Family Reintegration Experiences of Soldiers with Combat-related Mild Traumatic Brain Injury

Hyatt, Kyong; Davis, Linda; Barroso, Julie; Madigan Army Medical Center; Tacoma, WA

**Purpose:** The purpose of this study was to explore the post-mild traumatic brain injury (mTBI) family reintegration experiences of soldiers' and their civilian spouses. Despite less visible physical injuries, these soldiers demonstrate varying levels of physical and cognitive symptoms that impact their post-mTBI family reintegration. Existing literature acknowledges post-mTBI changes in the injured individual affects family functioning; however, the impact of specific factors, such as coping and adaptation on post-injury family functioning has not been explored. The aims were to describe post-mTBI challenges, management strategies, and family reintegration process. To address these aims, the research question asked was: “How do soldiers with mTBI and their spouses describe post-mTBI family reintegration?”

**Methods:** Strauss and Corbin’s grounded theory methodology was used to collect and analyze the data. Sampling was directed by theoretical sampling methods, which means that recruitment was guided by emerging and theoretically relevant constructs drawn from analysis of collected data. The primary method for data collection was face-to-face, semi-structured interviews. Study participants included active duty soldiers with history of combat-related mTBI who were between 2 and 24 months post-deployment and their civilian spouses. Nine dyads yielded a total of 27 interviews (9 conjoint soldier-spouse interviews, 9 spouse interviews, and 9 soldier interviews).

**Findings and Nursing Implications:** The overarching theme of the reintegration experience was finding the new normal. A new normal was defined by participants as the couple’s new, post-mTBI expectation of the family unit or family routine. The theme of new normal that emerged from the interviews is supported by the following related categories: facing up to the soldier’s unexpected homecoming, managing unexpected changes in the family routine, experiencing mismatched expectations, and adjusting to new expectations for the family. The majority of participants, soldiers and their spouses, indicated soldiers’ symptoms such as irritability, memory loss, and cognitive deficit affected their family reintegration. Some participants reported they had accepted the changes and were working toward a “new normal,” whereas others indicated these changes were unacceptable and continued their efforts to resume pre-injury functioning. The majority of interviewed soldiers and spouses indicated that a delayed diagnosis, difficulty accessing mental health care, and having to navigate an unfamiliar military healthcare system were their biggest challenges.

**Conclusion:** Post-mTBI families experienced significant disruption due to mismatched expectations among themselves and other family members concerning their post-injury capabilities. Nurses are the forefront of military healthcare; therefore, they can impact the post-mTBI reintegration process as an educator, advocate, and a provider with interventions that directly assist finding the family’s new normal. Future studies that examine post-mTBI family reintegration as they evolve over time may provide a deeper understanding and provide a basis for creating effective rehabilitation and support programs.

**Contact:** kyong.s.hyatt.mil@mail.mil