

The Effects of Partner Relationships on Communication with Individuals with Traumatic Brain Injury (TBI)

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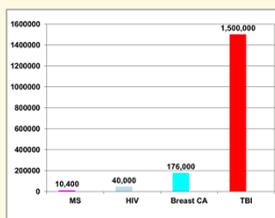


PURPOSE:

- × 56% of relationships established pre-TBI, end post-TBI (Kreuter et al., 1998)
- × We want partners to be successful so they stick around (remain supports and friends)
- × For a conversation to be successful, it is important that the communication partner **knows what behaviors** are necessary. This creates optimal conversation.
- × Many studies focus on the person with the TBI, but do **not** look into the role of the **communication partner** and how that can affect the communication (Togher, Power, Tate, McDonald, & Rietdijk, 2010)
- × Communication **partners** play a large role in **successful communication** for people with a TBI (Togher, 2000a; Coelho et al., 2002; Hoepner, 2010)
- × TBI causes interpersonal deficits that **negatively affect social integration** (Galski, Tompkins, & Johnston, 1998; McDonald, 1993; Milton & Wertz, 1986; Cools & Manders, 1998; Coelho, Youse, & Le, 2002)
 - × poor presupposition
 - × unclear referents
 - × problems initiating and maintaining topics
 - × perseverations
 - × vague or overly specific comments
 - × verbosity or terseness
 - × inappropriate social behaviors

To examine the influences of communication partners on the conversations of individuals with traumatic brain injury

Prevalence of TBI compared to other disorders



Participants:

- Three individuals with a TBI met eligibility criteria

1. Jake

- TBI acquired in a drunk driving accident
- Currently is living in a group home

2. George

- TBI acquired through a ladder accident
- Previously was a high school teacher and wrestling coach
- Currently is living in an assisted living facility

3. Mallory

- TBI acquired through a car accident
- Previously an English teacher and poet
- Currently is still creating literature pieces

- Nine different communication partners

× Close partner

- Selected by participant
- Known prior to injury for at least two years (Douglas, 2007)

× Professional partner

- Selected by participant
- Individual they worked with for at least 6 months on a professional level (i.e. caregiver, therapist, co-worker, boss, etc.)

× Novel partner

- Selected by researchers
- Individual unknown by participant

OUR TEAM:

Raters:

- Monica Maki
- Holly Forst

Inter-rater reliability was 83%



PROCEDURE:

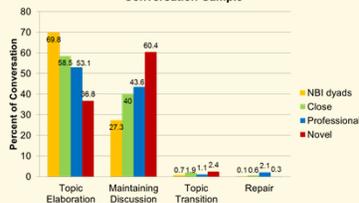
- 1) **Participants from local support groups**
 - × Sacred Heart Hospital - Eau Claire, WI
 - × Lakeview Medical Center - Rice Lake, WI
- 2) **Each had 3 different conversations with 3 different communication partners**
- 3) **Each conversation was 20 minutes long**
 - × Open-ended conversations (topic starters were provided in case there was a lull in conversation)
 - × Participants selected location (home, coffee shop, clinic setting, hospital, etc.)
 - × Conversations were video recorded with the researchers out of the room
 - × Middle 10 minutes were analyzed per protocol (Hoepner & Turkstra, 2013)
- 4) **Each conversation was transcribed by the researchers**
- 5) **Segments were coded by two blinded raters using the Partner Support Behavior Profile (PSBP)**
- 6) **Raters coded conversation turns of the conversation partner as:**
 - × **Maintaining discussion**
 - Repeat, verify or emphasize
 - Periodic topic referents/checking in
 - Verbal acknowledgments with expansion
 - × **Topic elaboration/expansion**
 - Partner expands on an idea or concept
 - Partner explores a topic by confirming details, requesting information, clarifying, or expressing interest
 - × **Topic transition**
 - Opening and closing topics clearly without abruptness
 - × **Repair**
 - Occurs after a breakdown in conversation
 - Reframing an unclear idea
 - Redirecting
 - Requests for clarification



Conclusions were drawn from results

RESULTS:

Occurrence of PSBP Behaviors in 10-Minute Conversation Sample



Qualitative Outcomes:

- 1) Some participants with impairments in language or processing strategically borrowed language from partners to conserve processing
- 2) Closed-ended questions constrain responses, open-ended questions prompt more information
- 3) Affect and behavior of individuals with TBI often mirrors the affect and behaviors of their partner (i.e., overflow is matched with overflow, constraint is matched with constraint)

BENEFITS:

For individual with a TBI:

- × Better conversations with close friends, professionals, family, and novel partners.
- × Decreased feelings of frustration during conversations
- × Increased confidence and conversational skills in a professional setting, whether it be going to the doctor or having a job interview

For communication partner:

- × More confidence because of knowledge on successful communication with individuals who have a TBI

How We Can Implement Change:

- × Inform and educate communication partners
- × Involve communication partners in therapy sessions

OVERALL:

- × Partner interactions **DO** influence conversational behaviors of individuals with TBI, which supports prior evidence (Togher, 2000; Hoepner, 2010)
- × **Partner roles matter** as well, consistent with prior evidence (Togher, Power, Tate, McDonald, & Rietdijk, 2010)
- × Conversation behaviors of individuals with TBI often **mirror/parallel** partner behaviors in terms of constraint or lack thereof

FUTURE DIRECTIONS:

- × Perceived quality of support
- × Measured by:
 - × Examining partner roles
 - × Perceived quality of interaction
 - × Interactional balance

Remaining Questions:

What is desirable during conversations? & Using solely maintaining

How do you provide support? & How do you maintain that support?

Which partners displayed effective conversation behaviors? & How did they show this?

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