

INTRODUCTION

People with severe TBI^[1] often experience an impaired ability to hold casual conversations.

Conversational discourse

= dialogue between two people in an interactive exchange^[2,3].

Topic Patterns → patterns of conversational contributions and discourse abilities^[4,5,6]

Nature and content of topics → insight into their concerns and experiences.

Understanding above will help

Support people with TBI and individuals within their social networks to navigate recovery.

RESEARCH QUESTIONS

1. 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%

Age: 18-59 years

Duration of PTA: 6 -215 days

Inclusion criteria

16-65 years old

Communication Partner (COP)

Severe TBI (GCS ≤ 8 and/or PTA >7 days)

Nil significant medical or neurological history

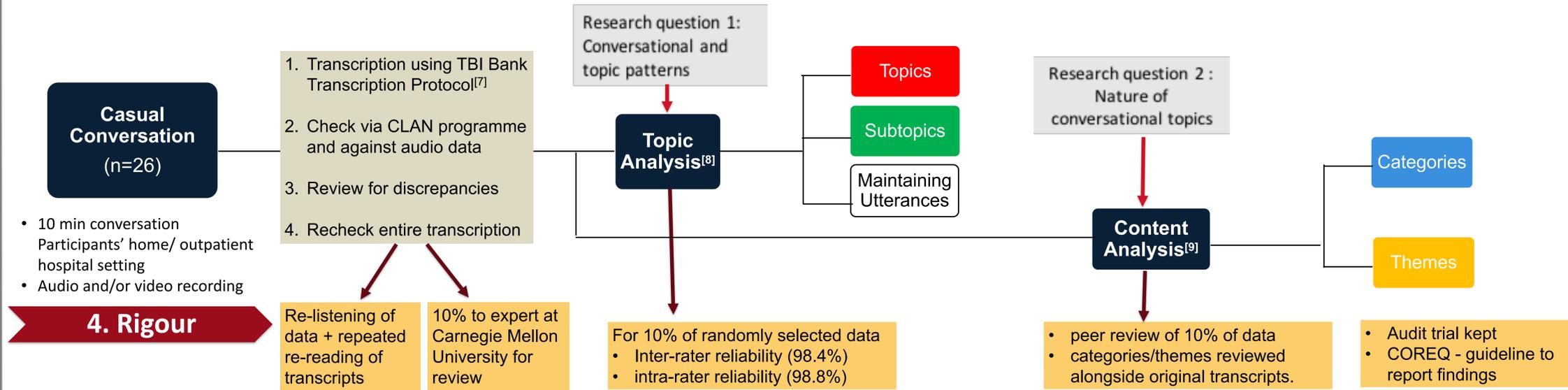
Consent to recording

METHODS (continued)

1. Data Collection

2. Transcription

3. Analysis



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^[1, 10, 11] → 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^[13, 14] → people with TBI have excessive amount of re-introduced conversation topics due to difficulty following conversations/ initiating new relevant content.

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 (30.8%)
• 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.