**Supplemental Table 1:** MeSh Search Terms

| Condition | Method | Outcome |
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| *Traumatic Brain Injury* or *TBI* | *Qualitative Research* or *Qualitative* or *Interview* or *Focus Group* or *Perspectives* | *Resilience* or *Recovery* or *Adjustment* or *Coping* or *Experiences* |

**Supplemental Table 2:** Examples of iterative refinement of taxonomies

| Domain | Initial Taxonomy | First Revision |
|---|---|---|
| Example of Individual-level Barrier | **1. Difficult emotions**<br>a. Anger [1, 18, 21, 38]<br>b. Shock, loss of control, fear [5]<br>c. Sadness [10, 18]<br>d. Grief [18]<br>e. Shame [20, 22, 38]<br>f. Experience of deep loss [32] | **1. Difficult emotions**<br>a. Anger and frustration stemming from occurrence of TBI, life changes, and pace of recovery [1, 18, 21, 38] [13] [29]<br>b. Anxiety/fear stemming from loss of control, possible recurrence, uncertainty about future and recovery 5] [4, 5, 6, 17, 35]<br>c. Sadness, grief, and experience of "deep loss" of former life and autonomy/independence [10, 18] [32 [5] [25, 33]<br>d. Shame/ Guilt related to increased dependency and changes in ability [20, 22, 38] [5] |
| Notes | As part of this process, we referenced a numbered list of reviewed references and included the references with coded findings.<br><br>In each revision, our team considered the phrasing of statements to best communicate overarching findings to readers, and to describe the lived experiences of individuals with TBI across studies. | |

**Supplemental Table 3:** Demographic characteristics

| Background | | | | | Methodology | |
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| **Authors, year** | **Geographic location** | **Sample size; study population and characteristics** | **Time since TBI** | **Eligibility Criteria** | **Data collection method** | **Analytical strategy** |
| Adams, D., & Dahdah, M. (2016). | United States (Dallas/ Fort Worth) | *N*=17<br><br>**Sample:** 8 individuals with severe TBI; 3 individuals with mild TBI; 6 primary caregivers<br><br>**Gender:** 6 women; 5 men<br><br>**Age:** Range 28-83 | At least 1 year since injury | TBI survivors were: (1) at least 18, (2) > 1-year post-injury, (3) diagnosed with mild-severe TBI using Glasgow Coma Scale (GCS) and/or duration of unconsciousness, and (4) able to participate in purposeful social interaction. Those lacking insight regarding their injury and associated symptoms were excluded, as were those in the first author's TBI support group. | Individual semi-structured interview | Thematic analysis |
| Analytis, P., McKay, A., Hamilton, M., Williams, G., Warren, N., & Ponsford, J. (2018). | Melbourne, Australia | *N*=8<br><br>**Sample:** Individuals with severe TBI<br><br>**Age:** Range 25-63 years old (M/SD not reported)<br><br>**Gender:** 1 woman; 7 men | **Median time post-TBI**: 1707 days, range (1105-2048) | Had a TBI and experienced impaired mobility, but to be walking independently and able to safely complete physical tests | Individual semi-structured interview | Thematic analysis |
| Anne Jones, J., & Curtin, M. (2011). | Regional and rural New | *N*=32 | **Range:** 2-31 years since TBI | **Eligibility:** Individuals who experienced a TBI and were a part of 1 of 8 rural Brain | Individual semi-structured interview | Thematic analysis (Grounded theory) |

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| Chouliara, N., & Lincoln, N. B. (2016). | South Wales, Australia | **Sample:** Adults with TBI, clients of Brain Injury Rehabilitation Programs<br><br>**Gender:** 11 women; 21 men<br><br>**Age:** Range 24-66 years old (M= 44.9)<br><br>TBI severity: 37.5% extremely severe, 18.7% very severe, 15.6% severe | | Injury Rehabilitation Programs. | | |
| Dixon, G., Thornton, E. W., & Young, C. A. (2007). | Liverpool, UK | *N*=24<br><br>**Sample:** Individuals with stroke (n=8), traumatic brain injury (n=6) or other monophasic neurological impairment (n=10)<br><br>**Gender:** 12 women; 12 men<br><br>**Age:** Range: 17-59 years old (M=38.1) | **Range of duration of impairment:** 2 -360 months (Median=22) | **Inclusion:**<br>-Aged 16 - 65 years<br>-Diagnoses of stroke, traumatic brain injury, or other monophasic neurological impairment<br>-Monophasic neurological impairment resulting in difficulties with indoor mobility and/or self-care activities.<br>-Able to understand English and communicate responses, with professional assistance if needed<br>**Exclusion:**<br>-Significant cognitive impairment on clinical assessment and judgement.<br>-Evidence of significant psychiatric illness.<br>-Evidence of drug or alcohol abuse. | Individual semi-structured interviews in person (N=11) or over phone (N=5)<br><br>Open-ended questions; stratified, purposive sampling approach | Thematic analysis |

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| Douglas, J. M. (2013). | Australia | *N*=20<br><br>**Sample:** Adults with severe / very-severe TBI as a result of motor vehicle-related trauma<br><br>**Gender:** 4 women; 16 men<br><br>**Age:** Range 21-54 years old (M= 35.2) | **Range of time since injury:** 5-20 years (M=10.4) | **Eligibility:** Recruitment with purposive sampling of adults living in the community several years after sustaining severe–very severe TBI as a result of motor vehicle-related trauma. Metropolitan community disability agencies providing services to people with TBI were contacted and provided with written information about the study. | Individual semistructured qualitative interviews questionnaires (e.g., Extended Glasgow Outcome Scale, Global quality of life self-rating) | Constructivist Grounded Theory approach |
| Douglas, M., Driver, S., Callender, L., & Woolsey, A. (2019). | Pittsburg, USA | *N*=18<br><br>**Sample:** Individuals with moderate-severe TBI enrolled in the 12-month DPP-GLB TBI program (modified Diabetes Prevention Program—Group Lifestyle Balance program)<br><br>**Gender:** 7 women; 11 men<br><br>**Age:** M=45.6 years old (SD=12.3) | **Range of time since injury:** 3-22 years (Median= )8 | **Eligibility:** (1) between the ages of<br>18 and 64 years, (2) having a moderate or severe TBI diagnosis at<br>least 6 months postinjury (identified during screening by the Ohio<br>State University Traumatic Brain Injury Identification Method<br>questionnaire), (3) having a BMI classified as overweight or obese,<br>and (4) obtaining physician approval. | Individual semistructured qualitative | Thematic analysis (Six-phase, theoretical analysist-driven approach) |
| Drummond, M., Douglas, | Australia | *N*=15 | **Range of time since injury:** 1 month-4 years | Participants were required to be over 18 years of age, have emerged from post- | Individual semistructured qualitative | Thematic analysis (inductive techiques) |

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| J., & Olver, J. (2013). ‘ | | **Sample:** Individuals with TBI requiring inpatient rehabilitation who had not completed mainstream Australian education<br><br>**Gender:** 1 woman; 5 men<br><br>**Age:** Range 25-63 years old | | traumatic amnesia (PTA) at least 1 month prior to participation, have sufficient communication and cognitive skills to support the interview process, have no reported or documented nasal surgery or olfactory disturbance pre-injury and have no significant past psychiatric history. Significant past psychiatric history (e.g. schizophrenia) was an exclusion criterion due to its association with olfactory dysfunction | | |
| Dubuc, É., Gagnon-Roy, M., Couture, M., Bier, N., Giroux, S., & Bottari, C. (2019). | Canada | *N*=5<br><br>**Sample:** Individuals with severe TBI obtained from motor vehicle accidents<br><br>**Gender:** 2 women; 3 men<br><br>**Age:** Range 28-50 years old | **Range of time since injury:** 9-37 years (M=17.6 years); required ≤ 5 years post, long-term experience of living with TBI | **Inclusion:** moderate to severe TBI confirmed by EMR, living in the community (w/ or w/o assistance), living alone or with a family member, have major difficulties with meal preparation, TBI ≥ 5 years ago -all considered unfit for work at the time of the study -4 participants were employed when trauma occured All were recruited from a a cooking class at the Quebec Association of Traumatic Brain Injury | Individual semi-structured interviews conducted in participants' homes with questionnaires about grocery shopping, formulating a meal goal, planning meals, and meal preparation. | Thematic analysis (inductive: (i) codification, (ii) matrix building and (iii) elaboration of conclusions and verification of findings). |

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| Fadyl, J. K., Theadom, A., Channon, A., & McPherson, K. M. (2017) | Hamilton and Auckland regions of New Zealand | *N*=89<br><br>**Sample:** individuals with TBI (n= 52) and their significant others (n= 37)<br><br>**Age:** Range 16 to 85 years old (M=45 years; Median= 46 years) | **Range of time since injury:** at least 6 months | **Inclusion:** Persons with TBI were over 16 years old and at least 6 months post onset with persistent symptoms; significant others were at least 16 years old and "knew the participant well" | Interviews at approximately 6, 12 and 24 months following the TBI.<br><br>Either with significant other or separately, depending on participants' preference. Semistructured interviews, most often in participants' homes.<br><br>Up to three interviews per participant. | Longitudinal and crossectional analysis.<br><br>Thematic analysis |
| Godwin, E., Chappell, B., & Kreutzer, J. (2014). | N/A | *N*=45 documents<br><br>**Sample:** 40 TBI authored documents and five clinician authored documents- internet blogs, reported narratives and published memoirs of caregivers, survivors, and clinicians | N/A | **Eligibility:** Internet narratives (blog posts, periodicals, books)<br>1. must have been written first-hand by a caregiver and/or survivor; or must be a transcribed recounting of caregiver/survivor dialogue<br>2. must be readily accessible to the public<br>3. entry, story or memoir must have included at minimum two full-thought reflections on a romantic | Exhaustive search to find 29 blog entries, five reported narratives with extensive survivor or caregiver quotes and six published memoirs, | Thematic analysis with data triangulation (Grounded theory) |

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| | | | | partner relationship and the impact of TBI on that relationship;<br>4. romantic relationship referenced must include at least one person who has sustained a TBI<br>5. narrative must include personal reflection by the author or speaker regarding the impact of TBI on his or her romantic relationship<br>6. couple represented in the narrative must have been together at the time of document construction | | |
| Graff, H. J., Christensen, U., Poulsen, I., & Egerod, I. (2018). | Denmark | *N*=20<br><br>**Sample:** Adults with mild-severe TBI age 18-60 admitted to intensive care units, NICU or step-down units<br><br>**Gender:** 8 women, 12 men<br><br>**Age:** Range 25-63 years old | **Range of time since injury:** 11-47 months | **Inclusion:** Patients referred to municipal rehabilitation 1-4 years after TBI | Qualitative explorative design with semi-structured in-depth interviews | Thematic analysis; hermeneutical phenomenological approach (inductive and deductive techniques) |
| Hammond, F. M., Davis, C. S., Cook, J. R., Philbrick, P., & Hirsch, M. A. (2012). | U.S. | *N=44*<br><br>**Sample:** 16 persons with TBI, 10 spouses; 2 parents; 13 community-based professionals and providers; 3 focus group facilitators, one focus group observer, 4 brain injury researchers | **Range of time since injury:** 2-16 years | **Inclusion:** living with TBI and irritability for at least 2 years. people w TBI, family members, professionals, TBI researchers, at least 18 years old | Participatory research approach to qualitative research: 50 focus groups | Thematic analysis (Constructivist approach to grounded theory) |

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| | | **Gender:** 4 women; 12 men (persons with TBI)<br><br>**Age:** Range: 18-66 years old | | | | |
| Herrmann, L. L., & Deatrick, J. A. (2019). | U.S. | *N*=11 total (5 dyads - 1 individual) - TBI (N=6) - Caregivers (N=5) | N/A | TBI survivors, ≥ 60 yrs. old, admitted to acute care w/i last 2-6 weeks, diagnosis of TBI, SH, TSH, or cerebral contusion, GCS 9-15 (mild to moderate TBI), ability to consent, no preexisting cognitive impairment, no incarceration Caregivers: ≥ 18 yrs. old, ability to consent | Descriptive qualitative approach and semi-structured interviews (1 interviewer all interviews: Field notes recorded by interviewer, describe the interview and participant, particularly nonverbal behavior. Transcriptions w/I 3 days) | Thematic analysis - 1st 2 interviews coded independently by two investigators. Codes/themes of survivors and caregivers were combined (they were consistent) |
| Hux, K., Bush, E., Zickefoose, S., Holmberg, M., Henderson, A., & Simanek, G. (2010). | Lincoln, NE, USA | *N*=11<br>2 male, 2 female. 20–28 years at the time of the study, having sustained injuries between the ages of 14–17 | 4-10 Years | HX of severe TBI, at least one week in coma, graduated from HS despite, English is primary language, adequate hearing, no other neurological diagnoses. | Qualitative, multiple case study design within a constructivist paradigm; semi-structured interviews | Constant comparisons method: Coding and thematic analysis; Weft QDA software; triangulation |
| Jumisko, E., Lexell, J., & | Sweden | *N*=8<br>2 women, 6 men, aged between 29-53 with a | Range 7-15 years, median 10 years | **Inclusion**: moderate-severe TBI (GCS score), capacity, interest, and | Qualitative interviews; | Content analysis: phenomenological hermeneutic |

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| Söderberg, S. (2009). | | median of 41 y/o, 2 lived alone, 5 lived with their family, 1 lived with his parents, 4 had PCAs/ companions | | desire to describe experience, min 3 years post-injury, all employed or students pre-injury - 4 currently employed - 1 returned to pre-injury employment | phenomenological hermeneutic | interpretation - 3 phases: naive understanding, structural analysis, and comprehensive understanding. |
| Keegan, L. C., Togher, L., Murdock, M., & Hendry, E. (2017) | Southeastern US | *N*=4<br>4 English speaking males between 29 and 59 years of age who had all sustained a severe TBI more than 10 years previously<br><br>Age range between 29 and 59, men | 10 years or more | 4 English speaking males between 29 and 59 years of age who had all sustained a severe TBI more than 10 years previously | Case study, 2-hour communicative interactions from 12 group treatment sessions during 2015 | Topic analysis, as well as linguistic analysis methods that incorporated the theory of Systemic Functional Linguistics |
| Kruithof, N., Traa, M. J., Karabatzakis, M., Polinder, S., de Vries, J., & de Jongh, M. A. C. (2018). | The Netherlands | N=20<br>**Age** m=55 (SD=16); male=12; Female=8 | Avg= 17 months.<br>Range= 12-21 months | (a) patients ages 18–64 years with a blunt trauma of the lower extremity, with an ISS less than 13 and without other serious injuries; (b) patients 75 years or older with an ISS less than 16; (c) patients ages 18–64 years with a blunt trauma, with an ISS 16 or more (i.e., severely injured); and (d) severe traumatic brain injury (TBI) patients ages 18–64 years with an AIS head 4 or more and admitted to an ICU. Exclusion criteria | Focus Groups | Hybrid inductive-deductive coding; thematic analysis |

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| | | | | were (1) preexisting severe cognitive deficits and (2) an insufficient knowledge of the Dutch language. | | |
| Lefebvre, H., Cloutier, G., & Josée Levert, M. (2008). | Montreal, Quebec Canada | TBI: *N*=22<br>Caregivers: *N*=21<br>All French-speaking<br>-TBI Male: n=15<br>-TBI Female: n=7<br>-Parent caregiver: n=6<br>-Child caregiver: n=2<br>-Sibling caregiver: N=1<br>-Spouse caregiver: N=4<br>-Friend caregiver: N=2<br>-Ex-Spouse caregiver: N=1<br>-residential care center resource person: N=1 | Mean=12.8 years | TBI age: 40-49 years, mean 42.4 years; Male 68.2% Caregivers age: 18-50+ (42.9% 50 yrs and over); Female 57.1% | Qualitative semi-structured interviews. People w/ TBI and caregivers interviewed separately but simultaneously | Thematic content analysis; initial analysis for emerging themes; secondary analysis used to identify convergent and divergent data and consistent themes. Iterative process |
| Lefebvre, H., & Levert, M. J. (2012). | Quebec, Canada, and France | N=150<br><br>Sample: Individuals with TBIs, their loved ones, and health care professionals | 2 to 7 years back (average = 4.3 years) | Individuals with TBIs who took part in the study were: men (70%), single (55%), and between the ages of 18 and 29 years (36%) | 18 focus groups | Thematic content and comparative analysis; units of meaning (categories) at the same time as the data collection; iterative design until saturation of categories |
| Liddle, J., Fleming, J., McKenna, K., Turpin, M., | Queensland Australia (from a major | -35; 15 people who had ceased driving following TBI, 10 Family Members, and 10 Health Professionals | Mean = 2.2 years, SD = 2.18, range = 0.5–8.5 years | Participants had experienced a TBI, had driving as a key rehabilitation issue and | A qualitative methodology was used, employing semi structured | Constant comparison method; Thematic analysis; Nvivo |

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| Whitelaw, P., & Allen, S. (2012). | metropolitan hospital) | -12 male, 3 female; mean age = 35.9, range = 21-63, SD = 13.4 | | were currently living in the community. participants nominated family members. Health care professionals who are regularly involved w pw TBI w driving issues were recruited through local rehabilitation services and professional network | interviews; descriptive phenomenological approach; in person and phone | |
| Mbakile-Mahlanza, L., Manderson, L., & Ponsford, J. (2015). | Botswana | *N*=64<br>21 individuals with moderate to severe TBI, 18 caregivers and 25 healthcare workers<br>TBI sample: 16 men (ages 19-50), 10 women (ages 26-62), Caregivers: 18 ( 83% female) ( ages 23-70), Healthcare workers (30% nurses) | 6 months- 1 year | ADD | semi-structured interviews | Thematic analysis |
| McPherson, K., Fadyl, J., Theadom, A., Channon, A., Levack, W., Starkey, N., . . . Group, T. E. R. (2018). | New Zealand | 62 N=22 (family) N=40 (TBI)<br><br>40 pw/TBI (18 mild, 8 moderate, 14 severe) and 22 significant others of pw/TBI (5 daughters, 8 wives, 2 mothers, 3 husbands, 3 partners, 1 ex-partner). Family: 86.4% female; 36.4% European; 36.4% | All were 6-9 months post-injury | *Inclusion:*<br>Yes: Disabling TBI including mild TBI in which there was persistent impairment or disability at 6 months<br>No: cannot participate in interview even w/ assistance - varied employment status; financial situations; | Longitudinal qualitative descriptive design. - individual or dyadic based on preference of p w/TBI 3 semi structured interviews in the first 2 years post-TBI- but only | Thematic analysis |

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| | | wife TBI: 70 % male; 72.5% European; 45% mild; 40% fall induced. | | independence and living situations. | reported data from interviews done 6-9mo. post-injury. | |
| Mealings, M., Douglas, J., & Olver, J. (2019). | Australia | *N*=18<br><br>**Sample:** Individuals with moderate-severe TBI<br><br>**Gender:** 7 women; 11 men<br><br>**Age:** M=45.6 years old (SD=12.3) | **Range of time since injury:** 3-22 years (Median= )8 | **Eligibility:** (1) between the ages of 18 and 64 years, (2) having a moderate or severe TBI diagnosis at least 6 months postinjury (identified during screening by the Ohio State University Traumatic Brain Injury Identification Method questionnaire), (3) having a BMI classified as overweight or obese, and (4) obtaining physician approval. | Longitudinal, predominantly qualitative: three in-depth interviews over a period of 4-15 months | Longitudinal, grounded theory, three semi-structured interviews over a period of 3-15 months, NVivo, authors discussed emerging codes/themes, triangulation attempted but only one responded. |
| Muenchberger, H., Kendall, E., & Neal, R. (2008). | Australia | N=6<br>4 males, 2 females, mean age=36, range=22-49 | Average=16.6 years since injury, spanning across 5 categories (1-2 years since injury. 2-10, 10-15. 15-20, 25+) | Individuals who returned to work or study after a brain injury and were within 1 of 5 post-injury time frames: 1-2 years. 2-10, 10-15. 15-20, 25+. Also had to have undergone inpatient and outpatient brain injury rehab | Interpretive qualitative research design using a phenomenological approach, "Qualitative 'life-story' interviewing" conducted face-to-face over 2 sessions to avoid fatigue | Thematic analysis |

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| Mumbower, R., Childs, G., Vance, D. E., Dreer, L. E., Novack, T., & Heaton, K. (2019). | U.S. | N=16<br>**Age:** Age at injury ranged from 19-47 with a mean of 32.4 years old (SD=9.90) | Years since injury ranged from 1-4 years with a mean of 2.6 years (SD=0.90) | 16 individuals with moderate-severe TBI meeting at least one of the following: (1) post-traumatic amnesia greater than 24 hours; (2) trauma related abnormalities on neuroimaging; (3) LOC >30min; or (4) GCS< 13. | Open coded (inductive); thematic analysis; to enhance credibility: triangulation, reflexivity, audit trail | Thematic analysis |
| Nalder, E., Fleming, J., Cornwell, P., Shields, C., & Foster, M. (2013). | Australia | N=16<br>15 men 1-woman, mean age 36.25 (range 18-55) | 6 months transition period to community after hospitalization | Diagnosed TBI, aged between 18–60 years, have adequate cognitive and communication skills to provide informed consent and be returning to live in a community setting (i.e., not transferred to another healthcare facility). | Semi-structured interviews in person (N=11) or over phone (N=5) | Thematic analysis using Framework approach |
| Nochi, M. (2000). | Middle-sized city located in the eastern region of the United States | N=10<br>2 women and 8 men, ages ranged from 24 -54 years. 3 - 28 years, with the mean of 9.5 years. | 3 - 28 years, with the mean of 9.5 years. | Understood that he or she had TBI; lived in a community after discharge from a hospital; exhibited observable language and intellectual abilities for in-depth interviews; and, interested in talking about and reflecting on his or her experience | In-depth semi-structured interviewing and participant observation | Grounded theory method; open coding |
| Oppermann, J. D. (2004). | Midwest US | N=2<br>Both female, age 31 and 46 | 23 and 27 years | Understand the purpose of the study, be 21 years of age or older, had sustained a TBI as defined by the BIA and had held a work | Qualitative multiple-case study design; Semi-structured interviews via | Cross-case/-sectional analysis was used to identify phenomenological |

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| | | | | position prior to injury that served as primary income | phone and written documentation | themes (thematic analysis) |
| Salas, C. E., Casassus, M., Rowlands, L., Pimm, S., & Flanagan, D. A. (2018). | Head Forward Centre, Manchester UK | N=11<br>9 male, 2 female; mean age = 49, range 30-63, SD = 9.6 | 17 (SD= 8.8; range: min = 5, max = 33) | Participants with chronic TBI from the Head Forward Centre, a social rehabilitation day program | In person interviews with semi structured questions, 30 min | Theory-led thematic analysis; "candidate" thematic map |
| Self, M., Driver, S., Stevens, L., & Warren, A. M. (2013). | Texas | N=17<br>5 female, 12 male, mean age 28, range 18-61 | Range 1-12 months since injury | (a) ages 18–64, (b) first-time TBI, (c) undergoing comprehensive outpatient rehabilitation, and (d) high cognitive functioning. | In person qual focus groups, 30-40 min<br><br>Interviews intended to inform an a Health Promotion Program to facilitate physical activity among patients with TBI | Thematic analysis with Atlas.t.i |
| Shorland, J., & Douglas, J. M. (2010). | Victoria, Australia | N=2<br>22 years and 6 months, female; 30 years and 2 months, male | 2 years and 10 months post-injury, severe brain injury; 15 years and 1-month, severe brain injury | Sustained severe TBI; minimum post-injury interval of 2 years; age 20-35 years; English as first language; receiving SLP for communication issues; awareness of deficits | In-depth semi-structured interviews conducted with each of the participants in their homes; open-ended | Qualitative approach based on Grounded Theory; coded and then assigned categories, thematic analysis; reflexive approach |
| Shotton, L., Simpson, J., & | Northwest of England | N=9<br>7 men 2 women; 21-59 age | 2-6 years | TBI, over 18, at least 2 years post injury; had | Semi-structured interview | Interpretative phenomenological |

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| Smith, M. (2007). | | | | insight into the nature of their impairments; had support from family or friends and had accessed a neuropsychological rehabilitation service based in the Northwest of England. | | analysis; thematic analysis; Atlas.ti |
| Simpson, G., Mohr, R., & Redman, A. (2000). | Southwestern Sydney, Australia | N=39 (18 with TBI, 21 family members)<br>Of the 18 with TBI, 15 were male and 3 females. Mean age=31.32 | Mean of 41.68 months since injury (range 5-132) | People with TBI and family members from Italian, Lebanese and Vietnamese backgrounds | Qualitative interviews with patients and family members, with the aid of interpreters | Inductive thematic analysis |
| Soeker, M. S., & Pape, C. (2019). | South Africa | N=10<br>**Age:** ranged 20-36 y/o<br>Gender: 8 males, 2 females | ≤ 3 months post rehabilitation | Inclusion Criteria: -diagnosed with either a mild or a moderate brain injury -paid employment before their injury -≤ 3 months post rehabilitation - able to communicate effectively in English and Afrikaans and understand verbal questions -18+ years old. Exclusion Criteria: -severe head injuries -active symptoms from additional psychiatric disorders (DSM V) - multiple disabilities | Multiple case study design, semi-structured interviews, and simple observation methods in face-to-face interaction. | Thematic analysis |
| Soeker, M. S., Van Rensburg, V., & Travill, A. (2012) | South Africa | N=10 TBI survivors<br>**Age:** 31-64 y/o (41.4 mean-calculated from data) | -At least 1-year post-BI for inclusion - longest time | Inclusion criteria: - Individuals were diagnosed with a brain injury that was either mild or moderate | Qualitative - phenomenological research design - in-depth | Thematic analysis, : i.e., comprehending, synthesizing |

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| | | Gender: 9 males (90%), 1 female (10%) | post injury: 23 years -shortest time post injury: 6 years -Not reported - calculated (m=8.9 yrs. since injury; range: 3-20 yrs. post) | according to the Glasgow Coma Scale – Individuals were employed before and after the diagnosis in work for remuneration for a period of 6 months – Individuals received medical intervention and rehabilitation such as physiotherapy, speech therapy and or occupational therapy – Individuals lived in Cape Town and was over the age of 18 years – Individuals lived 1 year with the brain injury – Individuals understood verbal questions and communicate effectively in English and Afrikaans – Individuals were selected from diverse race and gender groups Exclusion Criteria: – Individuals who sustained a severe head injury were excluded from the study – Individuals were excluded if they had additional psychiatric diagnosis according to the DSM IV | interviews; simple participant observation & field notes | (decontextualizing), theorizing and recontextualizing. A manual coding system to obtain codes, categories and themes was used (fairly extensive detail in paper) |

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| Soeker, S. (2016). | Cape Town, South Africa | N=10<br>1 female 9 male; no ages reported, over 18 | N/A | Mild to moderate BI, at least one year post, employed before injury and for 3 months after, had interdisciplinary rehab, communicate in English and Afrikaans, 18 years | Semi-structured interview and observation Vocational rehabilitation programme using the Model of Occupational Self Efficacy (MOOSE) | Qualitative paradigm specifically utilizing multiple case study methodology; Yin's analytical strategy: thematic analysis, triangulation |
| Stenberg, M., Stålnacke, B.-M., & Saveman, B.-I. (2020). | Umeå, Northern Sweden | TBI: 21 Family systems: 21 **Age:** m=49 (27–70) Gender: 14 males, 7 females | Range: 5.5-7.5 years Mean: 6.5 years | Inclusion: 18-65 y/o with acute STBI and GCS 3-8. Exclusion: death within 3 weeks post-injury. | Family systems approach: the interviews followed certain themes of the injury trajectory and how the family had coped during the various phases throughout the 7 years that had passed | Inductive qualitative content analysis |
| Theadom, A., Rowland, V., Levack, W., Starkey, N., Wilkinson-Meyers, L., & McPherson, K. (2016). | Hamilton and Auckland regions of New Zealand | N=30<br>Mean age 43.5; 20 male, 10 female | Interviews 6-, 12-, and 24-months post-injury | Adults (>16) with mild, moderate, or severe brain injury within past 6 months | Semi structured interviews; longitudinal qualitative descriptive approach | Thematic analysis grounded in social constructivism theory |

**Supplemental Table 3:** Individual Barriers and Facilitators of Resilience after TBI

| Theme | Subtheme | Findings | Supportive literature |
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| Barriers | Physical or medical challenges | New-onset pain and headaches | (Mumbower et al., 2019; Nalder et al., 2013; Simpson et al., 2000) |
| | | Diminished physical functioning/ loss of mobility stemming from symptoms (e.g., loss of balance, difficulty standing, tremors, limpness, dizziness) | (Dixon et al., 2007; Dubuc et al., 2019; Graff et al., 2018; Herrmann & Deatrick, 2019; Mbakile-Mahlanza et al., 2015; Nalder et al., 2013) |
| | | Changes in sensory abilities (e.g., loss of smell, sensitivity to sound/ light) | (Drummond, Douglas, & Olver, 2013; Mbakile-Mahlanza et al., 2015; Mumbower et al., 2019) |
| | | New-onset Seizures | (Nalder et al., 2013) |
| | | Fatigue (e.g., not feeling rested, low energy) | (Adams & Dahdah, 2016; Dixon et al., 2007; Graff et al., 2018; Kruithof et al., 2018; Muenchberger et al., 2008; Shorland |

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| | | | & Douglas, 2010; Theadom et al., 2016) |
| | | New-onset sleep disturbance | (Jumisko et al., 2009; Kruithof et al., 2018; Mumbower et al., 2019; Theadom et al., 2016) |
| | Cognitive challenges | Reduced cognitive endurance (e.g., cognitive fatigue, "overload", distractibility) | (Dubuc et al., 2019; McPherson et al., 2018; Shorland & Douglas, 2010; Theadom et al., 2016) |
| | | Challenges with executive function and memory (e.g., reduced planning ability, difficulty completing complex tasks) | (Adams & Dahdah, 2016; Chouliara & Lincoln, 2016; Dubuc et al., 2019; Hux et al., 2010; Jumisko et al., 2009; Kruithof et al., 2018; Mbakile-Mahlanza et al., 2015; Nalder et al., 2013; Salas et al., 2018; Simpson et al., 2000; Soeker et al., 2012) |
| | | Changes in behavior stemming from reduced emotion regulation and impulse control | (Hammond, Davis, Cook, Philbrick, & Hirsch, 2012; |

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| | | | Simpson et al., 2000) |
| | | Reduced verbal fluency and challenges expressing thoughts and feelings in conversation | (Hux et al., 2010; Keegan et al., 2017; Shorland & Douglas, 2010) |
| | | Disorientation to time and place | (Shotton, Simpson, & Smith, 2007) |
| | Changes in sense of identity | Loss of former identity (e.g., changes in roles, personality, and emotional disposition) | (Anne Jones & Curtin, 2011; Godwin et al., 2014; Keegan et al., 2017; Levack et al., 2010; Liddle et al., 2012; Mealings et al., 2019; Muenchberger et al., 2008; Mumbower et al., 2019) |
| | | Negative self-perception due to functional limitations (e.g., feeling inadequate, lack of self-efficacy, lower confidence) | (Anne Jones & Curtin, 2011; Dixon et al., 2007; Fadyl et al., 2017; Hammond et al., 2012; Kruithof et al., 2018; Muenchberger et al., 2008; Mumbower et al., 2019; Shorland & Douglas, 2010; |

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| | | | Stenberg et al., 2020) |
| | | Difficulty living a “normal life” due to functional changes and challenges managing conflicting needs and goals (e.g, need for alone time vs. need to socialize, desire to challenge self vs. accept reality) | (Herrmann & Deatrick, 2019; Lefebvre et al., 2008; Muenchberger et al., 2008; Soeker et al., 2012) |
| | Emotional distress and psychiatric challenges | Anger and frustration stemming from occurrence of TBI, life changes, and pace of recovery | (Adams & Dahdah, 2016; Herrmann & Deatrick, 2019; Hux et al., 2010; Liddle et al., 2012) |
| | | Anxiety/fear stemming from loss of control, possible recurrence, uncertainty about future and recovery | (Chouliara & Lincoln, 2016; Dubuc et al., 2019; Godwin et al., 2014; Herrmann & Deatrick, 2019; Soeker et al., 2012) |
| | | Sadness, grief, and experience of “deep loss” of former life and autonomy/independence | (Godwin et al., 2014; Liddle et al., 2012; Nalder et al., 2013; Self et al., 2013; Shorland & Douglas, 2010; Shotton et al., 2007) |
| | | Shame/ Guilt related to increased dependency and changes in ability | (Jumisko et al., 2009; Lefebvre & Levert, 2012; |

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| | | | Shorland & Douglas, 2010; Stenberg et al., 2020) |
| | | New-onset cognitive /sensory symptoms of psychosis (e.g., hallucinations and paranoia) | (Shotton et al., 2007) |
| | | New onset substance use/ Addiction | (Self et al., 2013; Stenberg et al., 2020) |
| | | New onset mood disorders that negatively impact adherence to medical regimen/ rehabilitation | (Hux et al., 2010; Liddle et al., 2012; McPherson et al., 2018; Mealings et al., 2019; Self et al., 2013; Theadom et al., 2016) |
| Facilitators | Behavioral coping strategies | Independently seeking TBI related information | (Chouliara & Lincoln, 2016; Hux et al., 2010; Lefebvre & Levert, 2012; Mumbower et al., 2019; Shotton et al., 2007) |
| | | Developing new organizational strategies to combat memory deficits | (Adams & Dahdah, 2016; Chouliara & Lincoln, 2016; Nalder et al., 2013; Shotton et al., 2007) |

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| | | Modifying tasks and routines to match current abilities and minimize impact of changes | (Anne Jones & Curtin, 2011; Fadyl et al., 2017; Jumisko et al., 2009; Nochi, 2000; Soeker & Pape, 2019) |
| | Psychological coping strategies | Adopting a present-moment focus/ using mindfulness to navigate daily activities and enjoy experiences | (Douglas, 2013; Kruithof et al., 2018) |
| | | Cultivating gratitude and optimism for preserved abilities, support network, and gradual improvements in functioning | (Lefebvre et al., 2008; Levack et al., 2010; Mumbower et al., 2019; Nalder et al., 2013; Shotton et al., 2007; Soeker & Pape, 2019) |
| | | Using values to integrate TBI into conception of identity | (Anne Jones & Curtin, 2011; Dixon et al., 2007; Godwin et al., 2014; Graff et al., 2018; Levack et al., 2010; McPherson et al., 2018; Nochi, 2000; Salas et al., 2018) |
| | | Fostering acceptance of TBI-related changes in abilities and life | (Anne Jones & Curtin, 2011; Fadyl et al., 2017; Godwin et al., |

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| | | | 2014; Jumisko et al., 2009; Keegan et al., 2017; Mumbower et al., 2019) |
| | | Rebuilding a sense of self with new roles, routines, and relationship to others | (Fadyl et al., 2017; Mealings et al., 2019; Nalder et al., 2013) |
| | | Grieving loss of old self to move forward | (Adams & Dahdah, 2016; Lefebvre et al., 2008) |

**Supplemental Table 4:** Interpersonal Barriers and Facilitators of Resilience after TBI

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| Barriers | Stigma | Fear and perception of being treated differently by friends and family (e.g., feeling like a burden; being underestimated) | (Lefebvre et al., 2008; Levack et al., 2010; Simpson et al., 2000; Soeker & Pape, 2019; Soeker et al., 2012) |
| | | Invalidating responses from others due to lack of visible symptoms / injuries | (Hux et al., 2010; Jumisko et al., 2009; McPherson et al., 2018; Shotton et al., 2007) |
| | | Negative reactions to TBI symptoms from close relationships | (Hammond et al., 2012; Jumisko et al., 2009; Stenberg et al., 2020) |
| | Social Isolation and Insufficient Support | Increased feelings of loneliness | (Douglas, 2013; Lefebvre et al., 2008; Mumbower et al., 2019; Soeker et al., 2012; Stenberg et al., 2020) |
| | | Deterioration of existing relationships (e.g., loss of intimacy, loss of friendships) | (McPherson et al., 2018; Nalder et al., 2013; Shorland & Douglas, 2010) |

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| | | Exclusion from social activities in general, and due to TBI symptoms (e.g., inability to participate in leisure activities) | (Analytis et al., 2018; Self et al., 2013; Soeker et al., 2012) |
| | | Difficulties forming new friendships due to TBI and related challenges (e.g., changes in conversational abilities, decreased social skills) | (Salas et al., 2018; Shorland & Douglas, 2010) |
| | | Insufficient family, friend, and peer support to navigate TBI-related challenges | (Herrmann & Deatrick, 2019; Lefebvre et al., 2008; Nalder et al., 2013) |
| | Changes in close relationships | Challenges accepting new relationship roles | (Hux et al., 2010; Levack et al., 2010; Nalder et al., 2013; Soeker et al., 2012) |
| | | Challenges accepting support from others due to increased dependency | (Anne Jones & Curtin, 2011; Dubuc et al., 2019; Keegan et al., 2017; Kruithof et al., 2018; Nalder et al., 2013; Stenberg et al., 2020) |
| | | Challenges communicating effectively with others due to TBI symptoms (e.g., challenges with verbal expression) | (Adams & Dahdah, 2016; Shorland & Douglas, 2010) |

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| | | Reduced capacity to care for others due to TBI symptoms | (Anne Jones & Curtin, 2011) |
| | | Loss of sexual identity | (Soeker et al., 2012) |
| Facilitators | Avoidance/ Minimization | Minimizing impact of TBI to preserve aspects of identity/ normalcy and maintain relationships | (Jumisko et al., 2009; McPherson et al., 2018) |
| | Positive social relationships | Maintaining friendships and social connections despite changes in functioning through new strategies | (Anne Jones & Curtin, 2011; Jumisko et al., 2009; Salas et al., 2018) |
| | | Acceptance of changes in relationships after TBI and re-evaluating roles to account for changes in ability | (Anne Jones & Curtin, 2011; Fadyl et al., 2017; Muenchberger et al., 2008; Theadom et al., 2016) |
| | | Maintaining social status (e.g., marriage, home ownership, sense of community) | (Chouliara & Lincoln, 2016; Lefebvre et al., 2008) |
| | Interpersonal support | Soliciting physical, practical, and emotional support from support network (e.g., family, friends, medical team) | (Douglas, 2013; Fadyl et al., 2017; Godwin et al., 2014; Jumisko et al., 2009; Lefebvre & Levert, 2012; McPherson et al., 2018; Mumbower |

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| | | | et al., 2019; Nalder et al., 2013; Nochi, 2000; Salas et al., 2018; Soeker & Pape, 2019) |
| | | Positive relationships with healthcare providers (familiarity and trust in providers, providers that work to facilitate recovery and adaptation) | (Lefebvre & Levert, 2012; Mbakile-Mahlanza et al., 2015; Mumbower et al., 2019; Simpson et al., 2000; Soeker et al., 2012) |
| | | Connecting with others with experiences of TBI through support groups and other resources | (Hux et al., 2010; Jumisko et al., 2009; Lefebvre et al., 2008; Levack et al., 2010; Mumbower et al., 2019; Soeker & Pape, 2019) |
| | | Availability of mental health resources to navigate individual and relationship challenges (e.g., counselors, psychologists, social workers, couple and family therapists) | (Liddle et al., 2012; Mealings et al., 2019; Nochi, 2000) |

**Supplemental Table 5:** Systemic Barriers and Facilitators of Resilience after TBI

| Theme | Subtheme | Findings | Supportive literature |
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| Barriers | Health care challenges | Formal and informal caregivers' beliefs about physical activity and participation in daily activities (e.g., cooking, driving, social activities) that negatively impacted rehabilitation regimen | (Dixon et al., 2007; Dubuc et al., 2019; Self et al., 2013) |
| | | Difficulty accessing information about TBI, available support, and resources for current and future challenges (e.g., sleep disturbance, driving safety) | (Adams & Dahdah, 2016; Chouliara & Lincoln, 2016; Herrmann & Deatrick, 2019; Jumisko et al., 2009; Lefebvre et al., 2008; Liddle et al., 2012; Mumbower et al., 2019) |
| | | Difficulty communicating with providers due to logistical barriers (e.g., lack of availability) | (Lefebvre & Levert, 2012; Mbakile-Mahlanza et al., 2015) |
| | | Dissatisfaction with availability and quality/fit of existing psychosocial resources (e.g., support groups, recreational activities), particularly for young patients | (Graff et al., 2018; Mbakile-Mahlanza et al., 2015; Stenberg et al., 2020) |

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| | | Difficulty navigating long-term care plans due to policies surrounding care (e.g., insurance coverage, multiple hospital networks) | (Dubuc et al., 2019; Lefebvre et al., 2008) |
| | | Lack of availability of long-term rehabilitation services | (Dubuc et al., 2019; Lefebvre et al., 2008; Nochi, 2000) |
| | | Cultural barriers to accessing and engaging in rehabilitation services (e.g., language barriers, limited understanding of rehabilitation process, beliefs about TBI) | (Simpson et al., 2000; Soeker et al., 2012) |
| | Employment and financial challenges | Financial challenges stemming from TBI (e.g., loss of employment, medical expenses) | (Douglas, 2013; Nalder et al., 2013; Oppermann, 2004; Self et al., 2013) |
| | | Difficulty maintaining or finding suitable employment due to TBI symptoms leading to reduced capacity to work and limited job options | (Herrmann & Deatrick, 2019; Mbakile-Mahlanza et al., 2015; Oppermann, 2004; Soeker & Pape, 2019) |
| | | Work challenges due to employers' and coworkers' lack of knowledge about TBI | (Oppermann, 2004; Soeker & Pape, 2019; Soeker, 2016) |

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| | | Inability to complete daily work tasks due to persistent TBI symptoms with inappropriate accomodations | (Oppermann, 2004) |
| | Lack of resources and community barriers | Lack of transportation which leads to difficulty accessing services | (Soeker & Pape, 2019) |
| | | Poverty, financial instability | (Lefebvre et al., 2008) |
| | | Difficulty with transportation due to lack of accomodation/accessibility in local environment (e.g., absence of public transportation or ride assistance, poor fit of services for individual's physical abilities) | (Liddle et al., 2012; Self et al., 2013; Soeker & Pape, 2019) |
| Facilitators | Access to Information | Reliable information about common symptoms, challenges, positive coping strategies, and recovery expectations | (Anne Jones & Curtin, 2011; Fadyl et al., 2017; McPherson et al., 2018) |
| | | Information on accessing rehabilitation support and related resources | (Anne Jones & Curtin, 2011; Fadyl et al., 2017; McPherson et al., 2018) |
| | | Education on strategies to accommodate to TBI-related deficits (e.g., accommodations for memory deficits) | (Chouliara & Lincoln, 2016; Hux et al., 2010; Soeker et al., 2012) |
| | | Education on healthy lifestyle behaviors to optimize recovery | (Analytis et al., 2018; Douglas, Driver, Callender, & Woolsey, 2019; Self et al., |

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| | | | 2013; Soeker & Pape, 2019) |
| | Healthcare resources | Availability of ongoing rehabilitation services (e.g., speech therapy, occupational therapy, physical therapy) | (Fadyl et al., 2017; Hux et al., 2010) |
| | | Healthcare team working to educate patient and family unit on common symptoms, challenges, recovery expectations, and transitions to different levels of care | (Fadyl et al., 2017; Mumbower et al., 2019) |
| | Employment support | Resuming work | (Muenchberger et al., 2008; Oppermann, 2004; Soeker & Pape, 2019; Soeker et al., 2012; Soeker, 2016; Stenberg et al., 2020) |
| | | Assistance returning to work with specialized employment programs (e.g., co-worker model, therapist shadowing during return-to-work process) | (Muenchberger et al., 2008; Oppermann, 2004; Soeker et al., 2012; Stenberg et al., 2020) |
| | | Assistance finding work through vocational rehabilitation / therapist shadowing return-to-work | (Oppermann, 2004; Soeker & Pape, 2019) |

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| | Community resources | Availability of volunteering activities suitable for persons' abilities | (Anne Jones & Curtin, 2011; Jumisko et al., 2009) |
| | | Environmental adaptations/ accessibility | (Jumisko et al., 2009) |
| | | Programs that support positive health behaviors and minimize practical challenges (e.g., grocery delivery, meal plans) | (Dubuc et al., 2019) |
| | | Availability of information about others' experiences with TBI and via community-focused support groups and online forums (e.g., brain injury associations, online discussions, advice from blogs and testimonials) | (Godwin et al., 2014; Mumbower et al., 2019; Soeker & Pape, 2019; Soeker, 2016) |
| | | Ongoing social and wellness activities provided by rehabilitation setting (e.g., yoga, meditation, walking) | (Dixon et al., 2007; Jumisko et al., 2009; Liddle et al., 2012; Soeker & Pape, 2019; Soeker et al., 2012) |