

Thank you. Well I'm hoping to introduce you to something new this afternoon and hopefully give you some tools to go away with.



I'll talk about what TBI Bank is, the history of it and how it relates to the communication profile after TBI. I'll talk about some computerized discourse tools and a protocol for eliciting a discourse sample and show you where you can access them online. I'll finish with a case example and by looking at future directions.



So I just wanted to start by giving you a quick snapshot of what I'm talking about. What you're looking at here is a website that has a video of a person with a TBI on the bottom left and on the right is a discourse transcript that is linked to that video. The highlighted section is following what the person is saying at that time. So TBI Bank is a multimedia database that contains a set of integrated computerized tools to allow data to be accurately transcribed, coded and analyzed. These tools are freely accessible online.



In a nutshell TBI Bank originated from the work led by Professor Brian MacWhinney based at Carnegie Mellon University. The team there aimed to develop a systematic and standardised manner for capturing real life interactions. Started in the area of child language but have since expanded to include the study of adult language including TBI and it has become apparent that we need to capture real life interactions or discourse in TBI.

In the late 2000's, a group of experts from all around the world came together and collaborated with the aim to develop a standard protocol for capturing communication after TBI. Developing anything that can be implemented worldwide is inherently challenging but it worked. The result was that we now have the first internationally ratified and evidence-based protocol for evaluating discourse after TBI.



So I'll back track a little here to talk about the significance of TBI Bank. We know that people with TBI often have most difficulty when they need to use integrated linguistic, cognitive and social skills which can not be captured by traditional language evaluation but through discourse evaluation we can capture this. But as most of us would be aware discourse can be time consuming and there is a wide variability in choice of analysis. Its not surprising that people have that look on their face when you talk about discourse. The good news: the TBI Bank can address some of these challenges for example by providing tools that help with efficiency of transcription and running multiple analyses at one time.



Where do you find this? If you type in talkbank.org you will get the following page. I've taken a closer shot of the highlighted section to show the links more clearly



Firstly I'll draw your attention to the software link (click) which contains the software for transcribing, coding and analysing discourse and contains a link to the full manual for its use. A little tip there's also a much shorter 25 page training manual in (click) aphasiabank link to give you an broader sense of the program without getting too bogged down. What I'll do next is show you what comes up when you click on the TBI bank link



So the TBI Bank link will bring you to this page here. What will be of most interest for today are the links under database and protocol sections. I'll start by talking about the protocol.



TBI Bank protocol is a standard protocol for eliciting discourse samples. As you can see on this page the protocol consists of a variety of monologic discourse tasks. These tasks sample a variety of discourse genres. Each of these tasks are also extremely well researched and internationally considered as the evidence based elicitation tasks. The full discourse protocol takes between 10-20 minutes to complete which is clinically practical. Participants are generally happy to complete these tasks. The samples can be recorded as either audio or video files but you will gain more information using video file.



If you click on the protocol instructions you will find a document with specific wording for eliciting each discourse task. For example, the protocol for eliciting the brain injury story in the free speech sample is: "I'm going to be asking you to do some talking. How do you think your speech is these days?" If no response in approximately 10 seconds, prompt: "How's your talking?" Listen, encourage a full response. If there is no response, you then use the Troubleshooting question for this item: "Are you having trouble with your talking?" Very structured and systematic way for eliciting each task.



Another task is the refused umbrella. In this task you show the participant the stimulus and say 'Here are some more pictures that tell a story. Take a look at all of them, and then I'll ask you to tell me the story with a beginning, a middle, and an end. Again, you can look at the pictures as you tell the story. (Wait 10 seconds)



This stimulus 'cat rescue' provides the participant with less visual structure to guide their response



For the Cinderella story retell you provide a copy of the book with the words covered . Once the person has looked through the book you take the book away and ask them to tell the story in their own words. This removes an extra level of structure for the participant who has to recall from the pictures or from their own memory.



The stimulus for the procedure is only provided as troubleshooting option "These are the things you need to make a peanut butter and jelly sandwich (show picture). How would you make one?" Most people that I've seen do not need this stimulus to provide a response.



So that should give you an idea of the discourse protocol. But the protocol can also be supplemented by additional tests and measures including the AphasiaBank repetition test, the verb naming test, boston naming test, the WAB, verbal fluency tasks and a neuropsychological battery



So I might try to tie everything in a bit more by talking about a case example. This is a case of a gentleman in his early fifties who was 3 months post TBI at this review. He sustained a severe TBI from a car accident. His initial GCS was less than 8 and his PTA duration greater than 1 month. He got 21 out of the 22 verb naming items. He was outside of the normal limits for his age on the Boston Naming Test and he got an aphasia quotient of 92.4 which is just under the cut off for determining aphasia (Cut off is 93.8). Had most difficulty with spontaneous speech and generative naming components of the WAB



I've obtained one sample of his transcript here. This is what the program will look like when you're working with it.

The program has functions that allow you to simultaneously transcribe and play the file and includes functions that allow you to even slow down rate of replay or repeat sections automatically so that you can transcribe much faster and more accurately.

@G: brain injury
*INV: &um to start with can you tell me &ah what you remember about when
you had your brain injury ?
*PAR: when I had the brain injury ?
*INV: &mhm.
*PAR: and when or how I got it ?
*PAR: &ah.
*INV: &um either .
*PAR: either okay .
*PAR: as a diabetic .
*PAR: &um the day I actually got hit by the car I don't remember a thing
for about the first six months .
*PAR: so it's got closer towards the end of the &s &oh six weeks .
*PAR: it's probably closer to sixth week .
*PAR: the start of the sixth week when the brain started functioning .
*PAR: and everything just started coming to .
*PAR: I [/] I remember like my daughter being there .
18

I've zoomed in on a section here that contains the part of the transcript with the brain injury story. You will notice that the transcription is coded. You code and transcribe as you go using the coding conventions outlined in the manual. And once you've transcribed it you run an automatic check that automatically picks up any coding or transcription errors to help with the accuracy.

@G: brain injury *INV: &um to start with can you tell me &ah what you remember about when you had your brain injury ? %mor: inflto v|start prep|with aux|can pro|you v|tell pro|me pro:wh|what pro|you v/remember adv/about conj:sub/when pro/you v/have&PAST pro:poss:det/your n|brain n|injury ? *PAR: when I had the brain injury ? %mor: conj:sub|when proll v|have&PAST det|the n|brain n|injury ? *INV: &mhm. *PAR: and when or how I got it ? %mor: conj:cooland conj:sublwhen conj:coolor adv:whlhow proll vlget&PAST prolit ? *PAR: &ah . *INV: &um either . %mor: adv/either . *PAR: either okay . %mor: conj:cooleither colokay . *PAR: as a diabetic . %mor: preplas detla adjldiabetic .

Once it is checked, the parts of speech are automatically coded. In this example, the computer has automatically generated the parts of speech and grammatical structure. So it has coded 'when' as a subordinate conjunction, I as a pronoun, 'have' as a past tense verb, 'the' as a determiner and the words 'brain and injury' as nouns and in doing so it has also generated the sentence structure.



Once you have the transcript completed and coded you can then run analyses at the press of a button. This screen here shows you what it looks like. It reminds me of doing stats at uni but don't let that turn you off!

THE UNIVERSITY OF SYDNEY	Analyses
MLT for Speaker: *PAR MLT (xxx, yyy and www are EXCLUDED from the word cou Number of: utterances = 233, turns = 27, words = 1497 Ratio of words over turns = 55.444 Ratio of utterances over turns = 8.630 Ratio of words over utterances = 6.425	87 the 52 I 51 and 48 to 36 a 26 it 24 of 21 just 17 so 17 that 17 there 17 you 16 in 16 she 14 but
473 Total number of different item types used 1521 Total number of items (tokens) 0.311 Type/Token ratio	

What I've done here is just copied and zoomed in on the output from the previous screen.

All I did here was enter a command and the computer has given me the participants mean length of turn = 8.630, the type token ration which was 0.311 and a list of the frequency of words used starting with the highest at the top.



So what can you do with this information? You now have objective measures of the persons discourse which you could use it as a potential diagnostic tool or as an outcome measure. You might also want to use it to support communication partner training. The best part is that you've been able to get the information that's relevant to your patient and you've able to do it much faster than you have been able to before.

You might also consider this as a task for a student on placement or you might want to pick 1-2 patients who you think it would be of most value to complete.



So I hope that's given you a better understanding of TBI Bank. Keep in mind that TBI Bank is a relatively new endeavour but its clear that there is further potential for its use. One further aim set by the team at Carnegie Mellon University is to continue to develop the TBI Bank database for shared research purposes. Having a shared international corpus of research data will result in less burden on participants in the long term and will facilitate the process of research so that we can get this information out to you faster. On that note, if you were interested in contributing I would encourage you to contact the TBI Bank coordinators whose details are on the website. My team at the University of Sydney are also currently conducting a project looking at longitudinal recovery of discourse after TBI to contribute to the database.



That concludes my talk for today. Please find my details and acknowledgements as follows.

Thanks