

# Conversation topics following severe traumatic brain injury (TBI): A study at 2 years post-injury

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#### INTRODUCTION People with **severe** often experience an impaired ability to TBI<sup>[1]</sup> hold casual conversations. **Conversational discourse** = dialogue interactive two people in an exchange<sup>[2,3]</sup>. → patterns of conversational **Topic Patterns** contributions and discourse abilities [4,5,6] Nature and content of → insight into their topics concerns and experiences. Understanding above will help Support people with TBI and individuals within their

#### RESEARCH QUESTIONS

social networks to navigate recovery.

- . What are the **conversational and topic patterns** present in conversations between people with severe TBI and familiar communication partners at 2 years post-injury?
- 2. What is the **nature of conversational topics** discussed by people with severe TBI and familiar communication partners at 2 years post-injury?

#### METHODS

Research Design: Qualitative descriptive approach

Our sample (participants), n = 26

Gender:

M 92.3% F 7.7%

#### **Inclusion criteria** 16-65 years Severe TBI (GCS Communication ≤ 8 and/or PTA >7 Partner (COP) days) Nil significant Consent medical or neurological history recording

#### METHODS (continued)

#### 1. Data Collection 2. Transcription

# 2. Check via CLAN programme Review for discrepancies

 10 min conversation Participants' home/ outpatient hospital setting

Casual

Conversation

(n=26)

Audio and/or video recording

## 4. Rigour



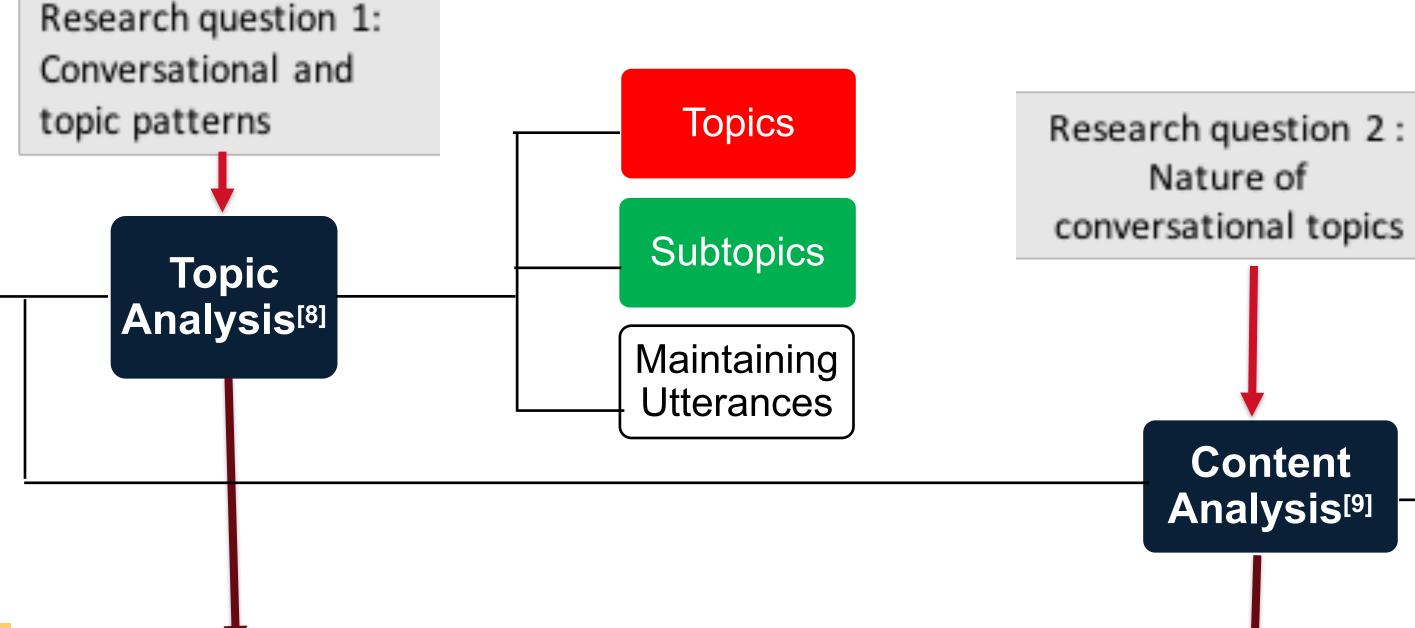
- and against audio data
- 4. Recheck entire transcription

Re-listening of data + repeated re-reading of

transcripts

10% to expert at Carnegie Mellon University for review

# 3. Analysis



For 10% of randomly selected data

Inter-rater reliability (98.4%) intra-rater reliability (98.8%)

peer review of 10% of data categories/themes reviewed alongside original transcripts.

Content

Analysis<sup>[9]</sup>

 Audit trial kept COREQ - guideline to report findings

Categories

Themes

#### RESULTS & DISCUSSION

#### **Conversation and Topic Patterns**

Measure	2 years post-injury		
	Mean	SD	Range
Total topics (T) per conversation	12	4.5	5-19
Topics (T) introduced by PAR (%)	37.5%	24.4%	0% - 84.6%
Total subtopics (S) per conversation	24	5.9	10-34
Subtopics (S) introduced by PAR (%)	40.7%	23.1%	0% - 85%
Total utterances per conversation	271	46.5	190-359
Utterances produced by PAR (%)	49.4%	11.6%	27.6 % -72.1%

\*Notes: PAR = participants with TBI, SD = standard deviation

#### Group

contradicted previous studies<sup>[1, 10, 11]</sup> > people with TBI displayed poor topic introduction and maintenance.

# Individual

highlighted the impact of individual discourse styles (e.g. excessive and impoverished discourse profiles) on group outcome studies investigating discourse [12]

# Topic reintroduction:

- 1.8% of all conversational topics re-introduced: 16.7% by PAR., 83.3% by COP.
- contrasted with previous studies<sup>[13, 14]</sup> → people with TBI have excessive amount of re-introduced conversation topics due to difficulty following conversations/ initiating new relevant content.

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### **Nature of Conversational Topics**

#### Taking ownership of day to day life post-injury (96.2%)

- Vocational and/or educational plans (53.8%)
- Parenting and/or social plans (61.5%)
- Personal plans i.e. travel plans, learning of new skills, future planning (61.5%)

#### Redefining identities after TBI (100%)

- Connecting with others (84.6%)
- Return to work (23.1%)
- Re-integration into role in own household (80.8%)

### Residual impairments/concerns at 2 years

- Current physical impairments/impact (11.5%)
- Current cognitive impairments/impact (11.5%)
- Current psychosocial concerns (11.5%)

#### Continuing changes with rehabilitation (65.4%)

- Positive physical recovery (26.9%)
- Positive cognitive recovery (34.6%)
- Positive communication recovery (15.4%)
- Positive recover outcomes linked to positive relationships with others (19.2%)
- Attitudes towards recovery (15.4%)

#### **Implications**

**Development of** intervention targets

Reconstruction of identities and roles post injury

Tailor to individual's discourse styles Address persistent issues that require interdisciplinary support

Inform clinical guidelines & practice on focus and timing of support

**Early time frame for** chronic recovery -?further recovery

#### Conclusion

- 1. Patterns: PAR were able to independently introduce and maintain topics in conversations.
- 2. Nature: PAR were able to engage in appropriate and engaging conversations during chronic recovery
- 3. Findings may inform clinical practices in the assessment and treatment of TBI during chronic recovery.

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