Inclusion for a Student with Traumatic Brain Injury (TBI) in Third Level Education in Ireland: An Autoethnographic Perspective

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Background

The overall aim of this research is to create awareness and understanding of what living with TBI means for a person participating in the work place environment of third level education.

An individual's experiences at work—be they physical, emotional, mental or social in nature—affect a person in the workplace, but it can also have implications for their life in general.

A holistic approach to improve the promotion of health and wellbeing in the workplace environment will help people with TBI reach their maximum potential and create a more inclusive environment.

Approximately 9,000-11,000 sustain TBI in Ireland annually (Headway, 2016). Men are twice as likely to sustain TBI than woman (Jennett, 1996).

TBI is a sudden trauma to the brain. It has physical, cognitive, emotional and behavioural consequences for an individual (Yeates, 2009). These manifest as psychosocial challenges for me which on reflection, exacerbated the consequences of my TBI and caused great stress and reduced my participation in third level education.

Autoethnographic research

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"My self-concept suffered as a result of acquiring TBI as I contend that I failed to live up to the person I ought to be or would like to be. I resisted and denied the outcomes of my TBI. I experienced a sense of loss following my accident which was exacerbated by interactions in the educational environment. I avoided all social interactions, both good and bad which caused a decline in my emotional well-being."	**Self-identity (Humphrey, 1987: Cantor, 2005).**
"On many occasions because of my mobility and balance difficulties, I had to take a more accessible route rather than the most logical route to get to the next lecture hall. This separated me from my peers so I found it a challenge to establish meaningful relationships with others".	**Physical barriers-Balance, and slow mobility (Sherry, 2006). Isolation (Morton, and Wehman, 1995).**
" I experienced emotional distress arising from the negative labels imposed on me by my peers who were unaware of my hidden challenges. I internalised these labels which constrained my ability to communicate, and my engagement socially and academically".	**(Hogg and Terry, 1995)**

Literature

- Physical barriers- Balance, and slow mobility (Sherry, 2006).
- Fatigue (Kennedy et al., 2008).
- Cognitive- Slow thought processing skills, speech and executive functioning (Dikmen et al., 2009).
- Self-identity (Chamaz, 1995: Humphrey, 1987: Cantor, 2005).
- Severity of Injury (Mealings and Douglas, 2010).
- Isolation (Morton, and Wehman, 1995).
- Individualised needs and holistic approach (Chamberlain, 2006).
- Social network and support- increase well being (Haslam, et al., 2008) that motivates students to perform.
- Acceptance of TBI develops one's self awareness (Yeates et al., 2008).
- Cognitive Behavioural Therapy helps to gain an understanding of why one thinks and responds to certain situations. Improves coping (Yeates et al., 2008).
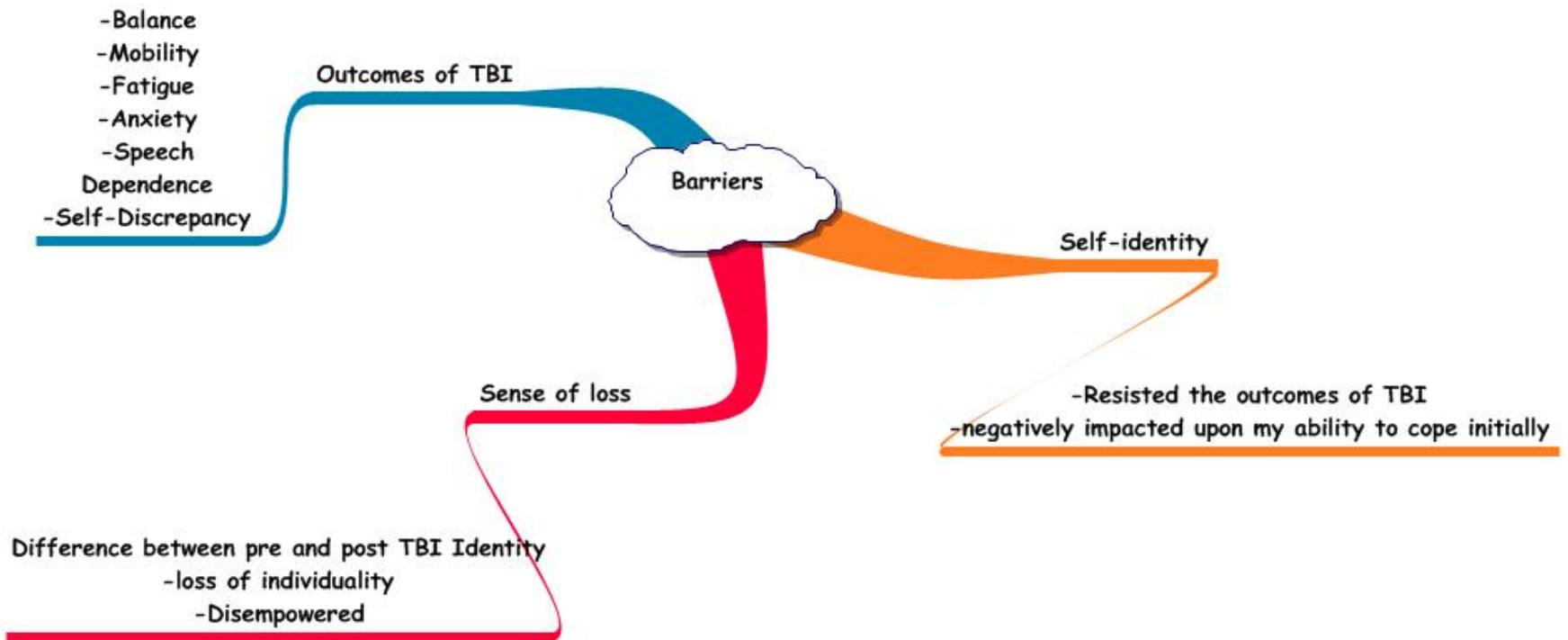
Self Identity
- Self- Acceptance
- Develops self-awareness
- Resilience
- Appreciated by others
- Self-advocacy

Academic Support
- A better awareness and understanding regarding strengths and weaknesses of students with TBI would create a more collaborative working environment
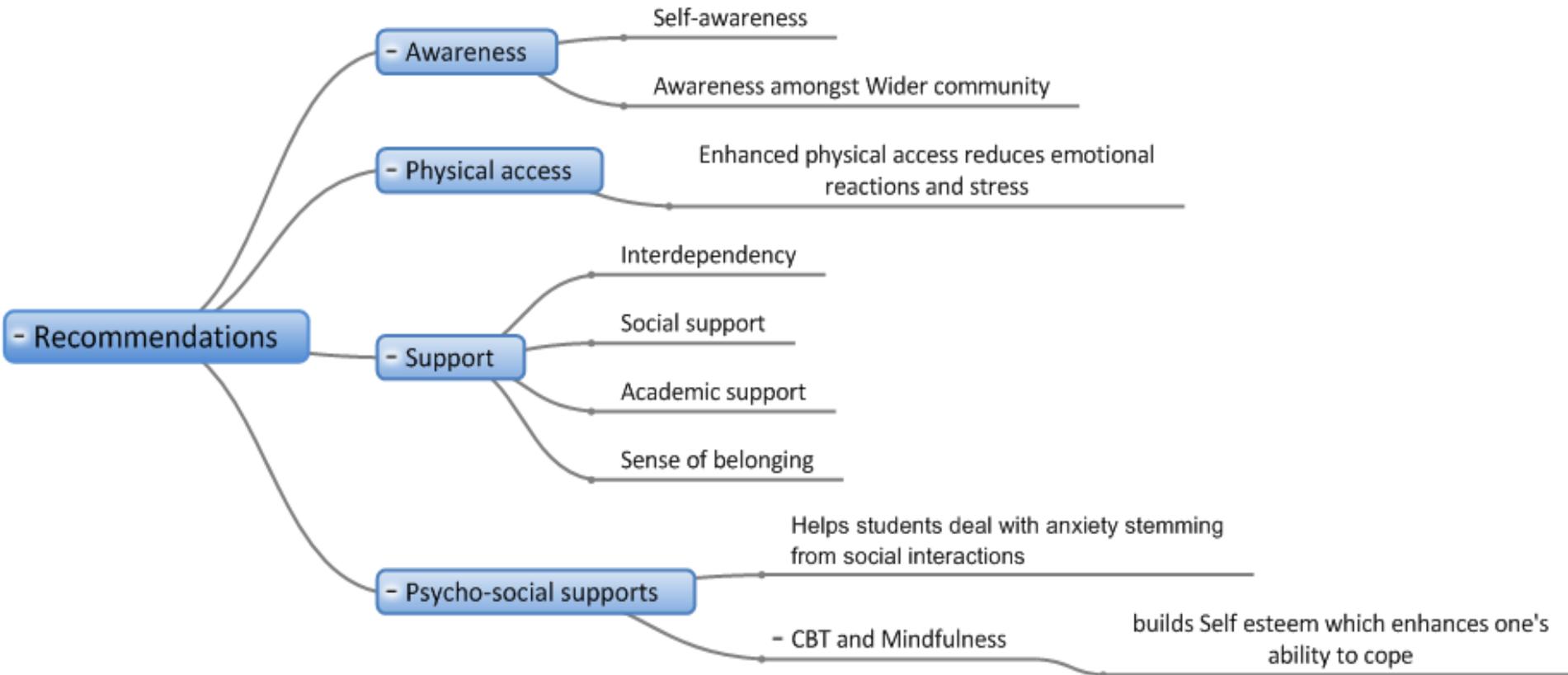- CBT

Holistic approach
- Recognition of consequences of TBI
- Unique and Individualised Supports

Social Support
- Sense of belonging
- Enhances a person's well-being and reduces stress

Recommendations

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Thank you.