3.1 Name

TIDiers #1: “Brief Name: Provide specific name given to the program.”

In total, 61 studies named their self-management program, whereas 65 did not have a specific name.

3.2 Definition

TIDiers #2: “Why: Describe any rationale, theory, or goal of the elements essential to the Intervention program.”

Since the majority of studies included in this chapter did not explicitly frame the intervention programs as SM interventions in the reporting, the rational and theoretical underpinning of the programs are summarized here. We evaluated whether the studies clearly defined the term SM in the program descriptions. Overall, just 17 (13.5%) studies provided a definition of the SM in the body of the manuscript or indicated SM in the title. There was a wide range of topics studied by the SM management programs (Table 1). A significant proportion of the programs focused on a specific secondary impairment or condition(s) (N=50; 40.0%) such as bladder and/or bowel management, nutrition, infection, pain, etc. The two topics most studied were psychological wellbeing (N=19; 15.1%), and pressure ulcer and skin integrity (N=18; 14.3%).

Table 1. Topics covered by SM programs, ordered alphabetically.

Topic	Citation	# Studies
Psychological Wellbeing (e.g., cognitive appraisal, coping, social support, adjustment, hope, QoL)	12-30	19
Pressure Ulcer and Skin Integrity	31-48	18
Physical Activity	49-61	13
Bladder and/or Bowel Management	3,62-70	11
General/Unspecified Self-Management	71-80	10
Pain	81-90	10
Self-Efficacy	91-100	10
Peer-led Mentoring and/or Support	2,101-108	9

Community Reintegration	109-115	7
Secondary Condition Management (e.g., physical activity, bowel and bladder, respiratory, autonomic dysreflexia, skin care, communication, medication, mood)	116-121	6
Diabetes Prevention & Obesity Management & Nutrition	122-124	3
Communication	125,126	2
Goal Planning	127,128	2
Depression	129	1
Vocational Rehabilitation	130,131	2
Medication Management	132	1
Infection Prevention	133	1
Sexual health	134	1

3.3 Format

TIDiers #3: “What: Materials: Describe any physical or informational materials used in the intervention, including those provided to participants or used in intervention delivery or in training of intervention providers. Provide information on where the materials can be accessed (e.g., online appendix, URL).”

TIDiers #4: “What: Procedures: Describe each of the procedures, activities, and/or processes used in the intervention including any enabling or support activities.”

In reference to TIDier items #3 and #4, the included SM programs in this review used different tools, formats, and resources to implement their program. A variety of SM program formats were found, including individual sessions with healthcare providers, audio tapes, telephone, online resources, booklets, lecture/ seminar, exercise/recreation, group sessions, peer mentoring, cognitive behavioral therapy, videos, and counseling (Table 2). The most common format used was group sessions (N=34; 27.0%), followed closely by the use of booklets/handouts (N=28; 22.2%), lecture/seminars (N=24; 19.1%), online/electronic (N=20; 15.9%), and peer mentoring/support (N=20; 15.9%).

Table 2. Formats used by SM programs in descending order by total number of studies

Format	Type	Citation	# Studies
Group Session	Only	18,25-27,78,88,89,92,110,113	10
	Mixed	3,12,19,20,23,24,29,43,45,49,51,57,65,66,77,80,83,85,86,95-100,111,112,115,121-124	32
Booklet/Hard copy resources	Only	22,47,50,59,73,133	6
	Mixed	3,23,24,29,35,39,43,45,51,52,56,59,61,63,65,66,72,76,81,85-87,115,122,126,129,132	27
Online/Electronic (e.g., DVDs)	Only	14,16,32,33,44,46,48,60-62,69,117,118,125,134	15
	Mixed	3,17,56,65,66,74,82,84,100,101,119,129-131	14
Individual session w/ HCP	Only	28,31,40,64,70,90,91,135	8
	Mixed	23,24,30,34,35,42,45,49,53,54,59,61,63,80,81,99,111,114,128	19
Peer mentoring/support	Only	2,67,102,104,105,108	6
	Mixed	17,21,23,24,34,74-77,93,96,99,101,103,109,111,112,114,115,119,122	21
Lecture/seminar	Only	116	1
	Mixed	2,19,37,38,43,45,55,68,72,74,75,77,87,95,96,98,99,122-124,130-132	23
Counseling	Only	13,106,107,127	4
	Mixed	12,20,36-39,41,51,52,71,74,75,82,83,94,97,109,126,128	19
Telephone	Only	79	1
	Mixed	3,17,21,36,41,42,59,65,66,71,75,103,120	13

Exercise/Recreation Session	Only	58	1
	Mixed	53-55,57,72,82-86,98,99	12
Videos	Only		0
	Mixed	19,41,43,56,68,76,82,119,120,130-132	12
Cognitive Behavioural Therapy	Only	15,29	2
	Mixed	49,82,92	3
Audio Tapes	Only		0
	Mixed	37,38,76	3
Role Playing	Only		0
	Mixed	19,93	2

*Only=a program used only one format; Mixed= a program used more than one format

3.4 Intervention Providers

TIDiers #5: “Who Provided: For each category of intervention provider (e.g., psychologist, nursing assistant), describe their expertise, background and any specific training given.”

Intervention providers indicate the individual who helped facilitate, run or mentor the individual through the self-management program. Table 3 showed the types of intervention providers used by the SM programs. Among studies that used a mixed tutor approach, the most common types were peers (N=24; 19.0%), followed by nurses (N=20; 15.9%), individuals in psychology (N=15; 11.9%), general, unspecified health professionals (N=14; 11.1%) and physical therapists (N=14; 11.1%). Among studies that only included a single tutor, the most common types were researchers (N=20; 15.9%), other, unspecified individuals (not one of the other types of tutors listed) (N=15; 11.9%), and nurses (N=14; 11.1%),

Table 3. Intervention Providers for SM programs in descending order by total number of studies

Intervention Provider	Type	Citation	# Studies
Nurse	Only	3,18,31,37,38,41,42,59,65,66,70,120,133,135	14
	Mixed	2,21,33,39,48,63,67,71,77,78,88,89,92,93,102,112,119,124,126,132	20
Researcher	Only	19,20,22,26,30,35,44,50,60,62,80,82,87,91,94,100,108,109,129,134	20
	Mixed	2,15,17,27,46,58,81,102,104,125	10
Peer	Only	76,101,103,105,107	5
	Mixed	2,16,17,21,34,36,67,69,71,75,77,92,93,95,98,102,104,106,110,111,114,119,125,132	24
Other and/or Unspecified	Only	14,43,45,47,49,52,53,56,72,116,121-123,127,128	15
	Mixed	32,34,48,67,75,78,88,111,112,124-126	12
General/unspecified health professional	Only	23,24,64,97,99,130,131	7
	Mixed	28,32,36,67,69,73,81,90,95,98,106,111,114,125	14
Field of Psychology (therapist, psychologist)	Only	13,25,29,79	4
	Mixed	12,15-17,27,34,48,51,58,71,85,86,88,89,93	15
Physical Therapist	Only	61,84	2
	Mixed	34,48,54,55,57,71,77,83,85,86,88,89,92,117	14
Occupational Therapist	Only	40,113	2
	Mixed	12,34,48,54,55,57,67,77,83,88,110,115	12
Social Worker	Only		0
	Mixed	34,51,78,83,92,96,106,115,126	9
Physician	Only		0
	Mixed	34,48,63,68,71,77,88,89	8
Self	Only	118	1
	Mixed	33,39,46,117	4

Nurse Practitioner	Only		0
	Mixed	85,86	2

*Only=a program used only one type of tutors; Mixed= a program used more than one type of intervention providers

3.5 Mode of Delivery

TIDiers #6: “How: Describe the modes of delivery (e.g., face-to-face or by some other mechanism, such as internet or telephone) of the intervention and whether it was provided individually or in a group.”

The mode of delivery captures how the self-management program was designed, whether for an individual or group setting, or both (i.e., mixed). About half (N=64; 51.6%) of the programs were presented in an individual mode of delivery, 29.3% (N=37) were delivered as a group, and 19.1% (N=25) was delivered as a mixed mode (individual and group).

3.6 Location

TIDiers #7: “Where: Describe the type(s) of location(s) where the intervention occurred, including any necessary infrastructure or relevant features.”

SM programs were delivered in a wide variety of locations (Table 4); if a program was delivered in more than one location, a tally was made in the “mixed” column. Regarding delivery location, The SM programs were most frequently delivered in a hospital setting (N=30; 23.8%), followed by the community (N=28 22.2%), rehabilitation (N=27; 21.4%), and virtually (online/electronic) (N=27; 21.4%).

Table 4. Delivery location for SM programs in descending order by total number of studies

Format	Type	Citation	# Studies
Hospital	Only	12,19,20,25,26,28,30,31,35,39,42,47,64,70,76,78,83,95,97,100,103,111,113,115,132	25
	Mixed	23,24,52,81,90	5
Community	Only	22,34,41,50,51,55,57,68,72,77,88,89,93,98,99,105,106,108,109,112,114,116,120,121,131,135	26
	Mixed	17,119	2
Virtually (online)	Only	3,15,32,33,62,65,66,69,74,82,101,117,118,125,129 14,16,44,46,48,56,60,130,131	24
	Mixed	17,61,119	3
Rehabilitation	Only	2,13,18,29,40,43,45,53,54,67,73,79,80,85-87,94,96,102,104,107,110,123,124,127,128	26
	Mixed	58	1
Home	Only	21,36-38,59,61,71,75,91,122	10
	Mixed	17,23,24,52,58,61,81,90	8
SCI Center	Only	27,92,126,133,134	5
	Mixed		0
University	Only	49	1
	Mixed		0

*Only= a program used only one delivery location; Mixed= a program used more than one delivery location

3.7 Intensity, Dose, Duration

TIDiers #8: “When and How Much: Describe the number of times the intervention was delivered and over what period of time including the number of sessions, their schedule, and their duration, intensity or dose.”

The reporting of the intensity, dose, and duration of the interventions varied across studies. As such, only the total numbers of the intervention sessions across the SM programs are summarized here. Thirty-one (24.6%) studies did not report or specify the total number of the program sessions included (Table 5). Eight (6.3%) SM programs, mainly online-based, provided participants with unlimited access to the intervention services/materials during the intervention period. For the remaining programs, each SM program had, on average, 10.6 sessions in total, and the median total number of sessions included in a program was 8 sessions. More than half (n=49; 56.3%) included 1 to 9 sessions; 26 (20.6%) programs consisted of 10 to 19 sessions, and 12 (9.5%) programs offered between 20 and 49 sessions.

Table 5. Total Number of Sessions for SM Programs

Total # Sessions	Citation	# Studies
1-9	2,12-14,19,20,22,25,28,29,31-36,49-51,62,63,67,68,73,76-79,81-84,91,92,98-102,109,110,122-124,126,127,130,131,133	49
10-19	18,21,23,24,26,27,37-39,48,52,64,71,72,74,75,85,86,93,103,104,116-118,121,128	26
20-49	15,40,53,54,87,94,105,108,111,119,129,132	12
Unlimited	47,60,61,96,97,107,115,134	8
Not Reported	3,16,17,30,41-46,55-59,65,66,69,70,80,88-90,95,106,112-114,120,125,135	31

3.8 Tailoring, Modifications and How Well

TIDiers #9: “Tailoring: If the intervention was planned to be personalised, titrated or adapted, then describe what, why, when, and how.”

TIDiers #10: “Modifications: If the intervention was modified during the course of the study, describe the changes (what, why, when, and how).”

TIDiers #11: “How Well: Planned: If the intervention adherence or fidelity was assessed, describe how and by whom, and if any strategies were used to maintain or improve fidelity, describe them.”

TIDiers #12: “How Well: Actual: If intervention adherence or fidelity was assessed, describe the extent to which the intervention was delivered as planned.”

Tailoring (TIDiers #9) describes how the intervention was individually planned and tailored to the participant’s specific needs. Modifications (TIDiers #10) capture if any changes were made to the intervention during the study. The How Well (Planned) (TIDiers #11) item describes if intervention adherence was assessed and maintained and how that occurred. Lastly, the How Well (Actual) (TIDiers #12) item is concerned with whether intervention adherence (or fidelity) was assessed and the degree to which the intervention was delivered as planned ¹¹. Studies included in this chapter

either did not report and did not provide sufficient information regarding TIDiers items #9-#12 described above; therefore, the program characteristics related to these items could not be summarized here.

4.0 Program Taxonomy Components

Taxonomies of SM program components are established tools for classifying the essential components involved in SM programs for various chronic health conditions¹⁰. In this section, Lorig's⁹ taxonomy, Barlow's⁸ taxonomy, and the PRISMS taxonomy¹⁰ are used to guide the summary of the diverse components utilized in the SCI SM programs.

4.1 Lorig Taxonomy

Based on their clinical experiences and review of the literature, Lorig and colleagues⁹ identified six core components of SM: *problem-solving*, *decision-making*, *resource utilization*, *taking action*, and *self-tailoring*. Each component is described in detail in Table 6.

Table 6. Lorig⁹ Taxonomy Components

Abbreviated Code	Code	Description
Problem	Problem solving	Program participants are taught basic problem-solving skills, such as problem definition, generation of possible solutions (e.g., soliciting suggestions from friends and health care professionals), solution implementation, and evaluation of results.
Decision	Decision-making	Program participants are provided with necessary information and knowledge that facilitate their everyday decision-making about the management of their conditions (e.g., determining whether a particular symptom needs medical attention).
Resource	Resource utilization	Program participants are taught how to gather and utilize resources, such as phone books, internet, and community resource guide.
Partnership	Forming patient-health care provider partnership	Program participants are taught skills that help them form partnerships with their health care providers, such as accurately reporting their symptoms and discussing treatment options with their providers.
Action	Taking action	Program participants are taught how to make and carry out realistic and doable action plans that enable them to achieve behavioural change.
Tailor	Self-tailoring	Self-tailored SM interventions are individualized based on the patient's characteristics (e.g., readiness to learn, health beliefs, the nature of their condition), and is done by the patient through learning the principles for behavioural change and SM skills.

Figure 3 shows the percentage of studies included in this review using each of the components from Lorig's taxonomy. Under Lorig's Taxonomy of SM program components, *taking action* is the most prevalent component in the SM programs for SCI reviewed in this chapter, utilized in 63.5 % of the program. In addition, more than half (53.6%) of the programs involved the *self-tailoring* component. While the management of secondary health conditions post SCI often requires the collaboration between patients and healthcare providers, *forming patient-*

healthcare provider partnership was the least frequent used component, only present in 15.9% of the SM programs.

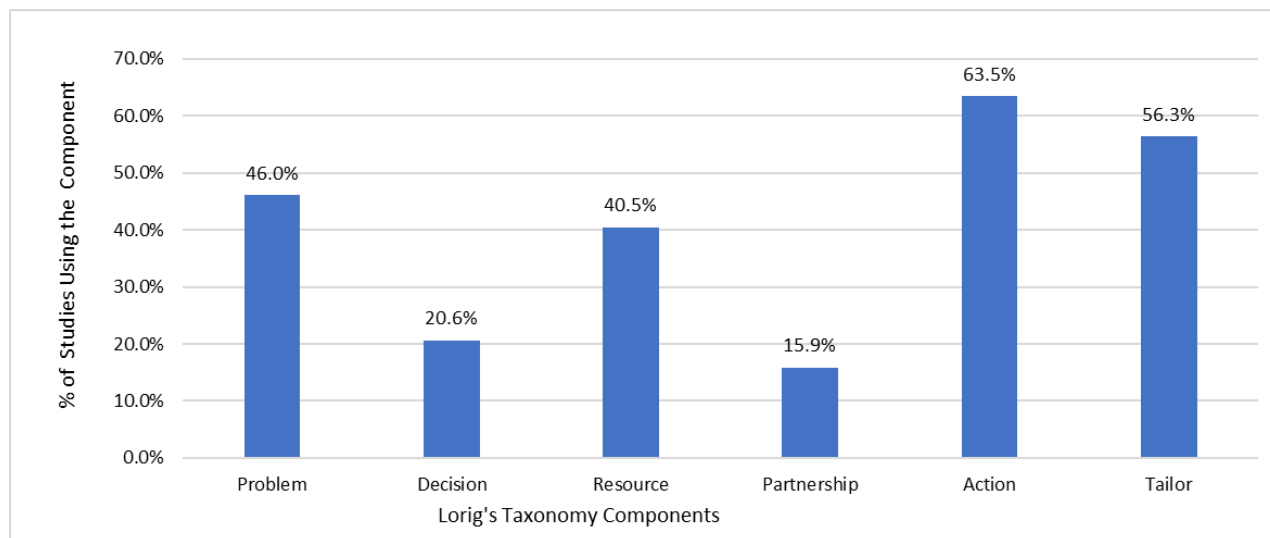


Figure 3. Percentage of studies using each of the components from Lorig's taxonomy

4.2 Barlow Taxonomy

Barlow's ⁸ taxonomy is derived from a review of SM approaches reported in 145 studies on SM for a diverse range of chronic health conditions. The taxonomy consisted of eight components, which are presented in Table 7:

Table 7. Barlow's⁸ Taxonomy Components

Abbreviated Code	Code	Description
Information	Information about condition treatment	Provision of information about the nature of specific conditions and treatment options from credible sources (e.g., information booklet).
Drug	Drug management	Training on drug management strategies (e.g., fieldtrip to practice taking medication, overcoming barriers to drug adherence)
Symptom	Symptom management	SM training on managing specific symptoms of the disease (e.g., pain management, fatigue management, relaxation techniques).
Psychological	Management of psychological consequences	Mitigating psychological consequences associated with the conditions (e.g., anger management, management of depression and stress, disease acceptance).
Lifestyle	Lifestyle (including exercise)	Managing conditions through lifestyle changes (e.g., leisure activities, nutrition and diet, overcoming barriers to exercise adherence).
Social	Social support	Alleviating the impact of the health conditions by strengthening patients' connections with their social support network (e.g., family, friends, and peers).
Communication	Communication	Enhancing patients' ability to effectively communicate with health and social service providers (e.g., assertiveness and communication strategy training).

Other	Other	Other SM strategies such as career planning, goal setting, and accessing support services.
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Figure 4 shows the percentage of studies included in this review using each of the components from Barlow's taxonomy. Interestingly, 65.1 % of the programs used components that would be categorized as *other* under Barlow's taxonomy, making up the largest category. This is followed by *management of psychological consequences* (54.8%), *symptom management* (46.8%), and *information about condition treatment* (46.0%). Drug management was the least popular SM program component among the reviewed studies defined in Barlow's Taxonomy, with only 4.8% of the programs using it.

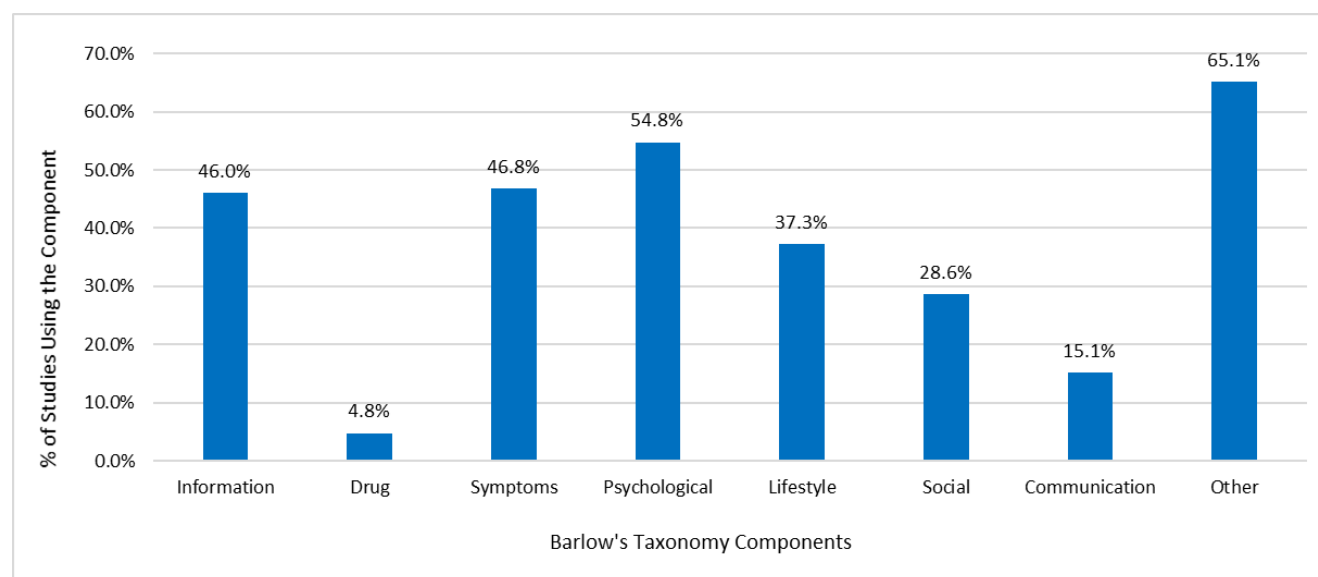


Figure 4. Percentage of studies using each of the components from Barlow's taxonomy

4.3 PRISMS Taxonomy

The PRISMS taxonomy is a classification system for components of SM support developed by Pearce and colleagues¹⁰; it is commonly used as a framework for the design and description of SM interventions, synthesis of evidence, and development of health care with long-term conditions. The taxonomy consists of 14 components, which are described in detail in Table 8.

Table 8. PRISMS¹⁰ Taxonomy Components

Abbreviated Code	Code	Description
Condition	Information about condition and/or its management	Providing patients with information about their conditions or about the essential aspects and principles of managing their conditions (e.g., information sessions on medication management).
Resources	Information about available resources	Provision of written, verbal, or visual information on available social service and healthcare resources (e.g., advice on how to access financial assistance and accessible transportation).

Plan	Provision of/agreement on specific clinical action plans and/or rescue medication	Individualized written instructions prepared by a health-care professional that enable patients to manage their conditions (e.g., action plan on how to recognize certain symptoms and what actions to take).
Review	Regular clinical review	A regular and scheduled review conducted by a healthcare professional, on the patient, their condition, and SM (e.g., regular clinical visits conducted by health professionals).
Monitoring	Monitoring of condition with feedback	Monitoring symptoms, behaviours or objective measures related to the patient's condition, done by the patient or others; the patient receives the results of the monitoring and take actions accordingly, sometimes with the guidance from health professionals (e.g., the completion of daily log to monitor symptoms).
Adherence	Practical support with adherence (medication or behavioural)	Providing patients with practical help to improve adherence to medication or behaviour change activities (e.g., reminder phone calls for taking medication).
Equipment	Provision of equipment	Providing patients with equipment to enable, assist or promote SM and/or self-monitoring of their condition (e.g., the provision of assistive technology that enables people with SCI to use computers).
Advice	Provision of easy access to advice or support when needed **Safety Netting	Provision of access to health services and advice from health professionals when urgent or non-urgent concerns arise (e.g., providing contact information of a specialist nurse helpline).
Professionals	Training/rehearsal to communicate with health-care professionals	Helping patients build and practise necessary skills that enable them effectively communicate their needs and collaborate with health professionals (e.g., advocacy skill training workshop).
Everyday	Training/rehearsal for everyday activities **ADLs	Enabling patients to build and/or practice skills that support everyday activities (e.g., OT activities such as washing and dressing practice).
Practical	Training/rehearsal for practical self-management activities	Teaching patients practical skills that help them manage their conditions and/or providing patients with opportunities to practise those skills (e.g., home exercise for pressure ulcer management).
Psychological	Training/rehearsal for psychological strategies	Provision of psychological strategies training that help mitigate the impact of the health conditions and/or providing patients with the opportunity to practice the skills they have learned (e.g., cognitive restructuring).
Social	Social support	Helping patients build and/or strengthen the connection with their social support network (e.g., peer support groups).
Lifestyle	Lifestyle advice and support	Providing patients with advice and support related to health and lifestyle (e.g., advice on physical activity and diet).

Figure 5 shows the percentage of studies included in this review using each of the components from PRISMS taxonomy. The focus on information provision and psychosocial interventions in the existing SM programs for SCI is also evident in the percentage distribution under each PRISMS taxonomy component. *Information about condition and/or its management* was the most widely utilized component and was used in more than three quarters (79.4%) of the programs, followed by *training/rehearsal for psychological strategies* (54.8%), *lifestyle advice and support*

(45.2%), and *social support* (42.1%). The least used program components were *provision of equipment* (4.0%), *training/rehearsal to communicate with health-care professionals* (4.0%), and *regular clinical review* (2.4%).

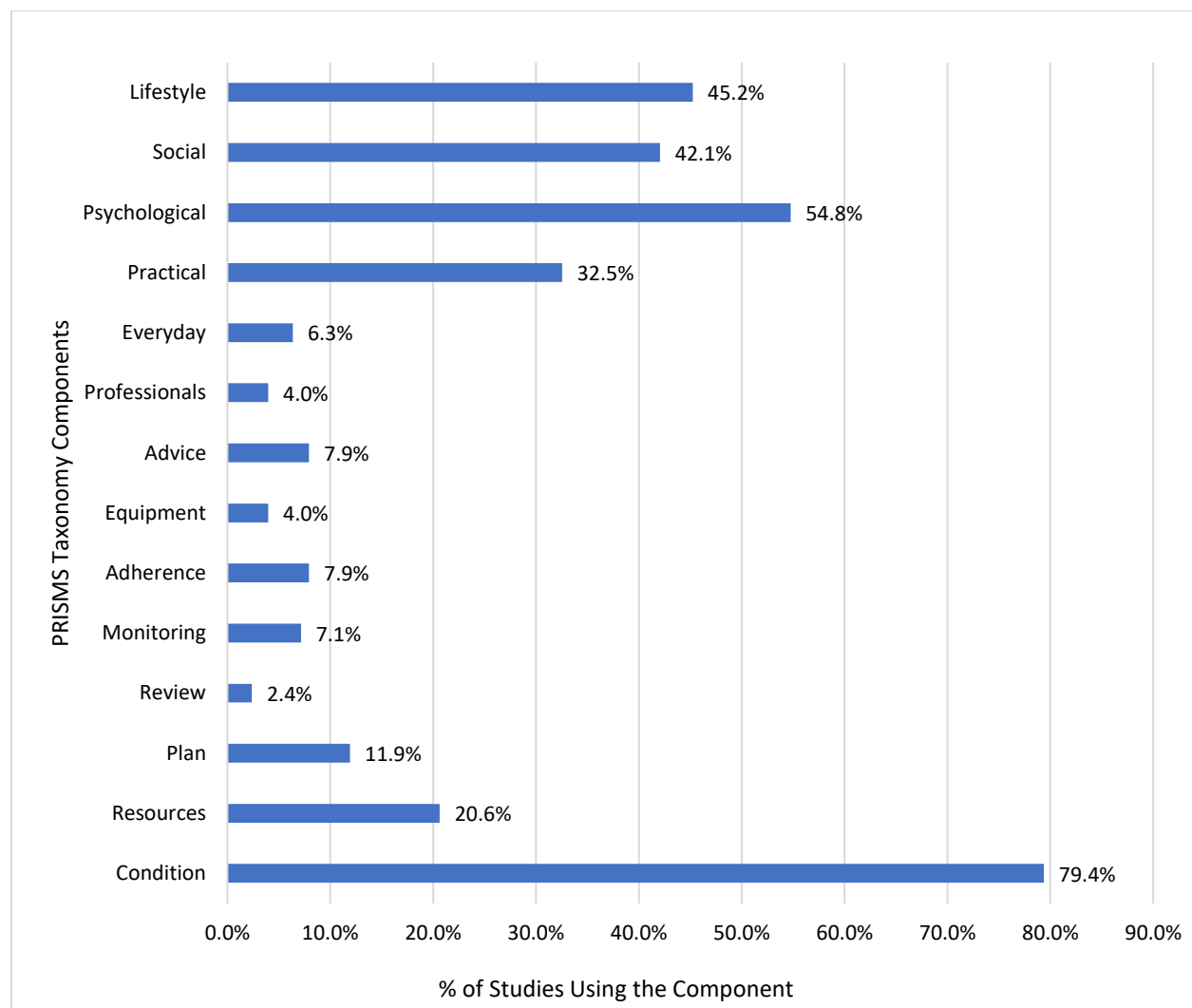


Figure 5. Percentage of studies using each of the components from PRISMS taxonomy

5.0 Clinical Implications

This overview of the literature captures the key characteristics of the existing intervention programs for SM post SCI. Program topic wise, it is worth noting that 40% of SCI SM programs focused on only one specific secondary condition. This may reflect the underlying complexity and challenges of managing multiple secondary health complications in the SCI population¹³⁶. Although some SM skills, such as identifying issues, setting goals, and measuring achievement, may be transferrable across different secondary health conditions, certain behavioural skills required to may vary depending on the type and nature of the health condition.

As identified in the previous sections, SCI SM programs were often delivered by peers and healthcare professionals, such as nurses, psychologists, and, occupational therapists. The benefits of peer involvement in SCI SM interventions have been well-documented in the literature. The lived experiences of and social support from those with similar conditions can be especially empowering for program participants¹⁰³, and have been shown to enhance self-esteem, improve vocational outcomes, and reduce hospital readmission in individuals with SCI^{102,137}. The active engagement of clinicians and other healthcare professionals is also a key contributor of the success of many SCI SM interventions. It should be noted that when delivering SM programs, it is crucial for healthcare professionals to appropriately position their role and find a delicate balance between exercising control and providing patients with autonomy to take control over the management of their own conditions¹³⁸.

In terms of location of program delivery, besides traditional settings such as rehabilitation hospitals, rehabilitation centres, and community, a significant percentage of SCI SM intervention programs, especially the more recent ones,^{56,74,130} were delivered virtually via the Internet. In fact, this wide utilization of virtual delivery methods in the implementation of SM programs aligns with the preferences of many patients with SCI. In a qualitative study examining participants' views on SM program delivery conducted with 99 Canadians with traumatic SCI, the Internet was considered as the preferred method of program delivery by 40% of the participants¹³⁹. Virtual delivery methods may be especially ideal for individuals with SCI who experience significant limitations in mobility, and should continue to be utilized in future SCI SM program delivery to improve program accessibility and patient engagement. At the same time, it is worth noting that participating in virtual SM programs often requires participants to have access to newer models of electronic devices and certain level of e-health literacy, which may pose financial and technological challenges for some individuals with SCI, especially those from lower socioeconomic background and older adults. Therefore, in-person SCI SM programs should not be replaced by online-based programs completely in the near future.

Regarding the utilization of established components of SM across interventions, while some SM components were embedded in the intervention programs more frequently than others, all components from each of the three taxonomies were utilized by at least one program. The distribution of utilization of the SM components from Barlow and colleagues' ⁸ taxonomy and the PRISMS taxonomy¹⁰ reveals that the existing SM interventions for SCI were primarily concerned with providing patients with information about condition and symptom management and psychological training, which were often achieved through the use of information booklets as well as group and/or individual education sessions.. These foci are consistent with SM programs' traditional emphasis on facilitating symptom management and behavioural changes through education.^{8,9}

From the perspectives of individuals with SCI and their caregivers, facilitators of SM include physical and emotional support from caregivers, support and feedback from peers, acceptance of one's condition and positive outlook towards the future, and the ability to maintain independence and control over one's own care.¹⁴⁰ Barriers of SM consist of caregiver burnout, inadequate funding and associated policies that

promote quality of life post SCI, physical limitations resulted from SCI and its secondary health conditions, lack of accessibility, and challenges related to psychosocial adaptation.¹⁴⁰ These findings suggest that successful SM interventions for SCI should not only promote self-care skills and lifestyle changes, but also place emphasis on self-advocacy skills and coping skills. Further, they should integrate a wider range of components of SM to achieve the best outcomes.¹ In order to maximize the facilitators of SM and address the barriers, SM program developers and implementation teams should engage diverse stakeholders, including but not limited to individuals with SCI, caregivers, and health and social service providers in the development, and/or delivery SCI SM interventions¹.

6.0 Gaps in the Evidence

This review of the literature on SCI SM interventions reveals several gaps in the current scientific evidence which carries implications for future research. First, it is worth noting that only a small proportion of studies reviewed in this chapter provided a definition of the term SM in their reporting of the intervention programs. Given the variability in the conceptualization of SM and the complex nature of SCI SM interventions, to assist the future evaluation and uptake of evidence, it is important for researchers to clearly define key terms, such as SM, in their work¹⁰.

In addition, although SM programs were varied in topics, there was a dearth of studies on sexual health and vocational rehabilitation. Despite being central to an individual's wellbeing, sexual health post-SCI is often a neglected area of care. As such, more programming related to sexual health is warranted. Similarly, employment post-SCI remains low, and further work exploring how SM may support return-to-work strategies is strongly recommended. Furthermore, within the body of work on SM, difficulties in accessing needed medical and social services and financial assistance have been identified as a major barrier in the management of various chronic conditions, including SCI¹⁴⁰⁻¹⁴². To address this challenge, SM interventions for SCI need to move beyond information provision on available resources and services and place focus on teaching program participants how to effectively communicate with service providers and to advocate for a more accessible environment. However, as indicated in our findings, this aspect of SM was rarely dealt with in the existing intervention studies on the management of SCI. This is reflected in the low frequency of utilization of the *forming patient-health care provider partnership* component defined in Lorig's taxonomy, the *training/rehearsal to communicate with healthcare professionals* component defined in the PRISMS taxonomy and the *communication* component defined in Barlow's taxonomy. This discrepancy between patient needs and current program provision calls for more research on SM interventions integrating self-advocacy and communication skill training in the future.

Finally, the clinical and demographic characteristics vary considerably across patients with SCI, and each individual is likely to respond differently to the same SM intervention program;¹⁴³ thus, a one-size-fit-all approach to SM interventions is not likely to result in success. More comparative studies and in-depth qualitative studies

are needed to assist researchers and practitioners in better understanding how to tailor intervention programs to meet specific subgroups and individuals' unique needs.

7.0 Conclusion

The importance of SM for individuals with SCI is evident through the widespread implementation of structured programs in diverse settings. SM programs provides the skills for individuals to co-manage their own care in various spheres and in real time as experts of their own lived experiences. Common program characteristics were identified in this chapter using the TIDiers checklist with Lorig, Barlow's and PRISMS taxonomy further refining core components. They include focusing on the provision of information and support for symptom management, enhancing coping skills including psychological support. This was achieved through more tradition methods such as printed form and group interactions although virtual care was identified as a useful approach. Moving forward, there is a need for consensus on how to define SM and what taxonomies are well-suited for advancing work in this domain related to health and well-being of those with SCI. Doing so will help to identify appropriate outcome measures to assess what underlying variables may change as a result of participating in a SM program. Lastly, sexual health, vocational rehabilitation, as well as advocacy skills by providers were identified as an important area of future research on the topic of SM post SCI.

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9.0 Appendix

Study Characteristics	Program Characteristics		Taxonomy Classifications		
Author, Year Country Research Design Sample Size	Name Topic Format	Tutor Mode Location Intensity	Lorig	Barlow	PRISMS
(Adkins, Mathewson et al. 1999) USA Case Series N=3	<i>Name:</i> Contingency Management Program <i>Topic:</i> Pressure ulcer management <i>Format:</i> One on one session with health care provider	<i>Tutor:</i> Nurse <i>Mode:</i> Individual <i>Location:</i> Hospital <i>Intensity:</i> Monthly	<ul style="list-style-type: none"> • Partnership • Tailor 	<ul style="list-style-type: none"> • Symptom • Psychological • Other 	<ul style="list-style-type: none"> • Condition • Resources • Plan • Monitoring • Adherence • Advice • Practical • Psychological
(Allin, Shepherd et al.) Canada Pre-Post N=11 Definition	<i>Name:</i> SCI & U Program <i>Topic:</i> Peer-led self-management <i>Format:</i> Online peer support	<i>Tutor:</i> Peer health coaches <i>Mode:</i> Individual <i>Location:</i> Online <i>Intensity:</i> 31-81 min sessions, 35-88 days	<ul style="list-style-type: none"> • Problem • Decision • Resource • Action • Tailor 	<ul style="list-style-type: none"> • Information • Lifestyle • Social • Other 	<ul style="list-style-type: none"> • Condition • Social • Lifestyle
(Al-Taleb, Purcell et al.) United Arab Emirates Pre-Post N=15 Definition	<i>Name:</i> None <i>Topic:</i> Pain management <i>Format:</i> Individual session with health care professionals, booklet/hard copy resource	<i>Tutor:</i> Researchers, trained specialist <i>Mode:</i> Individual <i>Location:</i> Hospital, home <i>Intensity:</i> 4 training sessions at hospital in 1 day, use of device once a week over 2 months	<ul style="list-style-type: none"> • Action • Tailor 	<ul style="list-style-type: none"> • Symptom 	<ul style="list-style-type: none"> • Equipment • Practical
(Amann, Fiordelli et al.) Canada Observational N=19 Definition	<i>Name:</i> mHealth <i>Topic:</i> Pressure ulcer management <i>Format:</i> Online	<i>Tutor:</i> Home care provider, wound specialist, nutritionist <i>Mode:</i> Mixed <i>Location:</i> Online <i>Intensity:</i> Unlimited	<ul style="list-style-type: none"> • Problem • Decision • Resource • Partnership • Action • Tailor 	<ul style="list-style-type: none"> • Information • Symptom • Communication 	<ul style="list-style-type: none"> • Condition • Practical
(Arbour-Nicitopoulos, Ginis et al. 2009) Canada RCT N=44	<i>Name:</i> Action and Coping Planning Condition <i>Topic:</i> Coping self-efficacy <i>Format:</i> Booklet	<i>Tutor:</i> Researcher <i>Mode:</i> Individual <i>Location:</i> Community <i>Intensity:</i> 10-week, 3 days per week	<ul style="list-style-type: none"> • Action • Tailor 	<ul style="list-style-type: none"> • Lifestyle • Psychological 	<ul style="list-style-type: none"> • Condition • Resources • Plan • Monitoring • Equipment • Psychological

					<ul style="list-style-type: none"> • Lifestyle
(Betts 2017) USA Pre-Post N=10	<i>Name:</i> DPP Group Lifestyle Balance (DPP GLB) Program <i>Topic:</i> Diabetes prevention <i>Format:</i> Group discussion, lectures, sharing experiences, booklet	<i>Tutor:</i> Trained lifestyle coaches <i>Mode:</i> Group <i>Location:</i> Home <i>Intensity:</i> 12-week group sessions, post-core curriculum biweekly and monthly for 8 months	<ul style="list-style-type: none"> • Problem • Decision • Resource • Action • Tailor 	<ul style="list-style-type: none"> • Psychological • Lifestyle • Communication • Other 	<ul style="list-style-type: none"> • Condition • Adherence • Psychological • Lifestyle
(Block, Vanner et al. 2010) USA Pre-Post N (SCI)=16 N (non-SCI)=12	<i>Name:</i> Project Shake-It-Up <i>Topic:</i> Health Promotion for Self-Efficacy <i>Format:</i> Exercise sessions, group discussion, lectures	<i>Tutor:</i> Peers, health professionals <i>Mode:</i> Group <i>Location:</i> Community <i>Intensity:</i> 10-day sessions, twice monthly (August-December)	<ul style="list-style-type: none"> • Resource • Action 	<ul style="list-style-type: none"> • Lifestyle • Social • Psychological • Other 	<ul style="list-style-type: none"> • Condition • Plan • Monitor • Advice • Communication • Psychological • Social • Lifestyle
(Block, Skeels et al. 2005) USA Program Description N=0	<i>Name:</i> Project Shake-It-Up <i>Topic:</i> Pain, bowel, bladder, nutrition, exercise management <i>Format:</i> Exercise sessions, group discussion, instruction from health care professionals, lectures, sharing experiences	<i>Tutor:</i> Health professionals <i>Mode:</i> Mixed <i>Location:</i> Community <i>Intensity:</i> 10-day sessions, twice monthly (August-December)	<ul style="list-style-type: none"> • Partnership • Action • Tailor 	<ul style="list-style-type: none"> • Symptom • Lifestyle • Social • Psychological • Other 	<ul style="list-style-type: none"> • Condition • Plan • Monitoring • Advice • Professionals • Psychological • Social • Lifestyle
(Brace and Schubart 2010) USA Pre-Post N=18	<i>Name:</i> Pressure Ulcer Prevention and Management E-learning Program <i>Topic:</i> Pressure ulcer management <i>Format:</i> Online	<i>Tutor:</i> Nurse, Self <i>Mode:</i> Individual <i>Location:</i> Online <i>Intensity:</i> 4 1-hr educational sessions	<ul style="list-style-type: none"> • Decision • Resource 	<ul style="list-style-type: none"> • Symptom • Social 	<ul style="list-style-type: none"> • Condition • Adherence • Practical
(Brawley, Arbour-Nicitopoulos et al. 2013) Canada Pre-Post N=10 Definition	<i>Name:</i> None <i>Topic:</i> Physical Activity <i>Format:</i> Group discussion, CBT, individual plans	<i>Tutor:</i> Trained program interventionist in SCI community <i>Mode:</i> Group <i>Location:</i> University <i>Intensity:</i> 9-week, twice weekly	<ul style="list-style-type: none"> • Action • Tailor 	<ul style="list-style-type: none"> • Lifestyle • Other 	<ul style="list-style-type: none"> • Plan • Practical • Social • Lifestyle
(Brillhart 2007) USA	<i>Name:</i> None <i>Topic:</i> Bladder management	<i>Tutor:</i> Researchers <i>Mode:</i> Individual	<ul style="list-style-type: none"> • Resource 	<ul style="list-style-type: none"> • Information 	<ul style="list-style-type: none"> • Condition

Observational N=52	<i>Format:</i> Website	<i>Location:</i> Online <i>Intensity:</i> Once		<ul style="list-style-type: none"> • Symptom 	<ul style="list-style-type: none"> • Lifestyle
(Buhari and Abdullahi) Nigeria Case Series N=5	<i>Name:</i> None <i>Topic:</i> Quality of Life (QoL) <i>Format:</i> Counselling (motivational interviewing), discussion	<i>Tutor:</i> Researchers <i>Mode:</i> Individual <i>Location:</i> Hospital <i>Intensity:</i> 3 weeks, twice weekly	<ul style="list-style-type: none"> • Problem • Decision • Action • Tailor 	<ul style="list-style-type: none"> • Information • Psychological • Social 	<ul style="list-style-type: none"> • Condition • Monitoring • Practical • Psychological • Social
(Burke, Lennon et al. 2019) United Kingdom RCT N=69	<i>Name:</i> None <i>Topic:</i> Pain management <i>Format:</i> Online, counselling, CBT, lecture/seminar, videos, exercise sessions vs. standard of care (control)	<i>Tutor:</i> Researchers <i>Mode:</i> Individual <i>Location:</i> Online <i>Intensity:</i> 12 weeks, once weekly	<ul style="list-style-type: none"> • Problem • Decision • Action • Tailor 	<ul style="list-style-type: none"> • Information • Drug • Symptom • Lifestyle • Social • Other 	<ul style="list-style-type: none"> • Condition • Social • Lifestyle
(Burns, Delparte et al. 2013) Canada Pre-Post N=22	<i>Name:</i> None <i>Topic:</i> Chronic pain <i>Format:</i> Counselling, group discussion, exercise sessions	<i>Tutor:</i> OT, PT, Social worker <i>Mode:</i> Group <i>Location:</i> Hospital <i>Intensity:</i> 10 weeks, biweekly	<ul style="list-style-type: none"> • Problem • Action • Tailor 	<ul style="list-style-type: none"> • Symptom • Psychological • Lifestyle • Other 	<ul style="list-style-type: none"> • Condition • Practical • Psychological • Social • Lifestyle
(Byrnes, Beilby et al. 2012) Australia Pre-Post N=100	<i>Name:</i> None <i>Topic:</i> Goal Planning <i>Format:</i> Counselling	<i>Tutor:</i> rehabilitation program coordinator <i>Mode:</i> Individual <i>Location:</i> Rehabilitation <i>Intensity:</i> every 2-4 weeks	<ul style="list-style-type: none"> • Partnership • Action • Tailor 	<ul style="list-style-type: none"> • Psychological • Other 	<ul style="list-style-type: none"> • Plan • Psychological
(Cabigon, Wojciechowski et al. 2019) USA Observational N=27	<i>Name:</i> Team Management in Bowel Care: Spinal Cord Injury <i>Topic:</i> Bowel management <i>Format:</i> Peer mentoring/support	<i>Tutor:</i> Peers, manager, program specialist, OT, nurses, educators <i>Mode:</i> Group <i>Location:</i> Rehabilitation <i>Intensity:</i> 3 sessions total	<ul style="list-style-type: none"> • Problem • Action 	<ul style="list-style-type: none"> • Communication • Social • Other 	<ul style="list-style-type: none"> • Resources • Social • Lifestyle
(Captain 1995) USA Pre-Post N (SCI)=14 N (non-SCI)=14	<i>Name:</i> None <i>Topic:</i> Communication skills training <i>Format:</i> Counselling, booklets	<i>Tutor:</i> Nurse, social worker, Recreational therapist <i>Mode:</i> Mixed <i>Location:</i> SCI Center <i>Intensity:</i> twice in 5 weeks	<ul style="list-style-type: none"> • Problem • Action 	<ul style="list-style-type: none"> • Communication • Social • Other 	<ul style="list-style-type: none"> • Condition • Practical • Social • Lifestyle
(Cardenas, Felix et al.) USA RCT N=32	<i>Name:</i> Home Exercise Program (HEP) <i>Topic:</i> Pain management <i>Format:</i> Online, exercise session vs. education only (control)	<i>Tutor:</i> PT <i>Mode:</i> Individual <i>Location:</i> Online <i>Intensity:</i> 12-week program, 4-week follow-up	<ul style="list-style-type: none"> • Action 	<ul style="list-style-type: none"> • Symptom 	<ul style="list-style-type: none"> • Practical • Adherence

(Cardenas, Hoffman et al. 2004) USA RCT N=56	<i>Name:</i> None <i>Topic:</i> Bladder management <i>Format:</i> Booklets, instructions from health care professionals vs. no program (control)	<i>Tutor:</i> Nurse, physician <i>Mode:</i> Individual <i>Location:</i> Community <i>Intensity:</i> 5- or 6-month baseline period, 6- or 6-month follow-up, monthly	<ul style="list-style-type: none"> • Partnerships • Tailor 	<ul style="list-style-type: none"> • Information • Symptom 	<ul style="list-style-type: none"> • Condition • Everyday • Practical
(Chen, Wu et al. 2015) Taiwan Pre-Post N=59	<i>Name:</i> None <i>Topic:</i> Home rehabilitation of self-perception and self-efficacy <i>Format:</i> DVD, group discussion	<i>Tutor:</i> Researchers <i>Mode:</i> Mixed <i>Location:</i> Hospital <i>Intensity:</i> 3 months, monthly	<ul style="list-style-type: none"> • Partnership • Action 	<ul style="list-style-type: none"> • Information • Symptom • Psychological • Lifestyle • Other 	<ul style="list-style-type: none"> • Condition • Psychological • Resources • Social
(Chen 2006) USA Pre-Post N=16	<i>Name:</i> None <i>Topic:</i> Obesity management <i>Format:</i> Lectures, group sessions	<i>Tutor:</i> Unspecified <i>Mode:</i> Mixed <i>Location:</i> Rehabilitation <i>Intensity:</i> 12 weekly classes, 6 months	<ul style="list-style-type: none"> • Action • Resource 	<ul style="list-style-type: none"> • Information • Lifestyle • Psychological 	<ul style="list-style-type: none"> • Condition • Practical • Psychological • Social • Lifestyle
(Chishtie, Chishtie et al. 2019) Canada Case Series N=33	<i>Name:</i> Subh-e-Nau Disability Program <i>Topic:</i> Pressure ulcer management <i>Format:</i> Instruction from health care professional, peer mentoring	<i>Tutor:</i> Physician, PT, OT, psychologist, peer support worker, social worker, field coordinator <i>Mode:</i> Individual <i>Location:</i> Community <i>Intensity:</i> 1 year	<ul style="list-style-type: none"> • Resource • Action • Tailor 	<ul style="list-style-type: none"> • Information • Symptom • Lifestyle • Social • Other 	<ul style="list-style-type: none"> • Condition • Resources • Monitoring • Everyday • Social • Lifestyle
(Chompoonimit and Nualnetr 2016) Thailand Pre-Post N=12	<i>Name:</i> Task Oriented Client Centered Training Program (TOCCTP) <i>Topic:</i> Self-efficacy <i>Format:</i> Individual plans, instruction from researcher	<i>Tutor:</i> Researchers <i>Mode:</i> Individual <i>Location:</i> Home <i>Intensity:</i> 30 min per set, 2 sets per day, at least 3 days per week, 8 weeks	<ul style="list-style-type: none"> • Problem • Resource • Action • Tailor 	<ul style="list-style-type: none"> • Lifestyle 	<ul style="list-style-type: none"> • Condition • Resources • Lifestyle
(Coker, Cuthbert et al. 2019) USA RCT N=81	<i>Name:</i> Re-Inventing Yourself after SCI <i>Topic:</i> Self-efficacy <i>Format:</i> Group session vs. waitlist (control)	<i>Tutor:</i> PT, nurse, social worker, peer with SCI <i>Mode:</i> Group <i>Location:</i> SCI center <i>Intensity:</i> 6 weekly sessions, 2 hrs per session	<ul style="list-style-type: none"> • Tailor 	<ul style="list-style-type: none"> • Psychological • Social • Other 	<ul style="list-style-type: none"> • Social • Psychological
(Craig, Hancock et al. 1998) Australia Cohort N=58	<i>Name:</i> None <i>Topic:</i> Perception of control <i>Format:</i> Role playing, videotapes, group discussion, lectures vs.	<i>Tutor:</i> Researcher <i>Mode:</i> Group <i>Location:</i> Hospital <i>Intensity:</i> 10 weeks, 1.5 hr per week		<ul style="list-style-type: none"> • Psychological • Other 	<ul style="list-style-type: none"> • Condition • Practical • Psychological • Social • Lifestyle

	traditional rehabilitation services only (control)				
(Craig, Hancock et al. 1997) Australia Prospective Controlled Trial N (SCI)=41 N (non-SCI)=28	<i>Name:</i> None <i>Topic:</i> Psychological outcomes. <i>Format:</i> Counselling, group discussion vs. traditional rehabilitation services only (control)	<i>Tutor:</i> Psychologist, OT <i>Mode:</i> Group <i>Location:</i> Hospital <i>Intensity:</i> 10 weeks, 1.5-2 hr per week	<ul style="list-style-type: none"> • Problem • Tailor 	<ul style="list-style-type: none"> • Psychological • Lifestyle • Social • Communication • Other 	<ul style="list-style-type: none"> • Condition • Practical • Psychological • Social • Lifestyle
(20. Curcoll 1992) Spain Program Description N=0	<i>Name:</i> None <i>Topic:</i> Relaxation techniques <i>Format:</i> Instruction session	<i>Tutor:</i> Therapist <i>Mode:</i> Mixed <i>Location:</i> Hospital <i>Intensity:</i> weekly sessions, 6-8 weeks	<ul style="list-style-type: none"> • Action • Tailor 	<ul style="list-style-type: none"> • Psychological • Other 	<ul style="list-style-type: none"> • Condition • Psychological • Lifestyle
(Delparte, Chau et al. 2014) Canada Observational N=27	<i>Name:</i> Spinal Cord Essentials <i>Topic:</i> Self-management education <i>Format:</i> Handouts	<i>Tutor:</i> "Health care professionals" <i>Mode:</i> Individual <i>Location:</i> Rehabilitation <i>Intensity:</i> 1.5 hr	<ul style="list-style-type: none"> • Resource 	<ul style="list-style-type: none"> • Information • Other 	<ul style="list-style-type: none"> • Condition
(Divanoglou, Tasiemski et al. 2017) Iceland Cohort N=19	<i>Name:</i> None <i>Topic:</i> Active Rehabilitation (AR) <i>Format:</i> Lecture/seminar, group session, peer mentoring/ support vs. wheelchair skills evaluation only (control)	<i>Tutor:</i> Peer mentors, medical doctor, physiotherapist, occupational therapist, nurse <i>Mode:</i> Group <i>Location:</i> Community <i>Intensity:</i> 7 days, 10 sessions (16 hr total)	<ul style="list-style-type: none"> • Action • Tailor 	<ul style="list-style-type: none"> • Information • Symptom • Lifestyle • Social • Communication 	<ul style="list-style-type: none"> • Condition • Practical • Social • Lifestyle
(Dorstyn, Roberts et al. 2019) Australia RCT N=48	<i>Name:</i> Work and SCI <i>Topic:</i> Vocational rehabilitation <i>Format:</i> Online, videos, lecture/seminar vs. wait list (control)	<i>Tutor:</i> SCI specialists <i>Mode:</i> Individual <i>Location:</i> Online <i>Intensity:</i> 4 weeks, emails provided weekly		<ul style="list-style-type: none"> • Communication • Other 	
Dorstyn et al. 2017 Australia Pre-Post N=24	<i>Name:</i> Work and SCI <i>Topic:</i> Vocational rehabilitation <i>Format:</i> Online, videos, lecture/seminar	<i>Tutor:</i> SCI specialists <i>Mode:</i> Individual <i>Location:</i> Online <i>Intensity:</i> 4 weeks, emails provided weekly		<ul style="list-style-type: none"> • Communication • Other 	
(Dorstyn, Mathias et al. 2012) Australia	<i>Name:</i> None <i>Topic:</i> Telephone counselling	<i>Tutor:</i> Psychologist <i>Mode:</i> Individual <i>Location:</i> Rehabilitation	<ul style="list-style-type: none"> • Partnership • Tailor 	<ul style="list-style-type: none"> • Psychological 	<ul style="list-style-type: none"> • Psychological

RCT N=39	<i>Format:</i> Telephone counselling vs. standard of care (control)	<i>Intensity:</i> 12 weeks, biweekly phone consults (less than 20 mins)			
(Dorstyn, Mathias et al. 2010) Australia Prospective Controlled Trial N=24	<i>Name:</i> Cognitive Behaviour Therapy <i>Topic:</i> Psychological outcomes <i>Format:</i> Counselling vs. standard of care (control)	<i>Tutor:</i> Psychologist <i>Mode:</i> Individual <i>Location:</i> Rehabilitation <i>Intensity:</i> average 11 sessions, 30-60 min each	<ul style="list-style-type: none"> • Problem • Tailor 	<ul style="list-style-type: none"> • Information • Psychological • Other 	<ul style="list-style-type: none"> • Condition • Psychological • Social
(Duchnick, Letsch et al. 2009) USA RCT N=33	<i>Name:</i> None <i>Topic:</i> Coping effectiveness training <i>Format:</i> Group discussion	<i>Tutor:</i> Psychologist <i>Mode:</i> Group <i>Location:</i> Hospital <i>Intensity:</i> Not specified	<ul style="list-style-type: none"> • Problem • Resource • Action • Tailor 	<ul style="list-style-type: none"> • Psychological • Communication • Other 	<ul style="list-style-type: none"> • Psychological
(Erickson, Ringdahl et al.) USA Pre-Post N=38	<i>Name:</i> None <i>Topic:</i> Nutrition and mindful eating education <i>Format:</i> Lectures, group sessions	<i>Tutor:</i> Nurse, dietician <i>Mode:</i> Group <i>Location:</i> Rehabilitation <i>Intensity:</i> Weekly sessions, number unknown	<ul style="list-style-type: none"> • Problem • Decision • Action • Resource 	<ul style="list-style-type: none"> • Information • Symptom • Lifestyle • Psychological 	<ul style="list-style-type: none"> • Condition • Practical • Psychological • Lifestyle
(Evans, Hill et al. 2014) USA RCT N=61	<i>Name:</i> None <i>Topic:</i> MRSA prevention <i>Format:</i> Booklet vs. standard of care (control)	<i>Tutor:</i> Nurse <i>Mode:</i> Individual <i>Location:</i> SCL centers <i>Intensity:</i> 1 session	<ul style="list-style-type: none"> • Problem • Partnership • Action 	<ul style="list-style-type: none"> • Symptom 	<ul style="list-style-type: none"> • Condition • Everyday • Lifestyle
(Forchheimer and Tate 2004) USA Pre-Post N=81	<i>Name:</i> None <i>Topic:</i> Community Reintegration <i>Format:</i> Counselling, sharing experiences	<i>Tutor:</i> Researcher <i>Mode:</i> Individual <i>Location:</i> Community <i>Intensity:</i> 1 year	<ul style="list-style-type: none"> • Problem • Action 	<ul style="list-style-type: none"> • Lifestyle • Social • Psychological • Other 	<ul style="list-style-type: none"> • Condition • Resources • Plan • Psychological • Social • Lifestyle
(Foulon and Ginis 2013) Canada RCT N=32	<i>Name:</i> None <i>Topic:</i> Physical Activity <i>Format:</i> Booklets vs. vignettes lacking physical activity information (control)	<i>Tutor:</i> Researcher <i>Mode:</i> Individual <i>Location:</i> Community <i>Intensity:</i> at least 30 min per day, 3 days per week, 6 months	<ul style="list-style-type: none"> • Action • Tailor 	<ul style="list-style-type: none"> • Lifestyle • Other 	<ul style="list-style-type: none"> • Condition • Lifestyle
(Froehlich-Grobe, Aaronson et al. 2012) USA RCT	<i>Name:</i> None <i>Topic:</i> Physical Activity <i>Format:</i> Booklets, group discussion, counselling vs.	<i>Tutor:</i> Psychologist, social worker <i>Mode:</i> Mixed <i>Location:</i> Community <i>Intensity:</i> weekly, 12 months	<ul style="list-style-type: none"> • Resource • Action • Tailor 	<ul style="list-style-type: none"> • Lifestyle • Psychological • Other 	<ul style="list-style-type: none"> • Condition • Resources • Plan • Practical

N (SCI)=59 N (non-SCI)=69	self-guided activities (control)				<ul style="list-style-type: none"> • Psychological • Social • Lifestyle
(Garber, Rintala et al. 2002) USA Post-Test N (SCI)=39 N(non-SCI)=2	<i>Name:</i> None <i>Topic:</i> Pressure ulcer management <i>Format:</i> Educational sessions, booklet	<i>Tutor:</i> Researcher <i>Mode:</i> Individual <i>Location:</i> Hospital <i>Intensity:</i> 4 1-hr sessions	<ul style="list-style-type: none"> • Resource 	<ul style="list-style-type: none"> • Symptom 	
(Gassaway, Jones et al. 2019) USA Prospective Controlled Trial N=81 Definition	<i>Name:</i> None <i>Topic:</i> Peer-led self-management <i>Format:</i> Peer-mentoring session, lecture/seminar	<i>Tutor:</i> Peers, nurse, researcher <i>Mode:</i> Group <i>Location:</i> Rehabilitation <i>Intensity:</i> 4, 1-hr classes	<ul style="list-style-type: none"> • Problem • Decision • Resource • Action • Tailor 	<ul style="list-style-type: none"> • Information • Symptom • Social • Other 	<ul style="list-style-type: none"> • Condition • Practical • Social
(Gassaway, Jones et al. 2017) USA RCT N=158	<i>Name:</i> None <i>Topic:</i> Peer-led self-management <i>Format:</i> Peer-mentoring session vs. standard of care (control)	<i>Tutor:</i> Researcher, peer, nurse <i>Mode:</i> Mixed <i>Location:</i> Rehabilitation <i>Intensity:</i> Weekly throughout inpatient stay and 90 days post-discharge	<ul style="list-style-type: none"> • Problem • Decision • Resource • Action • Tailor 	<ul style="list-style-type: none"> • Information • Symptom • Social • Other 	<ul style="list-style-type: none"> • Condition • Practical • Social
(George, Barr et al. 2019) Australia Program Description N=0	<i>Name:</i> CarFreeMe TI <i>Topic:</i> Community reintegration <i>Format:</i> Group session	<i>Tutor:</i> OT, peer leader <i>Mode:</i> Group <i>Location:</i> Rehabilitation <i>Intensity:</i> 6 2.5-hr sessions, weekly	<ul style="list-style-type: none"> • Resource • Action • Tailor 	<ul style="list-style-type: none"> • Lifestyle • Social 	<ul style="list-style-type: none"> • Social • Lifestyle
(Gilberg 1994) USA Program Description N=0	<i>Name:</i> None <i>Topic:</i> Inpatient education <i>Format:</i> Group discussion	<i>Tutor:</i> Social worker, nurse, pharmacist <i>Mode:</i> Group <i>Location:</i> Hospital <i>Intensity:</i> Every Monday and Friday from 11:30am-12:30pm	<ul style="list-style-type: none"> • Problem 	<ul style="list-style-type: none"> • Information • Drug • Symptom • Psychological • Lifestyle • Other 	<ul style="list-style-type: none"> • Condition • Equipment • Everyday • Practical • Psychological • Lifestyle
(Goyaghaj, Pishgooie et al.) Iran RCT N=60	<i>Name:</i> None <i>Topic:</i> Self-care <i>Format:</i> Booklet/hard copy resource, peer mentorship, audio tapes, videos vs. usual care (controls)	<i>Tutor:</i> Peers <i>Mode:</i> Individual <i>Location:</i> Hospital <i>Intensity:</i> 6, 45-60 min sessions	<ul style="list-style-type: none"> • Problem • Decision • Tailor 	<ul style="list-style-type: none"> • Psychological • Lifestyle • Social 	<ul style="list-style-type: none"> • Condition • Social • Lifestyle • Psychological

(Guest, Craig et al. 2015) Australia Prospective Controlled Trial N=71	<i>Name:</i> None <i>Topic:</i> Psychological <i>Format:</i> Group CBT, booklets	<i>Tutor:</i> Psychologist, researcher <i>Mode:</i> Group <i>Location:</i> Hospital <i>Intensity:</i> 6-8 2-hr weekly sessions	<ul style="list-style-type: none"> • Problem • Action 	<ul style="list-style-type: none"> • Psychological • Communication • Other 	<ul style="list-style-type: none"> • Psychological
(Guihan, Bombardier et al. 2014) USA RCT N=144	<i>Name:</i> None <i>Topic:</i> Pressure ulcer management <i>Format:</i> Telephone counselling calls vs. standard of care (controls)	<i>Tutor:</i> Peers, health professionals <i>Mode:</i> Mixed <i>Location:</i> Home <i>Intensity:</i> 7, 45-60 min calls self-topics; 8 calls over 24 weeks for motivational interviewing	<ul style="list-style-type: none"> • Problem • Partnership • Action 	<ul style="list-style-type: none"> • Information • Symptom • Psychological • Social • Other 	<ul style="list-style-type: none"> • Condition • Resources • Action • Plan • Professionals • Psychological • Lifestyle
(Hagglund, Clark et al. 2005) USA Pre-Post N=60	<i>Name:</i> PAS Training Workshop <i>Topic:</i> Bladder and bowel management <i>Format:</i> Lectures, videos	<i>Tutor:</i> Physician <i>Mode:</i> Group <i>Location:</i> Community <i>Intensity:</i> 6 hr	<ul style="list-style-type: none"> • Action 	<ul style="list-style-type: none"> • Symptom 	<ul style="list-style-type: none"> • Condition • Social
(Hearn, Cotter et al. 2019) Australia RCT N=55	<i>Name:</i> None <i>Topic:</i> Psychological <i>Format:</i> Online, audio tapes vs. psychoeducational group (weekly emails with education materials) (control).	<i>Tutor:</i> "Mindfulness teacher" <i>Mode:</i> Individual <i>Location:</i> Community <i>Intensity:</i> 6 days per week, 8 weeks	<ul style="list-style-type: none"> • Tailor 	<ul style="list-style-type: none"> • Psychological • Other 	<ul style="list-style-type: none"> • Psychological
(Heenan and Piotrowski 2000) Canada Program Description N=0	<i>Name:</i> None <i>Topic:</i> Psychosocial goals <i>Format:</i> Individual plans, counselling	<i>Tutor:</i> Not Specified <i>Mode:</i> Individual <i>Location:</i> Rehabilitation <i>Intensity:</i> 2 evaluations	<ul style="list-style-type: none"> • Decision • Action • Tailor 	<ul style="list-style-type: none"> • Psychological • Other 	<ul style="list-style-type: none"> • Plan • Adherence • Psychological • Social
(Hernandez, Hayes et al. 2001) USA Program Description N=0	<i>Name:</i> Disabling Bullet Project <i>Topic:</i> Peer mentoring <i>Format:</i> Peer-mentoring sessions, telephone calls	<i>Tutor:</i> Peers <i>Mode:</i> Group <i>Location:</i> Hospital <i>Intensity:</i> 10-session training	<ul style="list-style-type: none"> • Resource • Tailor 	<ul style="list-style-type: none"> • Psychological • Social 	<ul style="list-style-type: none"> • Condition • Resources • Psychological • Social
(Heutink, Post et al. 2012) Netherlands RCT	<i>Name:</i> CONECSE <i>Topic:</i> Chronic Pain	<i>Tutor:</i> Psychologist, PT, Nurse Practitioner <i>Mode:</i> Group <i>Location:</i> Rehabilitation	<ul style="list-style-type: none"> • Action • Resource 	<ul style="list-style-type: none"> • Symptom • Lifestyle • Psychological • Other 	<ul style="list-style-type: none"> • Condition • Professionals • Practical • Psychological

N=61	<i>Format:</i> Booklet, group discussion, exercise session vs. waiting list (control)	<i>Intensity:</i> 10 3-hr sessions for 10 weeks, comeback session after 3 weeks			<ul style="list-style-type: none"> • Social • Lifestyle
(Heutink, Post et al. 2014) Netherlands Pre-Post N=29	<i>Name:</i> CONECSCI <i>Topic:</i> Chronic Pain <i>Format:</i> Booklet, group discussion, exercise session	<i>Tutor:</i> Psychologist, PT, Nurse Practitioner <i>Mode:</i> Group <i>Location:</i> Rehabilitation <i>Intensity:</i> 10 3-hr sessions for 10 weeks, comeback session after 3 weeks	<ul style="list-style-type: none"> • Action • Resource 	<ul style="list-style-type: none"> • Symptom • Lifestyle • Psychological • Other 	<ul style="list-style-type: none"> • Condition • Professionals • Practical • Psychological • Social • Lifestyle
(Hilgart, Ritterband et al. 2014) USA Pre-Post N=7	<i>Name:</i> iSHIFTup <i>Topic:</i> Skin care <i>Format:</i> Online	<i>Tutor:</i> OT, PT, caregivers, Nurse, physician, psychologist <i>Mode:</i> Individual, group <i>Location:</i> Online <i>Intensity:</i> 6 weeks	<ul style="list-style-type: none"> • Action • Tailor 	<ul style="list-style-type: none"> • Symptom 	<ul style="list-style-type: none"> • Condition
(Hirsche, Williams et al. 2011) Canada Observational N=22 Definition	<i>Name:</i> None <i>Topic:</i> Chronic disease self-management <i>Format:</i> Group discussion (workshops)	<i>Tutor:</i> Lay people with chronic conditions <i>Mode:</i> Group <i>Location:</i> Community <i>Intensity:</i> 2.5 hr sessions per week, 6 weeks	<ul style="list-style-type: none"> • Resource • Decision 	<ul style="list-style-type: none"> • Information • Psychological • Other 	<ul style="list-style-type: none"> • Condition • Plan • Professional • Psychological • Social • Lifestyle
(Hoffmann, Sundby et al.) Denmark Observational N=87	<i>Name:</i> None <i>Topic:</i> Peer mentoring/support <i>Format:</i> One-on-one peer-led mentor sessions	<i>Tutor:</i> Researchers, peers <i>Mode:</i> Individual <i>Location:</i> Rehabilitation <i>Intensity:</i> Up to 3 sessions, time unrestricted	<ul style="list-style-type: none"> • Tailor 	<ul style="list-style-type: none"> • Information • Social 	<ul style="list-style-type: none"> • Condition • Social
(Hoffman, Salzman et al. 2011) USA Observational N (SCI)=30 N (non-SCI)=36	<i>Name:</i> SCI Forum <i>Topic:</i> General/unspecified SM <i>Format:</i> Lectures (online), counselling, peer support.	<i>Tutor:</i> Peers <i>Mode:</i> Individual <i>Location:</i> Online <i>Intensity:</i> 1 year		<ul style="list-style-type: none"> • Information 	<ul style="list-style-type: none"> • Condition
(Houlihan, Jette et al. 2011) USA Post-Test N=Not Reported	<i>Name:</i> Care Call <i>Topic:</i> Pressure ulcer management <i>Format:</i> Audiotapes, lecture, counselling	<i>Tutor:</i> Nurse <i>Mode:</i> Individual <i>Location:</i> Home <i>Intensity:</i> 5-20 minutes, weekly	<ul style="list-style-type: none"> • Resource • Tailor 	<ul style="list-style-type: none"> • Symptom • Psychological • Other 	<ul style="list-style-type: none"> • Condition • Resources • Monitoring • Psychological • Advice
(Houlihan, Jette et al. 2013)	<i>Name:</i> Care Call	<i>Tutor:</i> Nurse <i>Mode:</i> Individual	<ul style="list-style-type: none"> • Resource • Tailor 	<ul style="list-style-type: none"> • Symptom • Psychological 	<ul style="list-style-type: none"> • Condition • Resources

USA RCT N (SCI)=106 N (non-SCI)=36	<i>Topic:</i> Pressure ulcer management <i>Format:</i> Audiotapes, lecture, counselling	<i>Location:</i> Home <i>Intensity:</i> 6 months, weekly		<ul style="list-style-type: none"> • Other 	<ul style="list-style-type: none"> • Monitoring • Psychological • Advice
(Huang, Hu et al. 2019) China RCT N=80	<i>Name:</i> None <i>Topic:</i> Bladder Management <i>Format:</i> Individual sessions with health care provider vs. standard of care (control)	<i>Tutor:</i> Medical Professional (multi-disciplinary) <i>Mode:</i> Individual <i>Location:</i> Hospital <i>Intensity:</i> catheterization 4-6 times per day, once every 4-6 hr, 3 months	<ul style="list-style-type: none"> • Partnership 	<ul style="list-style-type: none"> • Information • Drug • Symptom 	<ul style="list-style-type: none"> • Condition • Plan • Review • Monitoring •
(Jalovcic and Pentland 2009) Canada Observational N=7	<i>Name:</i> None <i>Topic:</i> Health and well-being management <i>Format:</i> Telephone peer support, lectures	<i>Tutor:</i> Experts, peers <i>Mode:</i> Mixed <i>Location:</i> Home <i>Intensity:</i> 20 months	<ul style="list-style-type: none"> • Resource • Tailor 	<ul style="list-style-type: none"> • Information • Social • Other 	<ul style="list-style-type: none"> • Condition • Social
(Kennedy, Duff et al. 2003) United Kingdom Prospective Controlled Trial N=85	<i>Name:</i> CET <i>Topic:</i> Coping <i>Format:</i> Group discussion, information/educational sessions vs. standard of care (control)	<i>Tutor:</i> Researcher <i>Mode:</i> Group <i>Location:</i> Hospital <i>Intensity:</i> 60-75 min sessions, twice per week	<ul style="list-style-type: none"> • Problem • Tailor 	<ul style="list-style-type: none"> • Psychological • Lifestyle • Social 	<ul style="list-style-type: none"> • Condition • Psychological • Social • Lifestyle
(Kim and Cho 2017) Korea RCT N=47	<i>Name:</i> None <i>Topic:</i> Pressure Ulcer management <i>Format:</i> Booklets, counselling, lectures vs. information booklet (controls)	<i>Tutor:</i> Self, Nurse <i>Mode:</i> Mixed <i>Location:</i> Hospital <i>Intensity:</i> 8 weeks, 2.25 hr training in first week, 10-15 min call third and seventh weeks	<ul style="list-style-type: none"> • Problem • Decision • Resource • Partnership • Action • Tailor 	<ul style="list-style-type: none"> • Information • Symptom • Lifestyle 	<ul style="list-style-type: none"> • Condition • Advice • Practical • Lifestyle
(King and Kennedy 1999) United Kingdom Prospective Controlled Trial N=38	<i>Name:</i> Coping Effectiveness Training (CET) <i>Topic:</i> Coping effectiveness training <i>Format:</i> Group discussion, information/educational sessions	<i>Tutor:</i> Psychologist, researcher <i>Mode:</i> Group <i>Location:</i> Spinal injury center <i>Intensity:</i> 7 60-75 min sessions, twice per week	<ul style="list-style-type: none"> • Problem • Tailor 	<ul style="list-style-type: none"> • Psychological • Social • Other 	<ul style="list-style-type: none"> • Psychological
(Kooijmans, Post et al. 2017) Netherlands RCT N=51 Definition	<i>Name:</i> Health Active Behavioural Intervention in SCI (HABITS) <i>Topic:</i> Self-efficacy and proactive coping	<i>Tutor:</i> Counselors working in SCI (e.g., PT) and trained in motivational interviewing <i>Mode:</i> Mixed <i>Location:</i> Home and hospital	<ul style="list-style-type: none"> • Problem • Resource • Action • Tailor 	<ul style="list-style-type: none"> • Lifestyle • Psychological • Other 	<ul style="list-style-type: none"> • Condition • Psychological • Social • Lifestyle

	<i>Format:</i> Booklet, group discussion, individual plans, sharing experiences vs. information about active lifestyle (control)	<i>Intensity:</i> 1 home visit, 5 individual, 5 group sessions (approx. 2.5 hr each) over 16 weeks			
(Kooijmans, Post et al. 2013) Netherlands Program Description N=0 Definition	<i>Name:</i> Health Active Behavioural Intervention in SCI (HABITS) <i>Topic:</i> Self-efficacy and proactive coping <i>Format:</i> Booklet, group discussion, individual plans, sharing experiences vs. information about active lifestyle (control)	<i>Tutor:</i> Counselors working in SCI (e.g., PT) and trained in motivational interviewing <i>Mode:</i> Mixed <i>Location:</i> Home and hospital <i>Intensity:</i> 1 home visit, 5 individual, 5 group sessions (approx. 2.5 hr each) over 16 weeks	<ul style="list-style-type: none"> • Problem • Resource • Action • Tailor 	<ul style="list-style-type: none"> • Lifestyle • Psychological • Other 	<ul style="list-style-type: none"> • Condition • Psychological • Social • Lifestyle
(Kryger, Crytze et al.) USA RCT N=38	<i>Name:</i> Interactive Mobile Health and Rehabilitation (iMHere) <i>Topic:</i> Self-management topics (medication, urinary, bowel, pressure injuries, mood, communication management) <i>Format:</i> Electronic application (online) vs. standard of care (control)	<i>Tutor:</i> Self, PT <i>Mode:</i> Individual <i>Location:</i> Online <i>Intensity:</i> Used application as needed over 9 months	<ul style="list-style-type: none"> • Action • Tailor 	<ul style="list-style-type: none"> • Information • Drug • Symptom 	<ul style="list-style-type: none"> • Condition • Plan • Monitoring
(Laskin, James et al. 1997) USA Program Description N=0	<i>Name:</i> The Oklahoma City Program <i>Topic:</i> Physical Activity, bowel and bladder management, respiratory care, autonomic dysreflexia/orthostatic hypotension, and skin care <i>Format:</i> Lecture	<i>Tutor:</i> University employees, students trained by an individual with background and training in SCI rehabilitation <i>Mode:</i> Individual <i>Location:</i> Community <i>Intensity:</i> 8 lectures (2/mo) over 4 mo.	<ul style="list-style-type: none"> • Action • Tailor 	<ul style="list-style-type: none"> • Symptom • Lifestyle 	<ul style="list-style-type: none"> • Condition • Lifestyle
(Latimer, Ginis et al. 2006) Canada RCT N=37	<i>Name:</i> None <i>Topic:</i> Physical Activity <i>Format:</i> Booklet, counselling vs. self-guided physical activity	<i>Tutor:</i> Interventionist <i>Mode:</i> Individual <i>Location:</i> Home/community <i>Intensity:</i> 30 min sessions, 3 times per week for 8 weeks	<ul style="list-style-type: none"> • Action • Tailor 	<ul style="list-style-type: none"> • Lifestyle • Psychological • Other 	<ul style="list-style-type: none"> • Adherence • Psychological • Lifestyle
(Li, Chien et al.) China	<i>Name:</i> Coping Oriented Supportive Program (COSP)	<i>Tutor:</i> Nurse <i>Mode:</i> Group	<ul style="list-style-type: none"> • Problem • Action 	<ul style="list-style-type: none"> • Information • Psychological 	<ul style="list-style-type: none"> • Condition • Practical

Pre-Post N=99	<i>Topic:</i> Psychological wellbeing (i.e., cognitive appraisal, coping, social support) <i>Format:</i> Group session vs. 8 weekly didactic education session (control)	<i>Location:</i> Inpatient rehabilitation <i>Intensity:</i> 8 weekly (1-1.5 hr) sessions		<ul style="list-style-type: none"> • Social 	<ul style="list-style-type: none"> • Psychological • Social • Other
(Ljungberg, Kroll et al. 2011) USA Pre-Post N=32	<i>Name:</i> None <i>Topic:</i> Self-efficacy <i>Format:</i> Sharing experiences, model skills, initiate referrals	<i>Tutor:</i> Peer mentors, nurse, clinical psychologist <i>Mode:</i> Individual <i>Location:</i> Community <i>Intensity:</i> Weekly sessions for three months, then monthly up to one year	<ul style="list-style-type: none"> • Resource • Tailor 	<ul style="list-style-type: none"> • Symptom • Social • Other 	<ul style="list-style-type: none"> • Social
(Lucke 2004) USA Post-Test N=10	<i>Name:</i> None <i>Topic:</i> Psychological Well-being (i.e., adjustment, hope, QoL) <i>Format:</i> Peer mentoring by telephone	<i>Tutor:</i> Peers, nurse <i>Mode:</i> Individual <i>Location:</i> Home <i>Intensity:</i> 6 mo post inpatient rehabilitation	<ul style="list-style-type: none"> • Problem • Action 	<ul style="list-style-type: none"> • Information • Psychological • Social • Other 	<ul style="list-style-type: none"> • Condition • Advice • Psychological • Social
(MacGillivray, Sadeghi et al.) Canada Pre-Post N=20 Definition	<i>Name:</i> SCI Storylines <i>Topic:</i> Secondary condition management <i>Format:</i> Online	<i>Tutor:</i> App created by researchers, patients, caregivers and clinicians <i>Mode:</i> Individual <i>Location:</i> Online <i>Intensity:</i> Used application as needed during rehabilitation and up to 3 months post discharge	<ul style="list-style-type: none"> • Problem • Decision • Action • Tailor 	<ul style="list-style-type: none"> • Information • Lifestyle • Other 	<ul style="list-style-type: none"> • Condition • Resources • Everyday • Practical • Lifestyle
(Mackelprang, Hoffman et al. 2016) USA RCT N=164	<i>Name:</i> None <i>Topic:</i> General self-management <i>Format:</i> Telephone counselling vs. standard care (control)	<i>Tutor:</i> Peer interventionists, psychologist, physiatrist, rehabilitation counselor, nurse, physical therapist <i>Mode:</i> Individual <i>Location:</i> Home <i>Intensity:</i> 11 (30-45 min) calls at 1, 2, 4, 6, weeks and 2, 3, 4, 6, 8, 10 months post discharge	<ul style="list-style-type: none"> • Problem • Resource • Partnership • Action 	<ul style="list-style-type: none"> • Information • Psychological • Social • Other 	<ul style="list-style-type: none"> • Condition • Psychological • Resources
(Meade, Reed et al. 2016) USA	<i>Name:</i> Health Mechanics <i>Topic:</i> General/unspecified SM	<i>Tutor:</i> Behavioural health specialist <i>Mode:</i> Individual	<ul style="list-style-type: none"> • Problem • Resource • Action 	<ul style="list-style-type: none"> • Information • Psychological • Lifestyle 	<ul style="list-style-type: none"> • Condition • Psychological • Lifestyle

RCT N=22 Definition (Mehta, Hadjistavropoulos et al. 2019) Canada Post-Test N=8	<i>Format:</i> Lectures, exercise sessions, booklets vs. standard of care (control)	<i>Location:</i> Community <i>Intensity:</i> Approx. 3-10 sessions lasting 45 min	<ul style="list-style-type: none"> • Tailor 	<ul style="list-style-type: none"> • Communication • Other 	<ul style="list-style-type: none"> • Social
(Migliorini, Tonge et al. 2011) USA Case Series N=3	<i>Name:</i> ICBT Chronic Conditions Course <i>Topic:</i> Psychological Well-being <i>Format:</i> Online CBT with vignettes	<i>Tutor:</i> Researcher, clinical psychologist <i>Mode:</i> Individual <i>Location:</i> Online <i>Intensity:</i> 5 lessons over an 8-week period	<ul style="list-style-type: none"> • Problem • Decision • Action • Tailor 	<ul style="list-style-type: none"> • Information • Psychological • Other 	<ul style="list-style-type: none"> • Condition • Psychological
(Mortenson, Singh et al. 2019) Canada Post-Test N (SCI)=20 N (non-SCI)=55 Definition	<i>Name:</i> ePACT: Electronic Personal Administration of Cognitive Therapy <i>Topic:</i> Depression <i>Format:</i> CD rom, booklet	<i>Tutor:</i> Researchers <i>Mode:</i> Individual <i>Location:</i> Online <i>Intensity:</i> Unrestricted, self-complete	<ul style="list-style-type: none"> • Problem 	<ul style="list-style-type: none"> • Psychological • Other 	<ul style="list-style-type: none"> • Psychological • Lifestyle
(Mortenson, Singh et al. 2019) Canada Post-Test N (SCI)=20 N (non-SCI)=55 Definition	<i>Name:</i> SCI Health Storylines <i>Topic:</i> Self-efficacy <i>Format:</i> Mobile app, one-on-one interviews	<i>Tutor:</i> Researchers <i>Mode:</i> Individual <i>Location:</i> Rehabilitation <i>Intensity:</i> Daily health check-ins, 3 months	<ul style="list-style-type: none"> • Resource • Action • Tailor 	<ul style="list-style-type: none"> • Information • Symptom • Lifestyle • Other 	<ul style="list-style-type: none"> • Condition • Practical • Lifestyle
(Newman, Toatley et al.) USA Observational N=10 Definition	<i>Name:</i> Peer-supported Health Outreach, Education, and Information eXchange (PHOENIX) <i>Topic:</i> Secondary condition management <i>Format:</i> Online, peer support, videos	<i>Tutor:</i> Peers, nurse <i>Mode:</i> Individual <i>Location:</i> Community, online <i>Intensity:</i> Unlimited	<ul style="list-style-type: none"> • Problem • Resource • Action • Tailor 	<ul style="list-style-type: none"> • Information • Communication • Social • Other 	<ul style="list-style-type: none"> • Condition • Resources • Professionals • Practical • Social
(Newman, Gillenwater et al. 2014) USA RCT N=24	<i>Name:</i> None <i>Topic:</i> Community Reintegration <i>Format:</i> Peer mentoring/support vs. non-peer supported SCI group (control)	<i>Tutor:</i> Researchers <i>Mode:</i> Individual <i>Location:</i> Community <i>Intensity:</i> 4 weekly sessions	<ul style="list-style-type: none"> • Resource • Action 	<ul style="list-style-type: none"> • Symptom • Social • Psychological • Other 	<ul style="list-style-type: none"> • Condition • Psychological • Social • Lifestyle
(Nooijen, Stam et al. 2017) Netherlands RCT N=22	<i>Name:</i> None <i>Topic:</i> Physical Activity <i>Format:</i> Exercise sessions, individual plans vs. non-behavioural group	<i>Tutor:</i> Coach trained in motivational interviewing <i>Mode:</i> Individual <i>Location:</i> Rehabilitation	<ul style="list-style-type: none"> • Resource • Partnership • Action • Tailor 	<ul style="list-style-type: none"> • Information • Lifestyle • Psychological • Other 	<ul style="list-style-type: none"> • Condition • Professional • Psychological • Lifestyle

		<i>Intensity:</i> 2 sessions per month from 2 months before discharge until 3 months after discharge, 1 session per month in the following 3 months			
(Nooijen, Stam et al. 2016) Netherlands RCT N=22	<i>Name:</i> None <i>Topic:</i> Physical Activity <i>Format:</i> Instructions from HCP, exercise sessions, problem-solving vs. non-behavioural group (control)	<i>Tutor:</i> OT, PT <i>Mode:</i> Individual <i>Location:</i> Rehabilitation <i>Intensity:</i> 13 sessions beginning 2 months before and ending 6 months after discharge	<ul style="list-style-type: none"> • Problem • Decision • Action • Tailor 	<ul style="list-style-type: none"> • Information • Psychological • Lifestyle • Other 	<ul style="list-style-type: none"> • Condition • Professional • Psychological • Lifestyle
(Norrbrink Budh, Kowalski et al. 2006) Sweden Prospective Controlled Trial N=27	<i>Name:</i> None <i>Topic:</i> Pain management <i>Format:</i> Print-out material, lecture; CBT; social skills training vs. non-pain group	<i>Tutor:</i> Researchers <i>Mode:</i> Mixed <i>Location:</i> Hospital <i>Intensity:</i> 20 sessions over a 10-week period	<ul style="list-style-type: none"> • Action 	<ul style="list-style-type: none"> • Information • Drug • Symptom • Other 	<ul style="list-style-type: none"> • Condition • Social • Lifestyle
(O'Dell, Earle et al. 2019) England Post-Test N (SCI)=47 N (non-SCI)=46	<i>Name:</i> None <i>Topic:</i> Peer support <i>Format:</i> Peer mentoring/ support	<i>Tutor:</i> Lay person with SCI <i>Mode:</i> Individual <i>Location:</i> Community <i>Intensity:</i> one-time survey and telephone interview, focus group involved one 2-hr meeting	<ul style="list-style-type: none"> • Resource • Tailor 	<ul style="list-style-type: none"> • Information • Social 	<ul style="list-style-type: none"> • Condition • Resources • Everyday • Social
(Oyesanya, LeCroy et al.) USA Case Control N (SCI)=72 N (non-SCI)=135	<i>Name:</i> None <i>Topic:</i> Medication management <i>Format:</i> Video, lectures, booklet/hard copy resource vs. standard of care.	<i>Tutor:</i> Nurses, peers <i>Mode:</i> Group <i>Location:</i> Hospital <i>Intensity:</i> bi-monthly class, 1-yr period	<ul style="list-style-type: none"> • Problem • Decision • Resource 	<ul style="list-style-type: none"> • Information • Other 	<ul style="list-style-type: none"> • Condition • Resources • Practical
(Park, Lee et al. 2019) Korea Case Series N=2	<i>Name:</i> None <i>Topic:</i> Pressure ulcer management <i>Format:</i> Individual session with health care professional	<i>Tutor:</i> OT <i>Mode:</i> Mixed <i>Location:</i> Rehabilitation <i>Intensity:</i> 1 session		<ul style="list-style-type: none"> • Symptom 	<ul style="list-style-type: none"> • Equipment
(Patterson, Bushnik et al. 2005)	<i>Name:</i> None <i>Topic:</i> Community Reintegration	<i>Tutor:</i> Peer support volunteers, rehabilitation staff <i>Mode:</i> Mixed	<ul style="list-style-type: none"> • Problem • Decision • Resource 	<ul style="list-style-type: none"> • Information • Psychological • Lifestyle 	<ul style="list-style-type: none"> • Social • Psychological

USA Program Description N=0	<i>Format:</i> Group sessions, peer support, one-on-one support	<i>Location:</i> Hospital <i>Intensity:</i> Weekly or monthly	<ul style="list-style-type: none"> • Action • Tailor 	<ul style="list-style-type: none"> • Social 	
(Pellerito 2003) USA Case Series N=3	<i>Name:</i> None <i>Topic:</i> Computer-aided instruction (CAI) <i>Format:</i> Group lecture, one-on-one instruction	<i>Tutor:</i> Researcher <i>Mode:</i> Mixed <i>Location:</i> Rehabilitation <i>Intensity:</i> 2, 30-45 min modules, 1 module per day, over 2 consecutive days.	<ul style="list-style-type: none"> • Resource 	<ul style="list-style-type: none"> • Symptom 	<ul style="list-style-type: none"> • Condition • Practical
(Perry, Nicholas et al. 2011) Australia Program Description N=0	<i>Name:</i> SpinalADAPT <i>Topic:</i> Cognitive behavioural pain management <i>Format:</i> Group session with health care professionals	<i>Tutor:</i> Clinical psychologists, rehabilitation physicians, pain management consultants, physiotherapists, occupational therapists, nurses <i>Mode:</i> Group <i>Location:</i> Community <i>Intensity:</i> 8 weekly sessions, 10 am-3:30 pm	<ul style="list-style-type: none"> • Decision • Partnership • Tailor 	<ul style="list-style-type: none"> • Information • Symptom • Psychological • Other 	<ul style="list-style-type: none"> • Condition • Plan • Psychological • Social • Lifestyle
(Perry, Nicholas et al. 2010) Australia Prospective Controlled Trial N=36	<i>Name:</i> SpinalADAPT <i>Topic:</i> Cognitive behavioural pain management <i>Format:</i> Group sessions vs standard care (control)	<i>Tutor:</i> clinical psychologists, physiotherapists, nurses, and doctors <i>Mode:</i> Mixed <i>Location:</i> Community <i>Intensity:</i> 10 group sessions, total 45 hours	<ul style="list-style-type: none"> • Decision • Partnership • Tailor 	<ul style="list-style-type: none"> • Information • Symptom • Psychological • Other 	<ul style="list-style-type: none"> • Condition • Plan • Psychological • Social • Lifestyle
(Phillips, Temkin et al. 1999) USA Prospective Controlled Trial N=35	<i>Name:</i> None <i>Topic:</i> Pressure ulcer management <i>Format:</i> Counselling, phone, video vs. standard care (control)	<i>Tutor:</i> Nurse <i>Mode:</i> Individual <i>Location:</i> Community <i>Intensity:</i> weekly video sessions for 6-8 weeks, weekly telephone sessions for 4-6 weeks	<ul style="list-style-type: none"> • Partnership • Tailor 	<ul style="list-style-type: none"> • Symptom 	<ul style="list-style-type: none"> • Condition • Lifestyle
(Phillips, Vesmarovich et al. 2001) USA Prospective Controlled Trial N=111	<i>Name:</i> None <i>Topic:</i> Secondary condition management <i>Format:</i> Video, telephone vs. standard care (control)	<i>Tutor:</i> Nurse <i>Mode:</i> Individual <i>Location:</i> Community <i>Intensity:</i> 30-40 min sessions, once a week for 5 weeks then once every 2 weeks for 1 month (total of 9 weeks)	<ul style="list-style-type: none"> • Problem 	<ul style="list-style-type: none"> • Symptom • Psychological • Other 	<ul style="list-style-type: none"> • Condition • Psychological • Review

(Pollack, Zuger et al. 1992) USA Program Description N=0	<i>Name:</i> MOSES <i>Topic:</i> Community Reintegration <i>Format:</i> Group discussion, sharing experiences	<i>Tutor:</i> Lay people with chronic conditions, nurse <i>Mode:</i> Mixed <i>Location:</i> Community <i>Intensity:</i> 1 session per month	<ul style="list-style-type: none"> • Problem • Action 	<ul style="list-style-type: none"> • Lifestyle • Other 	<ul style="list-style-type: none"> • Condition • Social
(Price and Lightbody 1994) Australia Pre-Post N=10	<i>Name:</i> Community Living Skills Program <i>Topic:</i> Community Reintegration <i>Format:</i> Group session	<i>Tutor:</i> OT <i>Mode:</i> Group <i>Location:</i> Hospital <i>Intensity:</i> 10-week program	<ul style="list-style-type: none"> • Problem • Resource • Decision 	<ul style="list-style-type: none"> • Psychological • Other 	<ul style="list-style-type: none"> • Condition • Resources • Practical • Psychological
(Pryor and Jannings 2005)) Australia Pre-Post N=19	<i>Name:</i> None <i>Topic:</i> Bowel management <i>Format:</i> Individual education plan	<i>Tutor:</i> Nurse <i>Mode:</i> Individual <i>Location:</i> Community <i>Intensity:</i> 1-year program	<ul style="list-style-type: none"> • Problem 	<ul style="list-style-type: none"> • Symptom • Other 	<ul style="list-style-type: none"> • Condition • Adherence
(Radomski, Finkelstein et al. 2011) USA Pre-Post N=10	<i>Name:</i> Take Action <i>Topic:</i> Physical Activity <i>Format:</i> Lectures, exercise sessions	<i>Tutor:</i> Nutritionist, exercise physiologist, PT <i>Mode:</i> Group <i>Location:</i> Community Center <i>Intensity:</i> 12-week program, weekly	<ul style="list-style-type: none"> • Action • Tailor 	<ul style="list-style-type: none"> • Information • Psychological • Lifestyle 	<ul style="list-style-type: none"> • Condition • Psychological • Lifestyle
(Rintala, Garber et al. 2008) USA RCT N=38	<i>Name:</i> None <i>Topic:</i> Pressure ulcer management <i>Format:</i> One-on-one discussion, telephone	<i>Tutor:</i> Nurse, <i>Mode:</i> Individual <i>Location:</i> Hospital <i>Intensity:</i> 4 1-hr session		<ul style="list-style-type: none"> • Information • Symptom 	<ul style="list-style-type: none"> • Condition • Review
(Robineau, Nicolas et al.) France Pre-Post N=20	<i>Name:</i> None <i>Topic:</i> Pressure ulcer management <i>Format:</i> Lecture/seminar, group discussion, videos, booklet/hard copy resource	<i>Tutor:</i> Facilitator, expert <i>Mode:</i> Group <i>Location:</i> Rehabilitation <i>Intensity:</i> 2 1.5 hr workshops 15 days apart,	<ul style="list-style-type: none"> • Problem • Decision • Action 	<ul style="list-style-type: none"> • Information • Symptom 	<ul style="list-style-type: none"> • Condition • Resources • Practical
(Robinson-Whelen, Hughes et al.) USA RCT N=21	<i>Name:</i> Self-Esteem Enhancement Intervention for Women with (SEE-SCI) <i>Topic:</i> Psychological <i>Format:</i> Online vs. no interventions (control)	<i>Tutor:</i> Psychologist, peer <i>Mode:</i> Group <i>Location:</i> Online <i>Intensity:</i> 7, 2-hr weekly sessions	<ul style="list-style-type: none"> • Problem • Action 	<ul style="list-style-type: none"> • Information • Psychological • Communication • Social 	<ul style="list-style-type: none"> • Condition • Practical • Psychological • Social
(Rose, Piatt et al. 2008) USA	<i>Name:</i> None <i>Topic:</i> Self-efficacy	<i>Tutor:</i> Various medical professionals, peers <i>Mode:</i> Group	<ul style="list-style-type: none"> • Partnership • Resource 	<ul style="list-style-type: none"> • Information • Lifestyle • Social 	<ul style="list-style-type: none"> • Condition • Resources • Psychological

Pre-Post N=27	<i>Format:</i> Lecture, group discussion	<i>Location:</i> Hospital <i>Intensity:</i> 8 weeks, 3-hr weekly sessions		<ul style="list-style-type: none"> Psychological 	
(Rubinelli, Collm et al. 2013) Switzerland Program Description N=0	<i>Name:</i> PARAFORUM <i>Topic:</i> Health communication <i>Format:</i> Online	<i>Tutor:</i> Researchers, health professionals, peers, families <i>Mode:</i> Mixed <i>Location:</i> Online <i>Intensity:</i> Not specified		<ul style="list-style-type: none"> Information Symptom Social Other 	<ul style="list-style-type: none"> Condition Adherence Advice Social
(Sable and Gravink 1999) USA Program Description N=0	<i>Name:</i> Project PATH <i>Topic:</i> Community Reintegration <i>Format:</i> One-on-one instruction, peer mentoring	<i>Tutor:</i> Specialists, peers <i>Mode:</i> Individual <i>Location:</i> Community <i>Intensity:</i> 1-year program	<ul style="list-style-type: none"> Problem Resource Action Tailor 	<ul style="list-style-type: none"> Information Symptom Psychological Lifestyle Social Other 	<ul style="list-style-type: none"> Advice Practical Psychological Social
(Salci, Perrier et al. 2016) Canada Pre-Post N (SCI)=6 N (non-SCI)=6	<i>Name:</i> Active Living Leaders Training Program (ALLTP) <i>Topic:</i> Physical Activity <i>Format:</i> Online program, handbook, case studies, video vs able-bodied controls	<i>Tutor:</i> Exercise trainer <i>Mode:</i> Group <i>Location:</i> Online <i>Intensity:</i> 6 months	<ul style="list-style-type: none"> Problem Decision Resource Partnerships Action Tailor 	<ul style="list-style-type: none"> Lifestyle 	<ul style="list-style-type: none"> Communication Everyday Lifestyle
(Schubart 2012) USA Pre-Post N=14	<i>Name:</i> Pressure Ulcer Prevention and Management E-learning Program <i>Topic:</i> Pressure ulcer management <i>Format:</i> Online	<i>Tutor:</i> Researchers <i>Mode:</i> Individual <i>Location:</i> Online <i>Intensity:</i> 2-week program	<ul style="list-style-type: none"> Resource 	<ul style="list-style-type: none"> Symptom 	<ul style="list-style-type: none"> Condition Adherence Practical
(Scovil, Delparte et al.) Canada Observational N=2,371	<i>Name:</i> The SCI Knowledge Mobilization Network (SCI KMN) <i>Topic:</i> Pressure ulcer prevention <i>Format:</i> Lectures, group discussion, booklet/hard copy resource, individual session with health care professional	<i>Tutor:</i> Not specified <i>Mode:</i> Mixed <i>Location:</i> Rehabilitation <i>Intensity:</i> Not specified	<ul style="list-style-type: none"> Problem Decision Resource Action 	<ul style="list-style-type: none"> Information Symptom 	<ul style="list-style-type: none"> Condition Resources
(Shepherd, Badger-Brown et al. 2012)	<i>Name:</i> SCI-U <i>Topic:</i> Bladder and bowel management	<i>Tutor:</i> Clinicians, people with SCI <i>Mode:</i> Individual	<ul style="list-style-type: none"> Problem Decision Resource 	<ul style="list-style-type: none"> Information Symptom Psychological 	<ul style="list-style-type: none"> Condition Psychological

Canada Program Description N=0	<i>Format:</i> Electronic learning	<i>Location:</i> Online <i>Intensity:</i> Avg 47.5 min (SCI & You), 39.4 min (Bladder), 42 min (Bowel)	<ul style="list-style-type: none"> • Partnership • Tailor 	<ul style="list-style-type: none"> • Lifestyle • Other 	
(Shirai, Bulandres et al.) Canada Observational N=9	<i>Name:</i> Pressure Ulcer Target (PUT) <i>Topic:</i> Pressure ulcer management <i>Format:</i> Online	<i>Tutor:</i> Researchers, self <i>Mode:</i> Individual <i>Location:</i> Online <i>Intensity:</i> 2 weeks	<ul style="list-style-type: none"> • Tailor 	<ul style="list-style-type: none"> • Information • Symptom 	<ul style="list-style-type: none"> • Condition
(Sliwinski, Akselrad et al.) USA Observational N=22	<i>Name:</i> None <i>Topic:</i> Physical Activity <i>Format:</i> Exercise sessions, group sessions	<i>Tutor:</i> PT, OT <i>Mode:</i> Group <i>Location:</i> Community <i>Intensity:</i> 8-week program, 4 hr weekly	<ul style="list-style-type: none"> • Action 	<ul style="list-style-type: none"> • Information • Lifestyle 	<ul style="list-style-type: none"> • Condition • Lifestyle • Practical
(Tamplin, Baker et al. 2014) Australia RCT N=20	<i>Name:</i> None <i>Topic:</i> Music therapy <i>Format:</i> Individual session	<i>Tutor:</i> Researchers <i>Mode:</i> Group <i>Location:</i> Hospital <i>Intensity:</i> 12 weeks, 1-hr session	<ul style="list-style-type: none"> • Resource 	<ul style="list-style-type: none"> • Psychological • Other 	<ul style="list-style-type: none"> • Everyday • Psychological
(van der Woude, de Groot et al. 2013) Netherlands Program Description N=0	<i>Name:</i> ALLRISC <i>Topic:</i> Lifestyle and fitness <i>Format:</i> Exercise sessions vs. booklet (control)	<i>Tutor:</i> Psychologist, researcher <i>Mode:</i> Mixed <i>Location:</i> Rehabilitation, Home <i>Intensity:</i> Not specified	<ul style="list-style-type: none"> • Action 	<ul style="list-style-type: none"> • Symptom • Psychological • Other 	<ul style="list-style-type: none"> • Psychological • Lifestyle
(Verwer, van Leeuwen et al. 2016) Netherlands Pre-Post N=14	<i>Name:</i> Psyfit <i>Topic:</i> Psychological therapy <i>Format:</i> Online, telephone, booklet, peer-led support	<i>Tutor:</i> Psychologist, researcher <i>Mode:</i> Individual <i>Location:</i> Online, home, community <i>Intensity:</i> 4 weeks	<ul style="list-style-type: none"> • Problem • Resource • Partnership • Action 	<ul style="list-style-type: none"> • Information • Psychological • Lifestyle • Other 	<ul style="list-style-type: none"> • Condition • Resources • Psychological • Lifestyle
(Vines 2000) USA Program Description N=150	<i>Name:</i> TIRR PEERS <i>Topic:</i> Peer support <i>Format:</i> Counseling	<i>Tutor:</i> Peers, therapists, social workers <i>Mode:</i> Individual <i>Location:</i> Community <i>Intensity:</i> One-time or long-term	<ul style="list-style-type: none"> • Problem • Resource 	<ul style="list-style-type: none"> • Information • Drug • Symptom • Other 	<ul style="list-style-type: none"> • Condition • Resources • Practical • Social
(Vuckovic, Altaieb et al.) United Kingdom Pre-Post	<i>Name:</i> None <i>Topic:</i> Pain management <i>Format:</i> Individual session with health care provider	<i>Tutor:</i> Health care provider, unspecified <i>Mode:</i> Individual <i>Location:</i> Hospital, home	<ul style="list-style-type: none"> • Action • Tailor 	<ul style="list-style-type: none"> • Symptom 	<ul style="list-style-type: none"> • Practical • Equipment

N=15 Definition		<i>Intensity: 4 sessions (training), 2-3 times per week (practice)</i>			
(Warms, Belza et al. 2004) USA Pre-Post N=16	<i>Name: Be Active in Life Program Topic: Lifestyle physical activity Format: Booklet/hard copy resources, one-on-one instruction, telephone</i>	<i>Tutor: Nurse Mode: Individual Location: Home Intensity: 4-day physical activity, 90-min home visit, 8 min calls for 4 days</i>	<ul style="list-style-type: none"> • Action • Tailor 	<ul style="list-style-type: none"> • Psychological • Other 	<ul style="list-style-type: none"> • Condition • Psychological • Lifestyle
(Wilde, Fairbanks et al. 2015) USA Pre-Post N=4 Definition	<i>Name: None Topic: Bladder management Format: Online, booklet/hard copy resources, telephone, group discussion</i>	<i>Tutor: Nurse Mode: Mixed Location: Online Intensity: 3 months</i>	<ul style="list-style-type: none"> • Action • Tailor 	<ul style="list-style-type: none"> • Information • Symptom • Other 	<ul style="list-style-type: none"> • Condition • Resources • Practical
(Wilde, Fairbanks et al. 2015)** USA Program Description N=0 **Same program as (Wilde, Fairbanks et al. 2015) Definition	<i>Name: None Topic: Bladder management Format: Online, booklet/hard copy resources, telephone, group discussion</i>	<i>Tutor: Nurse Mode: Mixed Location: Online Intensity: 3 months</i>	<ul style="list-style-type: none"> • Action • Tailor 	<ul style="list-style-type: none"> • Information • Symptom • Other 	<ul style="list-style-type: none"> • Condition • Resources • Practical
(Wilde, McMahon et al. 2016)** USA Pre-Post N=26 Definition **Same program as (Wilde, Fairbanks et al. 2015) Definition	<i>Name: None Topic: Bladder management Format: Online, booklet/hard copy resources, telephone, group discussion</i>	<i>Tutor: Nurse Mode: Mixed Location: Online Intensity: 3 months</i>	<ul style="list-style-type: none"> • Action • Tailor 	<ul style="list-style-type: none"> • Information • Symptom • Other 	<ul style="list-style-type: none"> • Condition • Resources • Practical
(Williams 2005) United Kingdom Program Evaluation	<i>Name: None Topic: Bladder and bowel management</i>	<i>Tutor: Nurse Mode: Individual Location: Hospital Intensity: 5 months</i>	<ul style="list-style-type: none"> • Problem • Action 	<ul style="list-style-type: none"> • Symptom • Lifestyle • Other 	<ul style="list-style-type: none"> • Condition • Advice

N=31	<i>Format: Individual one-on-one instruction with HCP</i>				
(Wilroy, Martin Ginis et al.) USA Observational N=12	<i>Name: e-STORIES Topic: Physical activity Format: Online</i>	<i>Tutor: Researcher Mode: Individual Location: Online Intensity: 30-min program</i>	<ul style="list-style-type: none"> • Problem • Action 	<ul style="list-style-type: none"> • Information • Lifestyle • Psychological • Other 	<ul style="list-style-type: none"> • Condition • Lifestyle • Psychological
(Wise 2009) USA Observational N=21	<i>Name: None Topic: Physical activity Format: Booklet/hard copy resources, DVD, individual one-on-one instruction with HCP</i>	<i>Tutor: PT Mode: Individual Location: Home, Online Intensity: 3 months, weekly</i>	<ul style="list-style-type: none"> • Problem • Action • Tailor 	<ul style="list-style-type: none"> • Psychological • Other 	<ul style="list-style-type: none"> • Condition • Psychological • Social • Lifestyle
(Yasenchak and Bridle 1993) USA Pre-Post N=31	<i>Name: Your Skin: An Owner's Manual Topic: Pressure ulcer management Format: Education manual</i>	<i>Tutor: "Instructor" Mode: Individual Location: Medical center Intensity: Not specified</i>	<ul style="list-style-type: none"> • Resource 	<ul style="list-style-type: none"> • Symptom 	<ul style="list-style-type: none"> • Condition
(Young 1999) Canada Program Description N=0	<i>Name: None Topic: Peer mentorship Format: Counseling</i>	<i>Tutor: Lay people with SCI Mode: Individual Location: Rehabilitation Intensity: Bi-weekly meeting</i>	<ul style="list-style-type: none"> • Problem • Action • Tailor 	<ul style="list-style-type: none"> • Information • Other 	<ul style="list-style-type: none"> • Condition • Social
(Zahl, Compton et al. 2008) USA Pre-Post N=27	<i>Name: None Topic: Self-efficacy Format: Lectures, group discussion, peer-support</i>	<i>Tutor: Trained volunteers Mode: Group Location: Rehabilitation Intensity: 8 weeks</i>	<ul style="list-style-type: none"> • Problem • Decision • Action • Tailor 	<ul style="list-style-type: none"> • Symptom • Psychological • Lifestyle • Communication • Other 	<ul style="list-style-type: none"> • Condition • Adherence • Practical • Psychological • Lifestyle
(Zarei, Rashedi et al.) Iran RCT N=70	<i>Name: SAMAR-App Topic: Sexual dysfunction management Format: Online vs. information provided at study end (control)</i>	<i>Tutor: Researchers Mode: Individual Location: SCI center Intensity: 8 weeks</i>	<ul style="list-style-type: none"> • Problem • Action 	<ul style="list-style-type: none"> • Psychological • Communication • Other 	<ul style="list-style-type: none"> • Condition • Psychological
(Zemper, Tate et al. 2003) USA RCT N=43	<i>Name: Well on Wheels Topic: Self-efficacy Format: Workshop (group) sessions, counselling vs. no intervention (control)</i>	<i>Tutor: Behavioural health specialist Mode: Group Location: Hospital Intensity: 6, 4-hr workshops, 3 months</i>	<ul style="list-style-type: none"> • Problem • Resource • Action • Tailor 	<ul style="list-style-type: none"> • Symptom • Psychological • Lifestyle • Other 	<ul style="list-style-type: none"> • Condition • Practical • Psychological • Lifestyle

(Zinman, Digout et al. 2014) Canada Pre-Post N=21	<i>Name:</i> The Community Reintegration Outpatient (CROP) service <i>Topic:</i> Community Reintegration <i>Format:</i> Peer support, group discussion, booklet	<i>Tutor:</i> OT, social worker <i>Mode:</i> Group <i>Location:</i> Hospital <i>Intensity:</i> 120 minutes weekly, 12 weeks	<ul style="list-style-type: none"> • Problem • Resource • Action 	<ul style="list-style-type: none"> • Social • Psychological • Other 	<ul style="list-style-type: none"> • Condition • Psychological • Social
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