

OTs' Perspectives on Traumatic Brain Injury and Grief: A Phenomenological Study

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PURPOSE: Based on general and occupational therapy-specific literature, researchers have highlighted the psychosocial effects caused by changes in function, roles, and occupations in an individual after a traumatic brain injury (TBI). [1, 2] However, as a profession we do not have a comprehensive understanding of the grief process, over time, and its relation to the OT process. This research sought to fill the gap in knowledge and to better understand occupational therapy practitioners' perspectives of the grieving process in individuals with a traumatic brain injury and how they address it in practice. The questions guiding this research were: (1) How do OTPs observe and address changes in occupational performance in individuals after a TBI? (2) How do OTPs observe individuals with TBI experiencing grief? (3) How do OTPs perceive grief impacting an individual's recovery following a TBI? (4) How do OTPs understand and address grief in the occupational therapy process, and is it effective?

DESIGN: A phenomenological inquiry research design was implemented to better understand the experiences of OTPs working with individuals status post-TBI. [3]

METHOD: Eleven occupational therapists, with a range of 3.5 to 33 years of direct clinical experience, working with individuals with TBI were recruited through convenience sampling. Participants worked in acute care (n = 2), inpatient (n = 7) and outpatient (n = 2) rehabilitation settings. Semi-structured interviews were completed with all participants. We completed four rounds of focused, axial coding of all transcripts. [4] Credibility and trustworthiness were addressed through investigator triangulation, audit trails, field notes and member checking.

RESULTS: Three major themes emerged after analysis: therapeutic interventions, social support, and grieving the loss of roles. Therapeutic interventions included interventions that were inherently OT and also those that were used specifically for the TBI population. All of the participants described psychosocial interventions that were utilized to address social-emotional concerns; however, none of these interventions specifically addressed grief. There were three social support systems identified as significant during the rehabilitation process: family and loved ones, peer support from individuals in similar situations, and the interdisciplinary team. The third theme identified grief as the loss of roles, which was impacted by a client's cognition and physical impairments. The participants addressed grief by "being there" for the individual and their family during times of emotional distress. Notably, participants consistently reported that they did not feel comfortable addressing grief with individuals following a TBI and there appeared to be no intentional or standardized process to identify or address grief.

CONCLUSION: Accordingly, this research emphasized that OTs currently address potential symptoms of grief, such as expressed emotions, but not the grief itself. These findings highlight that OTs tend to address mood and psychosocial distress in therapy sessions while acknowledging the loss of roles and the valued supports of each client. However, these insights did not provide any consistent approach to intentionally address the grief process. The implication for occupational therapy practice is to further conversations about grief and the unmet needs for clients and practitioners regarding the grief process following a TBI and addressing grief over the course of therapy. Research implications include further studies conducted to determine how grief is manifested in this population and what effective intervention strategies may be provided to address grief.

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