Supplementary Material

'Would you take a drug for this?': attitudes by individuals with traumatic brain injury towards medication to improve social functioning

Sandra Reeder[A,*], *Katherine Sewell*[A], *Natasha A. Lannin*[A,B], *Madeleine J. Smith*[A] and *Bridgette D. Semple*[A,B]

[A]Department of Neuroscience, School of Translational Medicine, Monash University, Melbourne, Vic, Australia. Email: Katherine.Sewell@monash.edu, Natasha.Lannin@monash.edu, madeleine.smith@monash.edu, bridgette.semple@monash.edu

[B]Alfred Health, Prahran, Vic, Australia

*Correspondence to: Email: Sandra.reeder@monash.edu

Consolidated criteria for reporting qualitative studies (COREQ): 32-item checklist

A Qualitative Study on Attitudes towards Medication to improve Social Functioning

No	Guide questions/description	Author response
Domain 1: Research team and reflexivity		
Personal Characteristics		
1. Interviewer/facilitator	Which author/s conducted the interview or focus group?	A trained qualitative interviewer conducted the interview. Their positionality is noted in the methods
2. Credentials	What were the researcher's credentials? *E.g. PhD, MD*	The researchers and authors all have PhD's and two have experience as health professionals
3. Occupation	What was their occupation at the time of the study?	The research team work in a Department of Neuroscience at an Australian university
4. Gender	Was the researcher male or female?	The research team is all female
5. Experience and training	What experience or training did the researcher have?	All authors have training and experience in neuroscience and neurotrauma. SR and NL are experienced qualitative researchers.
Relationship with participants		
6. Relationship established	Was a relationship established prior to study commencement?	None of the participants were previously known to the research team

7. Participant knowledge of the interviewer	What did the participants know about the researcher? e.*g. personal goals, reasons for doing the research*	The participants were told about the aims for the research and expected outcomes
8. Interviewer characteristics	What characteristics were reported about the interviewer/facilitator? e.g. *Bias, assumptions, reasons and interests in the research topic*	This has been described briefly in a table on author positionality in the online supplementary material
Domain 2: study design		
Theoretical framework		
9. Methodological orientation and Theory	What methodological orientation was stated to underpin the study? *e.g. grounded theory, discourse analysis, ethnography, phenomenology, content analysis*	Qualitative description design underpinned by a framework approach and thematic analysis
Participant selection		
10. Sampling	How were participants selected? *e.g. purposive, convenience, consecutive, snowball*	Purposive sampling was used page 7
11. Method of approach	How were participants approached? e.*g. face-to-face, telephone, mail, email*	Through the Victorian State Trauma Registry
12. Sample size	How many participants were in the study?	15 participants were interviewed
13. Non-participation	How many people refused to participate or dropped out? Reasons?	Of the 15 purposively sampled, all agreed and completed an interview
Setting		
14. Setting of data collection	Where was the data collected? e.*g. home, clinic, workplace*	Data collection was via phone
15. Presence of non-participants	Was anyone else present besides the participants and researchers?	No
16. Description of sample	What are the important characteristics of the sample? *e.g. demographic data, date*	These have been described in the results page 9
Data collection		

17. Interview guide	Were questions, prompts, guides provided by the authors? Was it pilot tested?	Interview guide is provided in Table 1
18. Repeat interviews	Were repeat interviews carried out? If yes, how many?	No
19. Audio/visual recording	Did the research use audio or visual recording to collect the data?	Audio-recording
20. Field notes	Were field notes made during and/or after the interview or focus group?	No
21. Duration	What was the duration of the interviews or focus group?	This has been listed in the results page 9
22. Data saturation	Was data saturation discussed?	Information power was used due to issues with defining data saturation
23. Transcripts returned	Were transcripts returned to participants for comment and/or correction?	No
Domain 3: analysis and findings		
Data analysis		
24. Number of data coders	How many data coders coded the data?	2
25. Description of the coding tree	Did authors provide a description of the coding tree?	The coding tree is represented as the themes and subthemes
26. Derivation of themes	Were themes identified in advance or derived from the data?	Inductive coding was conducted to identify data derived themes.
27. Software	What software, if applicable, was used to manage the data?	NVivo
28. Participant checking	Did participants provide feedback on the findings?	No
Reporting		
29. Quotations presented	Were participant quotations presented to illustrate the themes / findings? Was each quotation identified? *e.g. participant number*	Yes

30. Data and findings consistent	Was there consistency between the data presented and the findings?	Yes
31. Clarity of major themes	Were major themes clearly presented in the findings?	Yes
32. Clarity of minor themes	Is there a description of diverse cases or discussion of minor themes?	Yes

Supplemenatry material: Author positionality

Author and current role	Experience and qualifications	Lens
SR Senior Research Fellow	Qualitative researcher, PhD. Research experience in trauma recovery, TBI, social functioning. Professional background as a critical care nurse and educator	Research in traumatic brain injury, long term recovery from trauma, rehabilitation, social functioning
KS Neuroscience Research Fellow	Neuroscience researcher, PhD Professional background as an occupational therapist	Research in recovery from neurotrauma, Mental health
NL Professor of Neuroscience	Head of Brain Recovery and Rehabiliation Group, PhD, Implementation scientist. Professional background and extensive expereince as an occupational therapist	Research in traumatic brain injury, rehabilitation, acute and long term recovery from neurotrauma, social functioning
MS Neuroscience Research Fellow	Neuroscience researcher, PhD	Research, Rehabilitation, brain injury
BS Associate Professor of Neurotrauma Research	Neurotrauma researcher, PhD	Research in pediatric and adult neurotrauma

Table of Additional Supporting quotes

Theme 1: TBI impacts on social roles and activities	
Change in recreational interest and activities	I was teaching two of my kids to swim before my accident. The accident happened and I haven't been able to do that since. It's just all those little things that get in the way of just life. (P5) It has impacted me… from noise. I used to like metal detecting, but, obviously, it makes an audible beep, the metal detecting, and it's hard to do that because of the noise. (P5)
Role change in family units	Obviously, my marriage has broken up…. Just total breakdown of a 25-year marriage. (P4) I'm trying to get my kids back in my care, so I've got to do another neuro test with DHS [Department of Human Services], to see if I can handle my kids. (P6) My kids walked away a little bit because they always told me I should have walked away from this person that I was with…. I still do talk to them [but …] the relationship with the kids is a bit hard. (P11) I'm a machine operator, putting sheds and that together, I don't have the concentration for that. (P6)
Theme 2: Change in social networks	
Limited social activity	I don't go like I used to be in crowds and stuff like that. I can't stand being in crowds. (P11) I guess that's how it impacts is that I just don't, because I'll get there and be there for five minutes and feel like super exhausted and have to leave. (P13) I don't actually reach out to anyone for support. It's almost like I don't want the support. I want to indulge in isolation. (P14)
Psychological factors contribute to reduced social participation	I saw all of these old people that I used to hang with, and I didn't know what to say to them…my brain kept saying to me, get out of here. Go home. I felt almost like I couldn't breathe. (P10) [I want] to stop the negative thoughts. (P11)
Theme 3: Openness to novel treatments to improve social functioning	
Willingness to take medication to improve social functioning	I'd hope that it would make me a lot better, and stuff like that, socialise a lot better. (P11) I think that I would be interested in taking it, trying it, I guess. If it could give me back the ability to do the things and be interested in the things

	that I used to be interested in, I would like that. I would like to do the things that I was interested in before the accident. (P13)

I'd be interested in trying it because it might help me out in the long run. Making new friends and stuff. (P3)

I love stuff that's new to the market… I'd give anything a go. (P7)

If they [Dr] thought it was beneficial to me, to cure some of those, if not all of those symptoms, I would happily take it. (P15) |
| Factors impacting on proposed medication decision making | As long as there are no side-effects it's an easy decision. (P1)

I'd probably want to research the background. (P12)

You've got to put your trust and faith into people that are qualified. (P15)

I think whoever is recommending it should be specialised in it. I suppose if somebody is recommending a new drug, I would trust that they would have done the research if they're medically trained in it. (P14)

I'd rather a specialist, like some of the people I dealt with at the [name of hospital] and stuff… If they told me that I should try this, it's really good. (P12)

If it was lifelong I wouldn't have a problem. I'm on an antidepressant I think for the rest of my life, it's not a big deal for me really. (P4) |