



Lifetime
S U P P O R T



Dignity of Risk for People Living with Acquired Brain Injury

Engaging in everyday activities involves a level of risk. If a person chooses to participate in an activity that might be considered to have a higher level of risk than normal they put in place safeguards or accept responsibility for the risk. The capacity to make decisions about risk in everyday life may be compromised following a brain injury due to alterations in a person's abilities. This raises issues and tensions for occupational therapists and physiotherapists in their work with clients following brain injury. Therefore, this project sought to understand how the dignity of risk is managed by occupational therapists and physiotherapists in their work with people following a brain injury, to promote optimal outcomes for this group of people.

Our questions were:

- 1) How do occupational therapists and physiotherapists manage risk for people living with brain injury?
- 2) What strategies and best practice principles help therapists enhance dignity for people living with brain injury?

We used a qualitative research methodology and three phase design. Firstly, we undertook in-depth interviews with seventeen occupational therapists and physiotherapists working with people following brain injury in acute, rehabilitation and community settings. The interview transcripts were analysed by the research team simultaneously with data collection. From the analysis we identified the core category and a process around therapists 'weighing up' the capacity of the client to make a decision, the likelihood and potential consequences of a positive or negative outcome, their appetite for risk, and the importance of the decision. More experienced therapists were more comfortable with privileging the client's perspective to enable the dignity of risk and appreciated the need for clients to learn from taking risks.

In the second phase we analysed eleven documents referred to by participants in phase 1 as policy or guideline documents that provided guidance about risk in practice. A key finding the document analyses was the focus on risk management and a noticeable absence of any consideration of the dignity of risk.

The preliminary analyses were presented to the stakeholder forum in the third phase of the project. We also consulted with representatives of the funder. Priorities for action were identified including the need for education around dignity of risk for therapists and managers and the use of success stories to share good examples of where dignity was enabled.

Based on our findings, we developed a set of stories that provided illustrations of scenarios encountered in practice. These stories include reflective questions as a continuing professional development resource.

The project report provides recommended actions for consideration by those who experience major injury and their supporters, for government departments and service providers, and for the Lifetime Support Authority.

Project Team

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