## **Assessing the Effectiveness of a Travel Training Program for Individuals Sustained Traumatic Spinal Cord Injury**

### BACKGROUND

Individuals who have recently sustained a spinal cord injury (SCI) often face significant challenges and obstacles when it comes to engaging in travelactivities, particularly in related unfamiliar environments. They may lack the necessary skills, motivation, and confidence to navigate and adapt to new places. Thus, systematic travel training programs (TTPs) are needed to best support people with SCI (PwSCI) in developing essential travel skills. However, there is a notable scarcity of research and information regarding effective strategies and interventions for systematic travel training for PwSCI.

The findings of the study should offer valuable insights into the effectiveness of the program in meeting the travel needs satisfaction of autonomy, competence, and relatedness for PwSCI. Consequently, researchers can further refine and tailor the program to better support the unique needs and aspirations of PwSCI.

									RE	SULTS	5											REFERENCES
(76.9%), white (65.4%), and never married (53.8%). • The largest age group was 18 to 30 years old (42.3%).					<ul> <li>ANCOVA Test</li> <li>Compared to the control group, the training group showed a greater improvement in their needs satisfaction for competence (F<sub>(1, 23)</sub>=5.75, p=.02).</li> <li>No significant differences were found between the two groups in their needs satisfaction for autonomy and relatedness.</li> <li>Table 3. Descriptive Statistics and ANCOVA Results</li> </ul>									Pa	ired Sa	Cole, S., Whiteneck, G., Kilictepe, S., Wang, W., Hoback, N. G., & Zhao, H. (2020). Multi-stakeholder perspectives of						
												:   : •	<ul> <li>TTP participants reported a significant enhancement in their travel needs satisfaction for autonomy (<i>t</i>=-2.546, <i>p</i>=.016) and competence (<i>t</i>=-3.885, <i>p</i>=.001) after completing the program.</li> <li>No significant change was observed in participants' travel needs satisfaction for relatedness (<i>t</i>=382, <i>p</i>=.355).</li> <li>Table 4. Paired Samples T-Test</li> </ul>								<ul> <li>environmental barriers to participation in travel-related activities after spinal cord injury. <i>Disability and Rehabilitation</i>, 44(5), 672-683.</li> <li>Gassaway, J., Sweatman, M., Rider, C., Edens, K., &amp; Weber, M. (2019). Therapeutic recreation outcomes during inpatient SCI rehabilitation: Propensity score analysis of SCIRehab data. <i>Therapeutic recreation journal</i>, 53(2), 99-116.</li> <li>Hua, C., &amp; Cole, S. (2023). Influence of Psychological Factors on Participation and Life Satisfaction in the Context of</li> </ul>	
1.00											:	Paired Differences Significance							• Travel and Tourism after Spinal Cord Injury. International Journal of Environmental Research and Public Health,			
Variables	TTP Group Category 18-30y	Frequency (%) 7(53.8%)	Control Grou Category 18-30y	up Frequency (%) 4(30.8%)	Competence	М	Pretest SD	Μ	Posttest SD A	.dj M F 5.7	Condition 6 <i>p</i> 5 0.02*	Partial eta <sup>2</sup> 0.20			Mean	Std. Deviation	Std. Error Mean	95% C.I. Differ Lower		t df	One-sided p	20(1), 516. Jörgensen, S., Iwarsson, S., & Lexell, J. (2017). Secondary health conditions, activity limitations, and life satisfaction in
Age (y)	31-40y 41-50y 51-60y	1(7.7%) 4(30.8%) 1(7.7%)	31-40y 41-50y 51-60y	6(46.1%) 1(7.7%) 2(15.4%)	C Trea	ontrol 3.8 ment 3.2		3.78 3.97		3.56 4.17			÷	Pair 1 Post_Autonomy	41111	.51065	.16148	77641	04581	-2.546 9	.016*	<ul> <li>older adults with long-term spinal cord injury. <i>PM&amp;R</i>, 9(4), 356-366.</li> <li>Moura, A., Eusébio, C., &amp; Devile, E. (2022). The 'why'and</li> </ul>
Gender	Men Women	8(61.5%) 4(30.8%)	Men Women	12(92.3%) 1(7.7%)	Autonomy C	ontrol 3.3		3.65		1.3 3.57	9 0.26	0.09	i	Pair 2 Pre_Competence	72308	.67101	.18611	-1.12857	31759	-3.885 12	.001**	<ul> <li>'what for' of participation in tourism activities: travel motivations of people with disabilities. <i>Current Issues in Tourism</i>, 1-17.</li> </ul>
Race/Ethnicity	White, Caucasian Black, African American	6(46.2%) 6(46.2%)	White, Caucasian Black, African American	11(84.6%) 2(15.4%)	Trea Relatedness			3.75		3.77 1.0	4 0.32	0.06		Post_Competence								
Family Household	Less than \$50,000 \$50,000 – \$99,999	0(0.0%) 1(7.7%)	Less than \$25,000 \$50,000 – \$99,999	4(30.8%) 1(7.7%)	C Trea	ment 3.8		4.08 3.95		4.13 3.98				Pair 3 Post_Relatedness Post_Relatedness	06061	.52585	.15855	41387	.29266	382 10	.355	CRAIG·H Source of Funding: CRAIG·H Craig H. Neilsen Foundation
Income	\$100,000 and above	7(53.9%)	\$100,000 and above	5(38.5%)	*Notes. M = N	ean, SD = Sta	andard Deviatio	rd Deviation, Adj = Adjusted, * $p < .05$ .			*	*Notes. * p < .05, ** p < .01, *** p < .001.							NEILSEN FOUNDATION (#643969)			





# **ACADEMY OF SPINAL CORD INJURY PROFESSIONALS**

### PURPOSE

- Guided by the self-determination theory, the study seeks to examine the effectiveness of a TTP implemented at the
- Shepherd Center by evaluating its
- impacts on the travel needs satisfaction of autonomy, competence, and relatedness among individuals with SCI.

### SIGNIFICANCE

- available support and travel companions (12 items)
- differences to evaluate the TTP's effectiveness.

Variables	Measurements	Cronbach's $\alpha$	CR	AVE
	1) I feel capable of staying overnight at the place I visit	0.76	0.938	0.754
	2) I feel confident about traveling long distances following my SCI			
Competence	3) I feel accomplished after traveling long distance			
	4) I feel capable about dealing with difficulties I encounter during travel			
	··· ···			
	1) I'd feel free to decide when and to where I want to travel	0.714	0.909	0.541
	2) My travel decisions would reflect what I really want			
Autonomy	3) I'd feel in control while traveling regardless of whether the			
	service/place is accessible to me or not			
	··· ···			
	1) There would be someone around to help me travel if I need	0.813	0.927	0.522
	2) I'd feel comfortable asking for help from others during travel			
Relatedness	<ol> <li>I'd be concerned that people I meet during travel will not engage with me (reversed)</li> </ol>			

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### METHOD

**Design:** Two-group pretest-posttest quasi-experimental design **Sample:** 1) 13 patients with new SCI who partook in the TTP; 2) 13 patients with new SCI who didn't partake in the TTP (control). **Measures:** <u>Competence</u>: overall capability for traveling long distances (5 items); <u>Autonomy</u>: freedom and control (9 items); <u>Relatedness</u>:

**Analysis:** 1) Descriptive statistics; 2) ANCOVA to examine the between-group differences and paired samples T-test for within-group

 Table 1. Sample Items for Each Variable

- travel.

### CONCLUSIONS

Compared to the control group, a greater improvement in travel competence was observed in the training group, suggesting the efficacy of the travel training program in enhancing participants' knowledge and skills of overnight and long-distance travel, as well as their problem-solving capabilities during travel.

• For participants of the travel training program, their perceived autonomy was significantly enhanced after completing the training program, indicating the effectiveness of the program in promoting the sense of independence and control in the context of travel.

• The travel training program did not have a significant impact on participants' sense of connection and social relationships related to

• The TTP program seems to have been primarily focused on individual skills and abilities and may need to improve by fostering social interactions and relationships within the travel context.



