

Measures of Bias

The following measures will be implemented to assess and minimize potential biases in the trial:

1. **Credibility/Expectancy Questionnaire:** A 6-item self-report measure adapted for spinal cord injury populations that assesses participants' perceptions of treatment credibility and their expectations regarding outcomes. Participants will rate four items on a 9-point scale (1 = not at all credible/helpful, 9 = very credible/helpful) and two items on an 11-point scale (0% = no improvement expected, 100% = complete improvement expected).
2. **Mindfulness-Based Interventions Teaching Assessment Criteria (MBI-TAC):** A validated rating system specifically designed to assess treatment integrity and adherence in mindfulness-based interventions. This tool evaluates facilitator competence across six domains: coverage of curriculum elements, relational skills, embodiment of mindfulness, guiding practices, inquiry processes, and holding the group learning environment. Each domain is rated on a 6-point scale (1 = incompetent, 6 = highly competent).
3. **Treatment Preferences Assessment:** Prior to randomization, participants will complete a brief measure assessing their preference for receiving the mindfulness intervention plus usual care versus usual care alone. This 4-item questionnaire uses a 5-point Likert scale (1 = strongly prefer usual care, 5 = strongly prefer mindfulness intervention) to quantify treatment expectations and preferences.
4. **Assessment of Blinding Integrity:** Although participants will be instructed not to disclose their group allocation, outcome assessors will be asked to document any accidental unblinding incidents and to indicate their perception of participants' group assignment at 3-month and 6-month assessments. Assessors will rate their certainty using a 5-point scale (1 = completely uncertain, 5 = completely certain).
5. **Monitoring of Contamination and Co-interventions:** Use of concurrent psychological interventions, mindfulness practices, or other complementary therapies in both groups will be monitored using the modified CSRI. Additional exploratory analyses will examine the potential impact of any co-interventions on study outcomes.
6. **Treatment Adherence Monitoring:** Detailed records will be maintained of session attendance, home practice completion (using practice logs), and participant engagement levels. Adherence rates below

70% will trigger additional support procedures in accordance with the study protocol.

7. Therapist Competence and Drift Assessment: Regular supervision sessions and random review of 15% of audio-recorded sessions will ensure maintenance of treatment fidelity and prevent therapist drift throughout the intervention period.